



Building XI Unit # _____

MANORS OF INVERRARY
4174 INVERRARY DRIVE
LAUDERHILL, FLORIDA 33319
OFFICE (800) 535-6730 FAX (561) 274-3065

APPLICATION FOR ROOMMATE

PLEASE PRINT OR TYPE

MOVE-IN DATE: _____ / _____ / _____

CURRENT OWNER'S NAME: _____

PHONE (____) _____ - _____

PHONE (____) _____ - _____

NAME OF PROSPECTIVE ROOMMATE

STAMP DATE RECEIVED BELOW

Thing to be done before turning in application:

1. The proposed roommate must complete the application in detail.
2. Attach a copy of current drivers' license (Make sure it is a clear copy)
3. Attach a copy of the roommate agreement.
4. Attach a check/money order for twenty-five dollars (\$25.00) to the application, make payable to "Manors Building XI".
5. The completed application must be submitted to the association office at least **TEN (10) DAYS PRIOR TO THE MOVE-IN DATE.**
6. The applicant must make themselves available for an interview with-in thirty (30) days after move-in for final approval. Please let us know when the best time for you to meet is (this will be considered, but is not guaranteed). **Best Day** _____ **[] Morning [] Afternoon [] Evening**
7. Management office must be notified forty-eight (48) hours prior to move-in.

****ALL APPLICATIONS MUST BE FILLED OUT COMPLETELY TO BE PROCESSED.****

NAME _____

DATE OF BIRTH _____ / _____ / _____

PHONE (____) _____ - _____

SOCIAL SECURITY # _____ - _____ - _____

PHONE (____) _____ - _____

DRIVER'S LIC. # _____ ST _____

E-MAIL ADDRESS: _____

IN CASE OF EMERGENCY NOTIFY _____

PHONE (____) _____ - _____

PART II – VEHICLES

MAKE _____ MODEL _____ YEAR _____ PLATE# _____ ST _____

PART I – RESIDENT HISTORY

PRESENT ADDRESS _____ LANDLORD _____

_____ PHONE (____) _____ - _____

HOW LONG _____ MONTHS _____ YEARS

PART III – EMPLOYMENT

EMPLOYED BY : _____ HOW LONG _____ YEARS _____ MONTHS

PHONE (____) _____ - _____ DEPT. / POSITION _____

A. I hereby agree that I will abide by all the restrictions, condominium documents, and restrictions contained in the by-laws, rules and regulations, condominium documents, and restrictions which are or may in the future be imposed by Manors of Inverrary.

B. I understand that the acceptance for rooming of an apartment at the Manors of Inverrary is conditioned upon truth and accuracy of this application and approval of the Board of Directors. Occupancy prior to approval is prohibited. Any misrepresentation or falsification of information on there forms will result in the automatic rejection of the application.

C. I understand that the board of directors of the Manors of Inverrary may cause to be instituted such an investigation of my background as the board may deem necessary. Accordingly, I specifically authorize the board of directors or their agent to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the board of directors and the association shall be held harmless from any action.

D. NO PETS ALLOWED AT ANY TIME.

E. No commercial vehicles, trailers, RV's, campers, motorcycles, mopeds or scooters are permitted on condominium premises.

F. Occupancy regulations:

One (1) bedroom apartments - Three (3) occupants Two (2) bedroom apartments - Four (4) occupants

In making the foregoing application, I am aware the decision of the Manors of Inverrary will be final and no reason will be given for any action taken by the board. I agree to be governed by the determination of the board of directors.

(APPLICANT SIGNATURE)

(APPLICANT'S NAME PRINTED)

/ /
DATE



MANORS OF INVERRARY
 4164 INVERRARY DRIVE
 LAUDERHILL, FLORIDA 33319
 OFFICE 954-485-2115 FAX 943-485-2507

Authorization to release banking, credit, residence, and employment information.

Applicant(s) banks, financial institutions, mortgage companies and employees require your signature and name printed. Make sure this authorization form is complete as indicated.

I have named you as a reference on my application for residency. You are hereby authorized to release and give to the below mentioned party(s) or their attorney or representative, any and all information they request concerning my banking, credit, residence and employment in reference with my/our application made for residency.

DESIGNATED PARTY

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s). Photo copies of this authorization may be made to facilitate multiple inquiries. In the event you receive a photocopy of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

 (APPLICANT SIGNATURE)

 (CO-APPLICANT SIGNATURE)

 (APPLICANT'S NAME PRINTED)

 (CO-APPLICANT NAME PRINTED)

____/____/____
 DATE

____/____/____
 DATE



POINTE MANAGEMENT GROUP, INC.

75 NORTHEAST 6TH AVENUE, SUITE 206

DELRAY BEACH, FLORIDA 33483

CREDIT REPORT/CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM

****ALL UNMARRIED APPLICANTS MUST FILL OUT SEPARATE FORMS****

PLEASE PRINT

APPLICANT: _____

Last

First

Middle

APPLICANT SOCIAL SECURITY NUMBER: _____ - _____ - _____

APPLICANT BIRTH DATE: MONTH _____ DAY _____ YEAR _____

PHONE: _____

PRESENT ADDRESS:

Number Street Apt Number

CITY: _____ STATE: _____ ZIP CODE: _____

FORMER ADDRESS:

Number Street Apt Number

CITY: _____ STATE: _____ ZIP CODE: _____

**I AUTHORIZE POINTE MANAGEMENT GROUP, INC. TO ORDER MY
CREDIT REPORT/BACKGROUND CHECK INFORMATION**

APPLICANTS SIGNATURE: _____ DATE: _____