

PROSPECTIVE BUYER'S APPLICATION FOR PURCHASE APPROVAL DEED RESTRICTED DEVELOPMENT (NO RENTING OF UNIT IS ALLOWED) Will this be your primary resident? Yes No

There is a \$200.00 non-refundable application fee to cover the cost of a comprehensive background check and review of the application, and an additional non-refundable \$100.00 fee for background check for any person over the age of 17 years that will be residing at this address for three months or more. Make payment(s) payable to Brentwood Manors HOA and mail to the address above.

				Appli	cant Informatio	n			
Name:									
Cell pho	ne #:			Home ph	ione:			Email:	
Current	address:								
City:				State:				ZIP Code:	
Own	Rent	(Please circle)	Monthly	/ payment o	or rent:			How long?	
Previous	address:				\sim				
City:			State:					ZIP Code:	
Owned	Rented	(Please circle)	Monthly	/ payment o	or rent:			How long?	
				Employ	/ment Informati	on			
Current	employer:								
Employe	er address:	:						How long?	
Phone:			E	-mail:				Fax:	
City:			State:					ZIP Code:	
Position			Hourly	Salary	(Please circle)	ŀ	Annu	al income:	
				Eme	rgency Contact				
Name of	a person	not residing with y	/ou:						
Address	:								
City:			State:			ZIP Code	e:	Phone:	
Relation	ship:								
				Co-app	licant Informati	ion			
Name:									
Cell pho	ne #:			Home ph	ione:			Email:	
Current	address:								
City:				State:				ZIP Code:	
Own	Rent	(Please circle)	Monthly	/ payment o	or rent:			How long?	
Previous	address:								
City:				State:				ZIP Code:	
Owned	Rented	(Please circle)		Monthly p	payment or rent:			How long?	

	Co-app	olicant	Employmen	t Inforn	natio	n			
Current employer:									
Employer address:							How long?		
Phone:	E	E-mail:							
City:	State:				Z	ZIP Code:			
Position:	Hourly	Salary	(Please circle)		Annua	ual income:			
Other Relatives	That Wil	l Be Liv	ving with Yc	ou Othe	r Tha	n Wife o	or Husband		
Name			Relationshi	p:			Age:		
							2		
							10,		
(No vehicle with adv Each unit is al MAKE		is allow	g spots imm	overnig	y in f				
						Ż			
	Address	s of The	e Unit You A	re Purc	hasi	ng			
Street Address:									
City:	State:	State:			Zip Code:				
Will You Have A Mortgage:	Yes	No M	ortgager:						
	By-L	aws & /	Articles of <i>A</i>	Associa	tion				
Did you receive a copy of our By-	Law from yo	ur agent?	۱	/es		No	Not Sure		
In accordance with our By-Law live in your unit as a primary re Unit owners are prohibited from consent from the Board of Dire	sident othei n making an	r than the ly structur	owner or owner al or landscapir	s are: Spo ng change	ouse, P s to the	arents, Gra e outside o	andparents, Children.		
There must be no parking on th	e grass at a	any time, r	o sheds or stru	cture shal	l be er	ected highe	er than the fencing		
Acknowledgeme	nt to Abi	de by tl	he By-Laws	and Ar	ticles	s of the	Association		
		<u> </u>					0 1		
I have read and understand the gu aspects of the documents.	idelines of th		er and ion's By-Laws ar		of the A	Association	Co-purchaser and will comply with all		
References									
Name:		Address:				Phone:			
I/We am/are authorizing, Brentwo employment and criminal backgro		Phase II HO	DA to verify the in	formation	provide	d on this fo	rm as to my/our credit,		
Signature of applicant:						Date:			
Signature of co-applicant:						Date:			

DISCLOSURE AND AUTHORIZATION AGREEMENT REGARDING CONSUMER REPORTS

DISCLOSURE

The undersigned acknowledges that a consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for residence.

AUTHORIZATION

The undersigned acknowledges that they are authorizing and requesting, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheckUSA with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

If you dispute any information found in your consumer report and would like to request a copy of the report, please send a request letter via certified mail to;

AmeriCheckUSA 7777 Davie Rd Extension #101B Hollywood, FL 33027

Print Name

Signature

Date

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check the box.

Brentwood Manors Phase II Homeowners Association										
RESIDENTIAL SCREENING REQUEST										
Ref#										
First: Middle: Last:										
Address:										
City:		ST:	: Zip:							
SSN: DOB (MM/DD/YYYY):										
Tel#: Cel#:										
Current Employer										
Company:	<u>N/A</u>	Tel#:	<u>N/A</u>							
Supervisor:	<u>N/A</u>	Salary:	<u>N/A</u>							
Employed From: _	<u>N/A</u> To:	<u>N/A</u> Tite_	<u>N/A</u>							
Current Landlord										
Company:	<u>N/A</u>	Tel#:	<u>N/A</u>							
Landlord:	<u>N/A</u>	Rent:	<u>N/A</u>							
Rented From:	<u>N/A</u>	To: _	<u>N/A</u>							
I have read and signed the Disclosure and Authorization Agreement.										
SIGNATURE:		DAT	'E:							