



Applicant(s) Name(s)

Property Address

Unit #

**ASSOCIATION SCREENING APPLICATION PACKAGE**

Thank you for your interest in one of our Associations. We look forward to assisting you in the process of your application. The items listed below are required to be submitted along with this application. Make sure to submit a completed application and package. If the package is not complete, the process will be delayed.

**Please allow 15 business days for the screening process, the 15 business days will start counting from the day a completed application is submitted.**

FOR LEASES: unit owners with past due balances in their account(s) must pay their balance in full prior to approval of a new tenant.

CHECK LIST FOR APPLICANTS (please check off):

	<u>SALE</u>	<u>LEASE</u>
Screening application package (signed by applicant and owner, as needed). Every resident 18 years of age or older is required to complete the screening application, provide all required documents, and pay screening application fees.		
Acknowledgment form		
Condominium Rules & Regulation acknowledgement		
Number of applicants that are 18 years of age or older		
Screening information form (Applicant and everyone 18 years of age or older)		
Copy of Government issued ID(s) with picture		
Number Government issued ID copies received (one per ID)		
Copy of Social Security card (Except International Applicants)		
Number of Social Security card copies received (one per S.S. card)		
Screening application package		
Screening application fee \$150 per person over 18 years of age or \$150 per married couple with proof of marriage. This fee is non-refundable and payable to Trident Management (payable only in money order or cashier's check).		
Pets? (If yes, how many)		
Pet Registration Form (if applicable)		
Pet – Veterinary certification		
Certificate(s) of vaccines		
Photo of pet(s)		
Copy of executed sales contract or lease		

**ACKNOWLEDGEMENT FORM**

- Application package must be submitted **15 business days before move-in/closing date**. Application process could take 15 business days from the moment all required documents are submitted to Trident Management’s screening department. Incomplete application will be returned and will not be processed until all required items have been provided. Please keep in mind that your application will be processed in the same manner in which every application is processed through our office, in order to treat each and every applicant fairly. **THIS PROCESS CANNOT AND WILL NOT BE RUSHED.**
- A **clear readable copy of the EXECUTED SALES CONTRACT OR EXECUTED LEASE AGREEMENT MUST BE INCLUDED.** All leases must comply with the lease term allowed under the by-laws of the relevant Association.
- Please provide a copy of the **Driver’s License or similar Government Issued Picture ID and Social Security Card** for each occupant residing in the unit or involved in the purchase of a unit that is 18 years or older.
- Please include your **Nonrefundable Screening Fee of \$150** per resident or person to be named on the deed 18+ years of age or **\$150** per married couple with a copy of the marriage certificate. This payment must be made in the form of Cashier's Check or Money Order payable to: Trident Management
- All fees must be paid on any **DELINQUENT** account prior to the Board of Directors signing an approval to lease.
- Failure to comply with move in/out policies rules and Regulations can result in fines to the Unit Owner of up to \$1,000.00.
- Proof of proper pet registration, Veterinarian’s Certificate and photo of pet is required for associations where pets are allowed.
- Please be advised that **all screenings interviews are scheduled upon the availability of a Board Member to act as an authorized interviewer.** The designated Board Member will immediately notify the applicant(s) once an interview date and time has been selected.
- Occupancy prior to final approval is **prohibited**. Any owner who moves a tenant into a home/unit without the Associations approval will be subject to fines and immediate legal action, which can result in eviction.
- No lessee shall sublet or assign his interest in an apartment unit.
- If there are any questions not answered, or left blank, this application will be returned to you unprocessed.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Current Owner Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Current Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Association Acknowledgement

Applicant(s) Name(s) \_\_\_\_\_

Property Address \_\_\_\_\_

I hereby acknowledge receipt of the attached Rules and Regulations for:

\_\_\_\_\_  
Association Name

If the application to lease is approved I hereby agree for myself and on behalf of all persons who may occupy/visit my unit that I have read, understand, and will abide by said rules and regulations.

I understand that the full set of bylaws is to be provided to me by the property owner. In case the property owner fails to provide the full set of bylaws, I have been informed that the documents are available from the management company for a fee.

I have entered into an agreement to purchase/lease unit #\_\_\_\_ in \_\_\_\_\_ Association. I understand that if I am approved, such approval is contingent upon the closing of the transaction. I further understand that the sale or rental will not take place if approval is not granted. I hereby give my approval to Trident Management and \_\_\_\_\_ Association to verify all references and other pertinent information contained in this application for membership. Further, I agree to hold Trident Management and the Association harmless if said investigation develops information detrimental to me.

I agree that I will not sell or lease to any person who has not been approved by the Association.

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Co-Applicant's Name (Print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Signature

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

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

**Current Home Owner Acknowledgement**

I understand that I will be responsible for any charges, fines, and/or legal fees assessed to my account by the Association for non-compliance of the Association's Declaration, By-Laws, and Rules and Regulations by myself, my tenants, and/or any occupant residing/visiting my property.

I agree that I will not sell or lease to any person who has not been approved by the Association.

\_\_\_\_\_  
Homeowner(s) Name (Print)

\_\_\_\_\_  
Homeowner(s) Name (Print)

\_\_\_\_\_  
Homeowner(s) Signature

\_\_\_\_\_  
Homeowner(s) Signature

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

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

**SCREENING INFORMATION FORM**

**Applicant**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

PHONE # WHERE YOU CAN BE REACHED \_\_\_\_\_

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

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Passport Number (for international clients) \_\_\_\_\_

Present Home Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Purchase Date or Lease Expiration date \_\_\_\_\_ How Long have you lived at this property? \_\_\_\_\_

Landlord (if applicable) \_\_\_\_\_ Phone# \_\_\_\_\_ Email: \_\_\_\_\_

Landlord's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Purchase Date or Lease Expiration date \_\_\_\_\_ How Long have you lived at this property? \_\_\_\_\_

Landlord (if applicable) \_\_\_\_\_ Phone# \_\_\_\_\_ Email: \_\_\_\_\_

Landlord's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_

Currently Employed By \_\_\_\_\_ Years/Months \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_ Email: \_\_\_\_\_

Previously Employed By \_\_\_\_\_ Years/Months \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_ Email: \_\_\_\_\_

Any litigation such as but not limited to evictions, lawsuits, judgments bankruptcies? Yes or No  
If so please provide additional documentation

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**PERSONAL REFERENCES**

Name	Phone Number	Email Address	# of Years Know
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Co-applicant

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

PHONE # WHERE YOU CAN BE REACHED \_\_\_\_\_

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

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Passport Number (for international clients) \_\_\_\_\_

Present Home Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Purchase Date or Lease Expiration date \_\_\_\_\_ How Long have you lived at this property? \_\_\_\_\_

Landlord (if applicable) \_\_\_\_\_ Phone# \_\_\_\_\_ Email: \_\_\_\_\_

Landlord's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Purchase Date or Lease Expiration date \_\_\_\_\_ How Long have you lived at this property? \_\_\_\_\_

Landlord (if applicable) \_\_\_\_\_ Phone# \_\_\_\_\_ Email: \_\_\_\_\_

Landlord's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_

Currently Employed By \_\_\_\_\_ Years/Months \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_ Email: \_\_\_\_\_

Previously Employed By \_\_\_\_\_ Years/Months \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Supervisor's Phone \_\_\_\_\_ Email: \_\_\_\_\_

Any litigation such as but not limited to evictions, lawsuits, judgments bankruptcies? Yes or No

If so please provide additional documentation

### EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

### PERSONAL REFERENCES

Name	Phone Number	Email Address	# of Years Know
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The following OTHER persons will occupy the unit:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

The following pet(s) will be in the apartment

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Have applicant, co-applicant or any other residents ever been arrested for and/or convicted of a crime? Yes or No

If yes please provide city and state or country of incident with details. Please attach any documentation you may have to assist the Board in better understanding the incident.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

It is my (our) understanding that this Application is preliminary only and involves no obligation of the Owner, Agent, Management Company or Association to approve this application or to deliver occupancy of the proposed premises. I understand that the application fee of one hundred and fifty dollars (\$150.00) per person is **NOT REFUNDABLE**. I certify that I have read the above Application; that the information contained therein is true and correct. I understand that this application shall be incorporated in and become part of the Lease and or Purchase of the premises sought and if it contains any incorrect or untrue statements this shall be grounds for denial of the application and/or cancellation of the Lease at the option of the Owner, Agent or Association. I understand that clear and sufficient funds (Cashier's Check or Money Order) are required at the time this application is submitted or it will not be processed. I (we) hereby authorize Trident Management to verify all information provided herein and provide same to the Association. I (we) certify that all information is true and correct. I (we) authorize Trident Management to obtain my credit report, employment verification, criminal history and banking information and provide same to the Association. I further allow Trident Management to make any and all other inquiries they feel necessary to evaluate my occupancy and provide same to the Association.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co-applicant \_\_\_\_\_ Date \_\_\_\_\_

**UNIT INFORMATION**

Address \_\_\_\_\_ Unit# \_\_\_\_\_

Desired Move In or Closing Date \_\_\_\_\_

Real Estate Agent info (if applicable)

Listing Real Estate Agent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Closing Real Estate Agent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PET REGISTRATION FORM**  
 (Only for Association's that expressly allow pets)

OWNER/TENANT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

OWNER/TENANT PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TYPE OF PET (CAT / DOG)	WEIGHT	AGE	RABBIES VAC. CERT #	RABBIES TAG #	EXPIRATION DATE

**PET RESTRICTIONS**

Pets, birds, fish and other animals shall neither be kept nor maintained in or about the condominium property except in accordance with the declaration, by-laws and rules and regulations of the Association as well as all applicable Federal, State, County and City laws:

Domesticated dogs and cats may be maintained in a Unit provided such pets are (i) permitted to be so kept by applicable laws and regulations, (ii) not left unattended on balconies or on the Common Elements, (iii) generally, not a nuisance to other Unit Owners, (iv) kept on a leash when using the Common Elements, and (v) not a pit bull or other breed considered to be dangerous by the Board of Directors, City, County, and/or State. Said dogs and cats shall only be walked or taken upon these portions of the Common Elements designated by the Association from time to time for such purposes.

Unit Owners shall pick up all solid waste from their pets and dispose of same appropriately.

***Attach proof of proper registration, Veterinarian's Certificate and photo of pet/s.***

Dog/cat owners are required to submit written proof that their pets are registered and their shots being up to date, as required by local authorities. I will also submit proof from the pet's veterinarian of pet's weight and breed. As a pet owner, I acknowledge that I have read, understand, and will abide by the Pet restrictions and pet Rules and Regulations of \_\_\_\_\_ Association, Inc.

\_\_\_\_\_  
 Applicant's Name (Print)

\_\_\_\_\_  
 Co-Applicant's Name (Print)

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Co-Applicant's Signature

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

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