

**FIRENZE-La Florence at Renaissance Commons Homeowners Association, Inc.**

c/o Tallfield Management  
12765 West Forest Hill Blvd, Suite 1320;  
Wellington, FL 33414

Tel. (561) 983-6000 Fax: (561) 983-6001  
Email: [wellington@tallfield.com](mailto:wellington@tallfield.com)

Lease Application Checklist

This is a list of items needed to process an application to lease a home in Firenze. Please indicate with a check mark that the needed items are enclosed. Failure to provide all information and payment will result in application being returned. Incomplete applications will not be accepted.

Applications can be mailed or dropped off to our office address above, Monday to Friday, 9AM to 4:30PM, at the Firenze Clubhouse on Monday and Wednesday or by appointment. Contact Ann Marie at 561-983-6000 or [annmarie@tallfield.com](mailto:annmarie@tallfield.com) with any questions.

**NEEDED ITEMS:**

- \_\_\_\_\_ Executed Lease Application and Information Sheet
- \_\_\_\_\_ Copy of the lease contract
- \_\_\_\_\_ Legible copy of driver license(s) or other government issued Identification for all adults that will be living in the home
- \_\_\_\_\_ Copy of recent paystubs (2) months for each applicant
- \_\_\_\_\_ \$200 Non-refundable fee made payable to "Tallfield Management" \* **All payments must be certified/cashier's check or money order ONLY (no personal checks or credit/debit cards accepted.)**
- \_\_\_\_\_ Two-page Residential Screening Request per adult (required to run national criminal/credit check)
- \_\_\_\_\_ Acknowledgement Page

**\*NOTE:** The \$200 fee covers background screening for up to two adult applicants. Any additional residents 18+ years of age are subject to background screening, and an additional \$50 fee per adult is required.

Please allow at least 30 days for application processing.

**Lease Application and information sheet for  
FIRENZE-La Florence at Renaissance Commons Homeowners Association, Inc.**

*Please print legibly and complete all the sections*

LEASE BEGIN DATE:	LEASE END DATE:
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**UNIT INFORMATION**

PROPERTY ADDRESS	MOVE-IN DATE
CURRENT OWNER NAME	CONTACT #

**APPLICANT INFORMATION**

**(If more than 2 applicants, please provide information on the additional applicant(s)  
on a separate sheet of paper)**

APPLICANT NAME	CO-APPLICANT NAME
PRIMARY CONTACT #	PRIMARY CONTACT #
EMAIL	EMAIL
CURRENT MAILING ADDRESS	CURRENT MAILING ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP
EMERGENCY CONTACT NAME & TELEPHONE	EMERGENCY CONTACT NAME & TELEPHONE
MARTIAL STATUS      MARRIED ( )      SINGLE ( )	MARTIAL STATUS      MARRIED ( )      SINGLE ( )

**OTHER OCCUPANTS**

NAME	RELATIONSHIP	DOB
NAME	RELATIONSHIP	DOB
NAME	RELATIONSHIP	DOB

Are you a service member? \_\_\_\_\_ (Service member is defined to include any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard & United States Reserve Forces).

### REALTOR INFORMATION

REALTOR'S NAME	PHONE #	EMAIL
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### EMPLOYMENT HISTORY

**ARE YOU:** Self-Employed? Yes ( ) No ( )      Retired? Yes ( ) No ( )

EMPLOYER	CO-APPLICANT/SPOUSE EMPLOYER
CITY-STATE-ZIP	CITY-STATE-ZIP
PHONE #	PHONE #
EMPLOYED FROM:    TO:	EMPLOYED FROM:    TO:
DEPARTMENT OR POSITION	DEPARTMENT OR POSITION
SUPERVISOR	SUPERVISOR
MONTHLY INCOME	MONTHLY INCOME

### VEHICLE INFORMATION

If you have any recreational vehicles, (vans, boats, motorcycles) please specify.

NOTE: Certain vehicles may be prohibited.

MAKE	MODEL	COLOR	STATE	TAG #
MAKE	MODEL	COLOR	STATE	TAG #
MAKE	MODEL	COLOR	STATE	TAG #

### PET INFORMATION

(Write none if no pets)

TYPE	BREED	RABIES LICENSE TAG #	COLOR	WEIGHT
TYPE	BREED	RABIES LICENSE TAG #	COLOR	WEIGHT

## ACKNOWLEDGEMENT

By signing below, Applicant, Co-Applicant, and Owner(s) hereby certify and/or agree with the Association as follows in addition to and independent of the Association's Governing Documents:

1. That all information in this application is true and correct and that any false or misleading information given in this Application constitutes grounds for rejection of this application and revocation of Applicant(s) right to reside on this property.
2. That each adult applicant will have a national background check run by Tallfield Management. Each adult must fill out the two-page screening/authorization forms. I understand that the Association has adopted written criteria for reviewing these reports and that I may obtain a copy of these criteria from the Association upon signing this Application.
3. That each Applicant(s) agrees to comply with all By-Laws and Rules & Regulations of Firenze.
4. That all pets must be in compliance with the pet rules and regulations.
5. That Applicant(s) agree on behalf of all persons who may use the Unit, which they seek to lease /occupy for themselves, to abide by Association's Governing Documents, including the Declaration of Covenants and Restrictions for Firenze, the Rules and Regulations, any and all amendments thereto, and all applicable Florida Statutes.
6. That no persons other than those listed on this Application will reside in the Unit and Applicant(s) and Owner (s) agree that anyone moving into the Unit at a later date will be registered with the Association and a background investigation and credit check done at the Applicant's expense.
7. That Owner(s) hereby authorizes the Association, through its agents and or assigns, to enter upon the Lot and Unit to conduct an inspection to ensure compliance with the Governing Documents and such entry shall not be deemed a trespass.
8. That Applicants understand that parking on the streets within Firenze is restricted and subject to limitations as determined by the Board of Directors and as may be modified by the Board of Directors from time to time and that prospective tenants are encouraged to review the HOA vehicle restrictions prior to committing to a lease. Tenant vehicles that are too large to fit in garage and older vehicles may be subject to additional restrictions and may not be eligible for street parking.
9. That the proposed Applicant(s) understand, agree, and authorize Tallfield Management, FIRENZE- La Florence at Renaissance Commons Homeowners Association Inc., the Board of

Directors and/or their committees, and their agents to investigate and verify all information submitted on the application for all occupants.

We do not discriminate against age, gender, race, color, sexual orientation, national origin, religion, sex, family status or handicap (disability).

Signature of Tenant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Tenant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Tenant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Tenant \_\_\_\_\_ Date \_\_\_\_\_

# **RESIDENTIAL SCREENING REQUEST**

*\*NOTE: EACH ADULT MUST FILL OUT THE FOLLOWING TWO-PAGE FORM FOR SCREENING*

**FOR MANAGEMENT USE ONLY**

Tallfield Associates Ref #/Unit #: \_\_\_\_\_

**PERSONAL DETAILS**

**Please check one:**

- Individual (*Individual or one of multiple roommates that appear on the sale contract and are responsible for the property.*)
- Spouse (*Couples that jointly occupy the unit and assume joint responsibility for the property.*)
- Occupant (*Occupants are adults who will live in the unit, but are not financially responsible for the property.*)

**Name:** First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

**SSN#:** \_\_\_\_\_ **DOB (MM/DD/YYYY):** \_\_\_\_\_

**CURRENT ADDRESS**

**Street Address:**

Number: \_\_\_\_\_ Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# **RESIDENTIAL SCREENING REQUEST**

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## **DISCLOSURE AND AUTHORIZATION AGREEMENT REGARDING CONSUMER REPORTS**

### **DISCLOSURE**

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for residence.

### **AUTHORIZATION**

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish any third party company used by Tallfield Associates, LLC on behalf of the Association for which you are applying with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

### **READ, ACKNOWLEDGED AND AUTHORIZED:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**SSN#:** \_\_\_\_\_ **DOB (MM/DD/YYYY):** \_\_\_\_\_

## **CURRENT ADDRESS**

**Street Address:**

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

Name: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_

