

LITTLE CLUB HOMEOWNERS ASSOCIATION, INC.

9601 SE Little Club Way North

Tequesta, Florida 33469

RESIDENT SCREENING APPLICATION & AUTHORIZATION

Property Address: _____

Type of Application: Purchase Lease

Closing / Lease Start Date: _____

APPLICANT INFORMATION (Each Adult 18+ Must Complete Separately)

Full Legal Name: _____

Other Names Used (Maiden/Alias): _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number & State: _____

Phone Number: _____

Email Address: _____

Current Address

Street: _____

City/State/Zip: _____

Length of Residence: _____

Previous Address (if less than 5 years at current)

Street: _____

City/State/Zip: _____

Length of Residence: _____

EMPLOYMENT INFORMATION

Employer Name: _____

Position: _____

Employer Phone: _____

Length of Employment: _____

EMERGENCY CONTACT

Name: _____

Relationship: _____

Phone: _____

OCCUPANTS

List all persons who will occupy the residence (including children):

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

BACKGROUND QUESTIONS

1. Have you ever been convicted of a felony? Yes No
2. Have you ever been convicted of a crime involving violence, theft, fraud, or drugs? Yes No
3. Have you ever been evicted or foreclosed upon? Yes No
4. Are you currently a registered sex offender? Yes No

If yes to any of the above, please explain:

AUTHORIZATION FOR BACKGROUND SCREENING

I hereby authorize Little Club Homeowners Association, Inc., or its designated screening company, to obtain and review consumer reports and investigative consumer reports, including but not limited to:

- Criminal background records
- Sex offender registry searches
- Credit history reports
- Eviction history
- Identity and address verification

I understand this screening is required for residency approval and that approval or denial will be determined in accordance with the Association's governing documents and policies.

I understand I have the right to request the name and contact information of the consumer reporting agency used and to obtain a copy of my report as provided under the Fair Credit Reporting Act (FCRA).

I certify that all information provided in this application is true and complete. Any false statement may result in denial of approval.

Signature: _____

Printed Name: _____

Date: _____

FOR HOA USE ONLY

Date Received: _____

Screening Company Used: _____

Application Fee Paid: \$ _____

Approved: Yes No

Board Signature: _____ Date: _____