5665 CORAL RIDGE DRIVE, PH: 954.346.0677 CORAL SPRINGS, FL 33076 FAX: 954.340.8844

IMPORTANT SALE/LEASE APPLICATION INFORMATION

\$100.00 <u>CASHIERS CHECK OR MONEY ORDER ONLY</u> (SINGLE OR MARRIED) PAYABLE TO: INTEGRITY PROPERTY MANAGEMENT

\$75.00 CASHIERS CHECK OR MONEY ORDER ONLY(SINGLE OR MARRIED)
PAYABLE TO: OMEGA RISK MANAGEMENT

ANYONE OVER 18 WHO WILL BE LIVING IN THE UNIT MUST FILL OUT A SEPARATE APPLICATION AND PAY THE ABOVE LISTED FEES.

A COPY OF DRIVER LICENSE OR STATE I.D. IS REQUIRED WITH APPLICATION. (COLOR COPY)

650 CREDIT SCORE REQUIRED.

A COPY OF THE SALES CONTRACT OR LEASE AGREEMENT MUST ACCOMPANY APPLICATION.

ALL APPLICATIONS MUST BE ORIGINAL, FAXES AND COPIES ARE NOT PERMITTED.

AN INTERVIEW IS REQUIRED FOR ALL APPLICANTS BEFOE THEY CAN MOVE INTO THE UNIT.

A CERTIFICATE OF APPROVAL WILL BE ISSUED WHEN APPLICATION IS APPROVED.

ANY APPLICATION THAT IS NOT COMPLETELY FILLED OUT WILL BE RETURNED AND NOT PROCESSED. THE APPLICATION AND APPROVAL PROCESS MAY TAKE UP TO 30 DAYS.

NO PETS PERMITTED

Application for OMEGA RISK MANAGEMENT, Inc. c/o Integrity Property Management (954)346-0677 Unmarried Co-Applicants Fill Out A Separate Application. Do not leave any blank spaces. Please use black ink

Name	M1 Jr. Sr., Prior	· · · · · · · · · · · · · · · · · · ·	SS# _		DOR _	
Spouse	Ml Maiden		SS#	<u> </u>	DOB	
		ST Spc	ouse's Drivers License	#		ST
)ther Name F	Relationship	Åge SS#	Name	Relationship	Age	SS#
occupants	Relationship	Age SS#	Name	Relationship	Age	SS#
		Breed		We	eight	Age
Cell Phone ()	<u></u>	Why Moving?				
Present Address Street Present Landlord/ Mortgage Holder		Арt. #	City	Phone (State	Zip Code
Length of Residence:	/ To /	Yr. Monthly Rent/Mort	gage \$	_ Mortgage Acct. # _		
revious Address Street revious Landlord/ Mortgage Holder		Apt. #			,	Zip Code
ength of Residence:	/ To /	Monthly Rent/Mort	gage \$	_ Mortgage Acct. # _		·
resent Employer		City & St		Phone	()	
osition	Dates E	imployed / / /	To / Incom	e Per	Mgr	
Previous		City & St				
Position	Dates E	mployed / / /mployed / / /mployed / /mployed / /mployed / /mployed	To 1 Incom	e Per	Mgr	
Spouse Present		City & St				
Position	Dates F	imployed /	ToIncom	e Per	Mgr	
n Case of Emergency Notify		Relationship	Add		() Phone Numb	
	idency in the past 2 ye	ig money to an owner or lars, but did not move in?	andlord? Applic	ant: Yes No ant: Yes No ant: Yes No	Spouse: Ye Spouse: Ye	es _ No
f you have answered	yes to any of the ab	ove questions please ex	cplain the circumsta	ances regarding th	e situation o	on back of this sheet
omplete, and hereby autho ecords, court records, and	orizes an investigative co credit records. This ap constitute grounds for	TON Applicant(s) represent nsumer report including, bu- plication must be signed by rejection of this application is State.	t not limited to, resident efore it can be processe	ial history (rental or m d by management Ap	ortgage), emplo plicant acknow	syment history, criminal l wledges that false or or
ON-REFUNDABLE APP	LICATION FEE - Applic	ant(s) agree to pay \$	for a non-refunda	able application process	sing fee.	
			0			
pplicant's Signature		Date	Spouse's Signature			Date



Applicants: Most banks, financial institutions, mortgage companies and employers require your signature and name printed to verify information. Please complete the form below.

AUTHORIZATION FORM

You are hereby authorized to release information to Omega Risk Management, Inc. any and all information they request with regards to verification of my/our bank accounts(s), credit history, residential history and employment verification to be used for my/our Application for Occupancy. I/We hereby waive and privileges I/We may have with respect to the said information in reference to its release to Omega Risk Management for reporting purposes.

Applicants Signature	Applicants Name Printed	Date Signed

STARLIGHT TOWERS CONDOMINIUM ASSOCIATION

PARKING SPACE

There is only one parking space per unit at Starlight Towers. Guest Spaces are for "Guests" and may not be used by an owner/lessee for their own vehicle. Owners/lessees who park their vehicle in any space other than their assigned space will have their vehicle towed without further warning.

Witness	Owner/lessee
Witness	Owner/lessee
DATE	

VEHICI	LE DESC	RIPTION	:		
MAKE	YEAR	MODEL	COLOR	WEIGHT	LICENSE#
EMERG	GENCY C	CONTACT	:		
Name: _					
Address	• • <u> </u>				
City:	Alexander and the second secon				<u></u>
Phone: ((home) _	· · · · · · · · · · · · · · · · · · ·	Ph	one (work)_	
Signatu	re:			· · · · · · · · · · · · · · · · · · ·	····
	(Owner	or Lessee)			
ADDIT	IONAL I	NFORMA	TION:		
Please r	eturn thi	s form to:			
Integrit	y Proper	ty Manage	ment		
5665 C	oral Ridg	e Drive			
Coral S	prings, F	L 330/0			

STARLIGHT TOWERS CONDO ASSOC.

RESIDENT DATA FORM

ATE: DDRESS	:		
WNERS:			
	NAME:		
	ADDRESS:		
	CITY:	STATE_	ZIP
	PHONE:		
NIT OCC	CUPANTS:		
	Name	Home Phone	Work Phone
· · · · · ·			

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Relat	tionship of Unit O	wner to Unit Occupant	(If lacean place

attach a copy of the lease.)