



**Destiny Springs
Condo Association**
**928 Lake Destiny Road
Altamonte Springs, Florida 32714
407-775-5368**

APPLICATIONS CHECK LIST

THIRTY DAYS (30) PRIOR SALES, NEW LEASING AND LEASE RENEWAL OF UNITS IN DESTINY SPRING CONDOMINIUM ASSOCIATIONS. Applications must be submitted with a \$100.00 non-refundable background cashier check or money order per adult payable to Empire Management Group.

NEW RENTAL APPLICATIONS

1. IS THE APPLICATION FULLY COMPLETED – NO PAGES LEFT BLANK
2. ONE APPLICATION PER ADULT APPLICANTS MUST BE SUBMITTED
3. DETAIL OF EMPLOYMENT LISTED
4. VEHICLE INFORMATION LISTED
5. PET INFORMATION COMPLETED
6. PET PICTURES AND VACCINE INFORMATION INCLUDED - \$250.00 YEARLY PET FEES
7. TENANT INFORMATION COMPLETED
8. VEHICLES INFORMATION COMPLETED
9. LEASE ADDENDUM FOR DRUG FREE HOUSE FORM COMPLETED
10. AUTHORIZATION TO RELEASE INFORMATION COMPLETED
11. PROCESSING FEES SUBMITTED PER APPLICANTS – BACKGROUND CHECKS - CASHIER CHECK OR MONEY ORDER ONLY \$100.00 PER ADULT PAYABLE TO EMPIRE MANAGEMENT GROUP
12. COPY OF UNEXCUTED LEASE MUST BE ENCLOSED WITH APPLICATION
13. COPY OF GOVERNMENT IDENTIFICATION OR GOVERNMENT ISSUED PASSPORT
14. COPY OF DRIVER LICENSE
15. COPY OF VEHICLES REGISTRATIONS

LEASE RENEWAL APPLICATIONS

16. IS THE APPLICATION FULLY COMPLETED – NO PAGES LEFT BLANK
17. ONE APPLICATION PER ADULT APPLICANTS MUST BE SUBMITTED
18. DETAIL OF EMPLOYMENT LISTED
19. VEHICLE INFORMATION LISTED
20. PET INFORMATION COMPLETED
21. PET PICTURES AND VACCINE INFORMATION INCLUDED - \$250.00 YEARLY PET FEES
22. TENANT INFORMATION COMPLETED
23. VEHICLES INFORMATION COMPLETED
24. LEASE ADDENDUM FOR DRUG FREE HOUSE FORM COMPLETED
25. AUTHORIZATION TO RELEASE INFORMATION COMPLETED
26. APPLICATION FEES SUBMITTED PER ADULT APPLICANTS – CASHIER CHECK OR MONEY ORDER ONLY - \$100.00
27. PROCESSING FEES SUBMITTED PER APPLICANTS – BACKGROUND CHECKS - CASHIER CHECK OR MONEY ORDER ONLY \$100.00 PER ADULT
28. COPY OF UNEXCUTED LEASE MUST BE ENCLOSED WITH APPLICATION
29. COPY OF GOVERNMENT IDENTIFICATION OR GOVERNMENT ISSUED PASSPORT
30. COPY OF DRIVER LICENSE
31. COPY OF VEHICLES REGISTRATIONS

SELLER – BUYERS APPLICATIONS

- 32. _____ SELLER APPLICATION COMPLETED
- 33. _____ BUYERS APPLICATION COMPLETED
- 34. _____ PET INFORMATION COMPLETED
- 35. _____ AUTHORIZATION TO RELEASE INFORMATION COMPLETED
- 36. _____ PROCESSING FEES SUBMITTED PER ADULT APPLICANTS –BACKGROUND CASHIER CHECK OR MONEY ORDER ONLY \$100.00 PER ADULT PAYABLE TO EMPIRE MANAGEMENT GROUP

BEFORE SUBMITTING FEES, PLEASE REVIEW DESTINY SPRINGS'S RULES AND REGULATIONS

The Association shall not assume any responsibility for the denial of an application if any denial is based upon any of the following factors:

- The person(s) seeking approval has been convicted of a crime involving violence to persons, a crime demonstrating dishonesty or moral turpitude or any felony.
- The application facts discovered in connection with the Association’s investigation, or the conduct of the applicant, indicate that the person(s) seeking approval intends to conduct himself in a manner inconsistent with the Condominium Documents.
- The person(s) seeking approval has a history of disruptive behavior or disregard for the rights and property of others as evidenced by his conduct in other housing facilities or associations.
- The person(s) seeking approval has a poor rental history or has an eviction history.
- **The new tenant(s) seeking approval must not move in prior to approval.**

AFTER THE BACKGROUND CHECK, THE NEW RESIDENT(S) MUST ATTEND A RULES AND REGULATIONS ORIENTATION, TO BE SCHEDULED BY THE ASSOCIATION’S OFFICE.

PLEASE SIGN BELOW AGREEING YOU HAVE READ AND UNDERSTAND THE APPLICATION PROCESS:

(Sign) _____ (Date) _____

(Sign) _____ (Date) _____



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APPLICATION PROCESS

Lease Application for Approval:

Thirty days (30) prior leasing or a lease renewal of rental units in Destiny Springs Condominiums, a rental application with a copy of the lease must be submitted with a non-refundable cashier check or money background processing **fee of one hundred dollars (\$100.00)** per adult must be paid to **Empire Management Group**.

A yearly fee of \$250.00 per pet is also required.

BEFORE SUBMITTING FEES, PLEASE REVIEW DESTINY SPRINGS'S RULES AND REGULATIONS

The Association shall not assume any responsibility for the denial of an application if any denial is based upon any of the following factors:

- The person(s) seeking approval has been convicted of a crime involving violence to persons, a crime demonstrating dishonesty or moral turpitude or any felony.
- The application facts discovered in connection with the Association’s investigation, or the conduct of the applicant, indicate that the person(s) seeking approval intends to conduct himself in a manner inconsistent with the Condominium Documents.
- The person(s) seeking approval has a history of disruptive behavior or disregard for the rights and property of others as evidenced by his conduct in other housing facilities or associations.
- The person(s) seeking approval has a poor rental history or has an eviction history.
- **The new tenant(s) seeking approval must not move in prior to approval.**

AFTER THE BACKGROUND CHECK, THE NEW RESIDENT(S) MUST ATTEND A RULES AND REGULATIONS ORIENTATION, TO BE SCHEDULED BY THE ASSOCIATION'S OFFICE.

PLEASE SIGN BELOW AGREEING YOU HAVE READ AND UNDERSTAND THE APPLICATION PROCESS:

(Sign) _____ (Date) _____

(Sign) _____ (Date) _____

Destiny Springs Condominiums LEASE APPLICATION FOR APPROVAL

A SEPARATE APPLICATION IS REQUIRED FOR EACH PERSON THAT WILL BE LIVING IN THE PROPERTY

A FEE of \$250 per adult made payable to **Destiny Springs** and a Fee of \$100 made payable to **Empire Management Group**. A yearly fee of \$250.00 per pet is required.

Date: _____ Unit Address: _____
 Desired date of occupancy: _____ Proposed term of tenancy: _____
 Name: _____ Date of Birth: _____
 SSN: _____ Phone: _____ Alternative Phone: _____
 E-Mail Address _____
 Number of people who will occupy unit: _____

Names of Occupants	Relationship	Age

In case of emergency notify: _____

RESIDENCE HISTORY

1) Current Address _____
 Name of landlord: _____ Phone: _____
 Dates of residency: From: _____ To: _____

2) Previous Address _____
 Name of landlord: _____ Phone: _____
 Dates of residency: From: _____ To: _____

DETAILS OF EMPLOYMENT

Employment: _____
 Position: _____ Salary: _____ Dates Employed: _____
 Supervisor's Name: _____ Phone: _____

Employment: _____
 Position: _____ Salary: _____ Dates Employed: _____
 Supervisor's Name: _____ Phone: _____

AUTO INFO

Driver's license No. _____ State: _____
 Make: _____ Model: _____ Year: _____ Color: _____
 Plate Number: _____ State: _____

PET INFORMATION

THE FOLLOWING PET(S) WILL OCCUPY THE UNIT: (ONLY 2 PETS MAX ALLOWED, 40 LB. WEIGHT LIMIT; MUST PROVIDE VACCINATION RECORDS

Type: _____

Type: _____

Weight: _____

Weight: _____

APPLICANT/DESTINY SPRINGS CONDOMINIUM AGREEMENT

- In making the foregoing application, I represent to the Board of Directors that the purpose for the application at Destiny Springs Condominiums is as follows:
Lease Term _____ (Greater than 12 months) Start _____ Expire _____
- I hereby agree to the following for myself and on behalf of all persons who may use the unit:
I will abide by all the restrictions contained in the By-Laws, Rules, and Regulations, which are or may in the future be imposed by the Destiny Springs Condominiums Association.
- I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. **Occupancy prior to Board approval is prohibited.**
- I understand that the acceptance by Destiny Springs Condominiums is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation, falsification, or omission of information on these forms will result in the automatic disqualification of this application.
- I understand that the Board of Directors of Destiny Springs Condominiums may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management and the background check company used by the Association to make such investigation and agree that the information contained in this application may be used in such investigation, and that the Board of Directors, Officers and Management of Destiny Springs Condominiums itself shall be held harmless from any action or claim by me in connection with use of the information contained herein or any investigation conducted by the Board of Directors.
- *In making the foregoing application, I am aware that the decision of the Destiny Springs Condominiums will be final, and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.*

SIGNATURE: _____ DATE: _____

I(we) _____ have received, read, and understand the Bylaws, Rules & Regulations, and all governing documents for Destiny Springs Condominium Association.

SIGNATURE: _____ DATE: _____

**Destiny Springs Condominium Association (Office Files)
EMERGENCY INFORMATION FORM**

SELLER INFORMATION	
UNIT # _____	<input type="checkbox"/> OWNER OCCUPIED <input type="checkbox"/> RENTAL UNIT
NAME: _____	
MAILING ADDRESS: _____	
Home #: _____	
Owner Work #1: _____	Cell #: _____
Owner Work #2: _____	Cell #: _____
Owner Email #1: _____	
Owner Email #2: _____	

TENANT INFORMATION	
NAME: _____	<input type="checkbox"/> OWNER OCCUPIED <input type="checkbox"/> RENTAL UNIT
MAILING ADDRESS: _____	
Home #: _____	
Owner Work #1: _____	Cell #: _____
Owner Work #2: _____	Cell #: _____
Owner Email #1: _____	
Owner Email #2: _____	

RESIDENT INFORMATION	
NAME(S): _____	AGE: _____
_____	_____
_____	_____
_____	_____
_____	_____

PET(S)/BREED: (2 PETS, VACCINATION RECORDS) _____	LBS: 40 MAX FOR EACH _____
_____	_____

VEHICLES	PARKING SPACE #: _____
1. Make: _____	Model: _____
Year: _____	Color: _____
Tag: _____	
2. Make: _____	Model: _____
Year: _____	Color: _____
Tag: _____	
3. Make: _____	Model: _____
Year: _____	Color: _____
Tag: _____	

Signature: _____	Date: _____
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LEASE ADDENDUM FOR DRUG FREE HOUSING

In consideration of the execution or renewal of a lease for the dwelling unit identified in the Lease, LESSOR and LESSEE agree as follows:

1. LESSEE, any member of the LESSEE'S household, or a guest or other person under the LESSEE'S control, shall not engage in criminal activity, including drug-related criminal activity, on or near the lease premises. "Drug related criminal activity" means the illegal manufacture, sell, distribute, or use, of a controlled substance (as defined in section 102 of the Control Substances Act (21 U.S.C. 802)).
2. LESSEE, any member of the LESSEE'S household, or guest or other person under LESSEE'S control "shall not engage in any act intended to facilitate criminal activity," including drug related criminal activity, on or near the lease premises.
3. LESSEE, or members of the household "will not permit the dwelling unit to be used for, or to facilitate criminal activity," including drug related criminal activity.
4. LESSEE, or members of the household will not engage in the manufacture, sale, or distribution of illegal drugs at any located whether on or near the leased premises or otherwise.
5. LESSEE, any member of the LESSEE, any member of the LESSEE'S household, or guest or other person under LESSEE'S control "shall not engage in acts in acts or threats of violence, "including, but not limited to, the unlawful discharge of firearms, on or near the lease premises.
6. "VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL VIOLATION OF THE LEASE AND GOOD CAUSE FOR TERMINATION OF TENANCY." A single violation of any of the provision of this addendum shall be deemed a serious violation and a material non-compliance with the lease and the Rules and Regulations governing Destiny Springs Condominium Association according to, but not limited to, Article 5.5 & 5.6. It is understood and agreed that a single violation shall be good cause for termination of the lease and either LESSOR or THE BOARD OF DIRECTORS FOR DESTINY SPRINGS CONDOMINIUM ASSOCIATION shall have the authority to demand immediate vacating of leased premises. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be by a preponderance of the evidence.
7. In case of conflict between the provisions of the lease addendum and any other provisions of the lease, the provisions of the lease addendum shall govern.
8. this lease addendum is incorporated into the lease executed or renewed this day between LESSOR and LESSEE.

LESSEE SIGNATURE: _____ Date: _____

LESSEE SIGNATURE: _____ Date: _____

LESSOR SIGNATURE: _____ Date: _____

LESSOR SIGNATURE: _____ Date: _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize *Destiny Springs Condominiums*. (Herein referred to as **Association**) and/or its' assigns to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for occupancy. Said report may contain information about me from consumer reporting agencies including but not limited to indebtedness, mode of living, present and previous employers and/or employment contracts, driving record/license, validity of social security number, personal references, criminal records, and any information that I have disclosed on my applications and/or any attachments, exhibits.

I authorize the **Association** to contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by the **Association** to furnish the above-mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and/or resumes are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed affect my application.

This authorization and consent shall be valid in original, fax or photocopy form.

I authorize the ongoing procurement of the above-mentioned information/reports by the **Association** at any time during my occupancy with the **Association**.

The nature and scope of the consumer report and/or investigative consumer report along with the name, address and telephone number of the agency providing the report will be disclosed to you within 5 days of the upon written request to the personnel department of the **Association**.

A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your Rights Under FCRA along with the name, address and telephone number of the agency furnishing the information will be provided before any adverse action is taken by the **Association** based on information contained in the report.

By signing below, I acknowledge understanding of the purpose of this Authorization Form and its intended use.

Signature: _____ Date: _____

I authorize this background check to be reviewed by the owner and property manager of unit to be occupied.

Signature _____ Date _____