

# FIRENZE-La Florence at Renaissance Commons

*c/o Tallfield Management*  
12765 West Forest Hill Blvd, Suite 1320; Wellington, FL 33414  
Tel. (561) 983-6000 Email: wellington@tallfield.com

## Lease Application Checklist

Below is a list of items needed to process association approval to Lease a home. All payments must be **certified/cashier's check or money order ONLY** (no personal checks or credit/debit cards accepted.) Please indicate with a check mark that the needed items are enclosed. Applications can be mailed or dropped off to our office address above. Failure to provide all information and payment will result in application being returned. Incomplete applications will not be accepted.

### NEEDED ITEMS:

- Executed Lease Application
- Copy of the lease contract (MUST STATE JOINT & SEVERAL)
- Legible copy of driver license(s) for all adults that will be living in the home
- Copy of recent income (2 months paystubs per each applicant) 600 credit score EACH
- \$200 Non-refundable fee made payable to "Tallfield Management"\*
- Two-page screening authorization form per adult (required for national criminal/credit check)
- Pet registration form for each pet
- Lease Requirements Statement & Acknowledgement
- Rules and Regulations Acknowledgement

**\*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**  
**Each completed package should be submitted to Tallfield Management as indicated**  
**below.**

**TALLFIELD MANAGEMENT**  
12765 W. Forest Hill Blvd., Suite 1320;  
Wellington, Florida 33414  
MONDAY TO FRIDAY, 9AM TO 4:30PM  
TELEPHONE: (561)983-6000 Fax: (561) 983-6001

**STATEMENT AND ACKNOWLEDGMENT OF LEASING REQUIREMENTS**

These leasing requirements have been prepared for the owners of the units at Firenze. Prospective tenants should be advised that these "Conditions of Lease" are strict and applied to all applicants for lease. No lease will become effective unless the prospective tenant is approved by the Association.

1. Owner in compliance. Owner must be current on all homeowner association fees and free of any HOA violations. No applications will be considered until violations are resolved and balances paid. Please allow time for out of area checks to clear, as fees are not considered paid until all checks have cleared the bank.

2. Joint and Several. All applicants must be applying as a "joint and several" obligation. Each applicant is responsible for 100% of the lease obligation.

3. Credit Check. Each adult applicant must have a minimum credit score of 600, OR gross income from verifiable sources equal to no less than 3.33 x the monthly rent. For purposes of this calculation, all tenants who are not immediate family (legal spouse, sibling or child) must be able to support no less than 50% of the monthly rent, irrespective of the number of other applicants. Verifiable sources may include prior year tax returns, pay stubs for the last 90 days, or other documents that are deemed reasonable proof of income as determined on a case by case basis by the HOA Board of Directors.

4. Background Check. All applicants agree to allow the Association's representative to verify employment, and to perform a credit check and criminal background check on each applicant. Misleading applications, a history of re-occurring late rent payments to prior tenants or a felony or certain types of misdemeanors may be a basis for rejection. Minor traffic infractions are accepted.

5. Vehicle Restrictions. Parking on the streets of within Firenze is restricted and subject to limitations that may as determined by the Board of Directors from time to time. 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.

Having read the proceeding Leasing Requirement, I hereby request that La Florence at Renaissance Commons HOA, Inc. proceed with the credit check, employment verification, and a criminal background check. I understand that satisfying the requirements set forth above is a condition of being offered a lease. Should I not meet the standards set forth above, I understand that my application will be denied and my application fee is non-refundable. I agree to hold La Florence at Renaissance Commons HOA, Inc., dba Firenze, harmless from all claims of action including attorney's fees, etc, with respect to any rejection of any Offer to Lease based upon the Leasing Requirement set forth.

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

\_\_\_\_\_  
Prospective Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Prospective Tenant

\_\_\_\_\_  
Date

## Lease Application and information sheet for Firenze

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) A non-refundable processing fee of \$200 for up to two adult applicants (each adult \$50 thereafter) made payable to "Tallfield Management" must accompany the application.
- 3) A copy of a valid driver's license for all adults who will reside in the residence.
- 4). 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
- 5) Applicant(s) agrees to comply with all By-Laws and Rules & Regulations of Firenze.
- 6) All pets must be in compliance with the pet rules and regulations.
- 7) 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.
- 8) 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.
- 9) 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.
- 10) Vehicle Restrictions. Parking on the streets of within Firenze is restricted and subject to limitations that may as determined by the Board of Directors from time to time. 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.

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

Proposed Applicant(s) understand, agree, and authorize Tallfield Management, La Florence at Renaissance Commons Homeowners Association Inc. / Firenze, the Board of Directors and/or their committee, and their agents to investigate and verify all information submitted on the application for all occupants.

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

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Signature