

\_\_\_\_\_ Association, Inc.  
c/o TDSunshine Property Management  
P.O. Box 122015  
Fort Lauderdale, FL 33312  
Phone: (954)585-0228  
Fax: (954)585-3828  
Email: [info@TDSunshine.com](mailto:info@TDSunshine.com)

## CHECK LIST FOR RESALE, RENTAL OR RENTAL RENEWAL APPLICATION

Today's Date: \_\_\_\_\_ Estimated Closing Date: \_\_\_\_\_

Call for APPLICATION FEE (954) 585 -0228 PAYABLE TO TDSUNSHINE PROPERTY MANAGEMENT

**MONEY ORDERS, CASHIER OR CERTIFIED CHECKS ONLY – NON-REFUNDABLE**

APPLICATIONS REQUIRE AN ADDITIONAL SECURITY DEPOSIT PAYABLE TO The Association

**MONEY ORDERS, CASHIER OR CERTIFIED CHECKS ONLY – REFUNDABLE UPON THE MOVE IN OF OWNERS AND TERMINATION OF LEASE FOR TENANTS AND ALL FEES ARE PAID**

RETURN ORIGINAL APPLICATION PACKAGE, COMPLETELY FILLED OUT, WITH PAGES IN THE FOLLOWING ORDER:  
PHOTO COPIES, SCANNED/E-MAILED COPIES OR FAXED COPIES ARE NOT ACCEPTED.

- \_\_\_\_\_ COVER SHEET COMPLETED – ALL BLANK LINES CHECKED OFF
- \_\_\_\_\_ APPLICATION FEE – RESALE AND RENTAL
- \_\_\_\_\_ SECURITY DEPOSIT FOR RENTAL APPLICATIONS
- \_\_\_\_\_ PICTURE I.D.(S) STATE OR GOVERNMENT ISSUED ONLY
- \_\_\_\_\_ CAR REGISTRATION
- \_\_\_\_\_ APPLICATION FOR EACH PERSON 17 AND OVER
- \_\_\_\_\_ CREDIT AND BACKGROUND AUTHORIZATION
- \_\_\_\_\_ BASIC RULES AND REGULATIONS ACKNOWLEDGEMENT
- \_\_\_\_\_ SALES CONTRACT OR RENTAL LEASE AGREEMENT – CLEAR, LEGIBLE COPY
- \_\_\_\_\_ PARKING STICKER ISSUED
- \_\_\_\_\_ UNIFORM LEASE ADDENDUM (RENTERS ONLY)

**YOU MAY NOT MOVE INTO THE UNIT UNTIL APPROVED BY THE BOARD OF DIRECTORS  
YOU MAY NOT MOVE IN AFTER 7:00 PM  
ALLOW UP TO 30 DAYS TO PROCESS YOUR APPLICATION**

**TDSunshine Property Management does business in accordance with the Fair Housing Act and does not discriminate on the basis of race, creed, color, sex, religion, national origin, age, disability, marital status, familial status, sexual orientation, or any other protected basis.**

# Application for Owner / Rental

Date: \_\_\_\_\_  
Application Fee: \$100

Check One:

Resale ( ) Annual Rental ( ) Seasonal Rental ( ) Renew Rental ( ) Title Transfer ( )

PLEASE TELL US ABOUT YOURSELF:

**Proposed New Address:** \_\_\_\_\_ **City** \_\_\_\_\_

**Zip** \_\_\_\_\_

## **Applicant**

Full Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates at Residence: \_\_\_\_\_

Occupation: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Period of employment: \_\_\_\_\_ to \_\_\_\_\_

Position Held: \_\_\_\_\_

Prior employer and position or residence

If less than 3 years: \_\_\_\_\_

Income estimate for this year: \_\_\_\_\_

Actual income last year: \_\_\_\_\_

Educational Background: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## **Co- Applicant**

Full Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Current Address: \_\_\_\_\_

Dates at Residence: \_\_\_\_\_

Occupation: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Employer: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Period of employment: \_\_\_\_\_ to \_\_\_\_\_

Position Held: \_\_\_\_\_

Prior employer and position or residence

If less than 3 years: \_\_\_\_\_

Income estimate for this year: \_\_\_\_\_

Actual income last year: \_\_\_\_\_

Educational Background: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Driver License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Additional Information**

Names of persons who will reside in Apartment:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Names of anyone in the building known to Applicant: \_\_\_\_\_

Are any pets to be maintained in the Apartment: \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes indicate number and kind: \_\_\_\_\_

**References**

Current Address: \_\_\_\_\_

Month/Year moved in: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Owner/Agent: \_\_\_\_\_

**Personal References**

Applicant

1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

2) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Co-Applicant

1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

2) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Do they have a Key: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**Business and Professional References**





## Authorization to order credit and Background report

I (WE), \_\_\_\_\_ and \_\_\_\_\_, authorize TDSunshine Property Management to order a consumer credit report and verify all credit information through credit agencies.

I further understand that TDSunshine Property Management is not a credit rating agency and therefore I will not hold TDSunshine Property Management liable for any of the information contained in the reports or for the accuracy of the reports.

Applicant 1

Applicant 2

-----  
Signature

-----  
Signature

-----  
Social Security Number

-----  
Social Security Number

-----  
Date of Birth

-----  
Date of Birth

-----  
Address

-----  
Address

-----  
City, State & Zip Code

-----  
City, State & Zip Code

**BASIC RULES AND REGULATIONS ACKNOWLEDGEMENT**

ASSOCIATION: \_\_\_\_\_ UNIT \_\_\_\_\_

I / WE HAVE REVIEWED THE CONDOMINIUM DOCUMENTS AND FULLY UNDERSTAND EACH OF THE RULES AND REGULATIONS AND WILL ABIDE BY THEM WHILE LIVING OR VISITING \_\_\_\_\_ condominium Association.

I / WE FURTHER UNDERSTAND THAT VIOLATING THE RULES AND REGULATIONS COULD RESULT IN RECEIVING A LETTER OR A FINE FROM THE CONDOMINIUM ASSOCIATION.

I / WE ARE AWARE OF THE RULES AND REGULATIONS REGARDING PETS ON THE PROPERTY, ESPECIALLY AS TO THE NUMBER, SIZE AND WEIGHT, BREED, LEASH RULES AND CLEANING UP AFTER THEM. NO PIT BULLS OR OTHER TYPE OF ANIMAL DEEMED DANGEROUS IS PERMITTED.

I / WE ARE AWARE ALL VEHICLES ON THE PROPERTY MUST HAVE CURRENT LICENSE TAGS AND DECALS AND BE IN AN OPERATABLE CONDITION. ONE ASSIGNED PARKING SPACE PER UNIT. CARS TOWED ARE AT THE OWNER'S EXPENSE.

\_\_\_\_\_  
SIGNATURE PRINT NAME

SIGNED ON THIS DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE PRINT NAME

SIGNED ON THIS DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE PRINT NAME

SIGNED ON THIS DATE: \_\_\_\_\_

**Condominium Association**

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Uniform Lease Addendum

In consideration for the approval of my lease application by \_\_\_\_\_ Condominium Association (“Association”), I, \_\_\_\_\_ (“tenant”), hereby acknowledge that the proposed lease of unit \_\_\_\_\_ (“unit”) in the Association, hereby acknowledge that the Chapter 718, Florida Statutes (the “Condominium Act”), the Declaration of Condominium of \_\_\_\_\_ Condominium (“Declaration”), the Association’s Articles of Incorporation, the Association’s By-Laws and the Association’s Rules and Regulations shall be deemed expressly incorporated into the lease of the unit, in accordance with a copy of the aforementioned documents, or has notified me that such documents shall be made reasonably available upon written request and payment for same.

Additionally, in the event I am notified by the Association, or one of its authorized representatives, to discontinue the payment of rent due under the lease to the Unit Owner due to a delinquency in assessments and instead direct said payment, in the same amount and frequency, to the Association, I hereby agree and recognize that I am obligated to comply, until such time as I am directed to redirect my recurring payments to the Unit Owner. In the event I fail to honor this obligation, or otherwise violate any of the terms and provisions of the Association’s governing documents, I shall be subject to all remedies available to the Association including injunctive relief, money damages or both in addition to the other remedies provided by law.

TENANT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

UNIT OWNER

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date