

# PLAYERS PLACE LAKESIDE

H O M E O W N E R S   A S S O C I A T I O N

c/o **On Call Management, LLC**  
4502 Inverrary Boulevard  
Lauderhill FL 33319  
954. 667. 3933  
*ray@oncallmgmt.com*

## LEASE AND / OR PURCHASE APPLICATION INSTRUCTIONS

### VERY IMPORTANT

**IF YOU ARE PURCHASING:** You must submit your completed application at least 3 (three) to 4 (four) weeks prior to closing.

**IF YOU ARE LEASING:** You must submit your completed lease application at least 2 (two) weeks prior to the starting date of your lease.

**PLEASE SUBMIT YOUR COMPLETED APPLICATION TO THE ABOVE ADDRESS, TOGETHER WITH A NON-REFUNDABLE APPLICATION FEE IN THE AMOUNT OF ONE HUNDRED FIFTY DOLLARS (\$150.00) FOR EACH ADULT LISTED ON THE APPLICATION .**

Make check or money order payable to:  
**PLAYERS PLACE LAKESIDE, INC.**

**WHEN COMPLETED APPLICATION IS PROCESSED, YOU WILL BE CONTACTED BY TELEPHONE TO SCHEDULE AND ATTEND A SCREENING.**

**WAIT FOR OUR CALL.**

Please be aware that if all necessary documentation and information is not included in your application, your application will be returned.

**OCCUPATION OF A UNIT BY AN APPLICANT PRIOR TO APPROVAL BY THE ASSOCIATION WILL RESULT IN IMMEDIATE DISAPPROVAL OF THE APPLICATION.**





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## RESIDENT INFORMATION

OWNER(S) OF UNIT: \_\_\_\_\_  
\_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME(S) OF TENANT(S) \_\_\_\_\_  
\_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

~ ATTACH A COPY OF CURRENT LEASE ~

### PLEASE LIST ALL PERSONS WHO WILL RESIDE IN THIS UNIT:

NAME	RELATIONSHIP TO OWNER/TENANT
_____	_____
_____	_____
_____	_____
_____	_____

### IN CASE OF EMERGENCY, PLEASE NOTIFY:

1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### VEHICLE INFORMATION (list all vehicles you intend to park on the property):

MAKE: \_\_\_\_\_ MODEL/YR: \_\_\_\_\_ PLATE#: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL/YR: \_\_\_\_\_ PLATE#: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL/YR: \_\_\_\_\_ PLATE#: \_\_\_\_\_

ASSIGNED PARKING SPACE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF TENANT

\_\_\_\_\_  
DATE

# ONE PER APPLICANT

Community name \_\_\_\_\_ Unit # \_\_\_\_\_

## **AUTHORIZATION REGARDING BACKGROUND INVESTIGATION**

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU;
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT;
- ADDITIONAL NOTICE REGARDING INVESTIGATIVE CONSUMER REPORTS ON YOU;
- ADDITIONAL STATE LAW NOTICES.

By signing below, I also authorize **Premier Association Management** to obtain “consumer reports” and “investigative consumer reports,” about me for Tenant Purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name (First, Middle, Last Name)

## **PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK**

**Please supply the following information to facilitate a background check on you.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver License No.: \_\_\_\_\_ State Issued: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

Street/P.O. Box      City      State      Zip Code      County      Dates

Former Address: \_\_\_\_\_

Street/P.O. Box      City      State      Zip Code      Country      Dates

\_\_\_\_\_  
Current Employer      Address      City/State      Start Date      Salary

\_\_\_\_\_  
Supervisors name      Employer Telephone Number

\_\_\_\_\_