

PALM BAY ESTATES R.O. ASSN, INC.  
3092 Indian River Drive NE  
Palm Bay, FL 32905  
321-723-3353  
Fax: 321-723-8875

**APPLICATION FOR NON-U.S. CITIZENS:**  
**RENTING FROM SHAREHOLDERS**

**THE FOLLOWING ITEMS MUST BE SUBMITTED WITH YOUR APPLICATION:**

1. Completed **UNITED SCREENING AUTHORIZATION TO RELEASE INFORMATION FORM**
2. Completed **TENANT APPLICATION**
3. **COLOR COPY OF DRIVER'S LICENSE** or identification card
4. **BACKGROUND REPORT FEE:** \$85.00 FOR Canadian citizens / \$135 doe International (This fee is per person). Checks made payable to Palm Bay Estates.
5. **VETERINARIAN'S STATEMENT**, if applicable. (One pet per household, no pets over 40lbs.)

Upon completion of this application please mail or bring to the Association Office at the above address and we will schedule an interview with our Board of Directors.

**NOTE:** If you neglect to include payment for the background report, we will be unable to process your application.

**PLEASE NOTE BELOW THE BEST DAYS AND TIMES FOR YOU TO ATTEND THIS 30 MINUTE INTERVIEW:**

Can you meet on a Tuesday? \_\_\_\_\_ Best Time:

If you cannot meet on Tuesdays, when is the best day of the week to meet with you?

\_\_\_\_\_

Best time of the day you can meet at the Association Office:

\_\_\_\_\_

=====  
**For Office USE:** Date Received: \_\_\_\_\_ by \_\_\_\_\_.

Interview Scheduled for: \_\_\_\_\_ at \_\_\_\_\_.



# NON-US RESIDENT SCREENING AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize, \_\_\_\_\_ 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, credit history through a consumer credit report, and any information that I have disclosed on my applications and/or any attachments, exhibits.

I authorize the *Association* may 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 upon timely written request, and within 5 days of the request.

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.

Upon proper identification and payment permissible by law, you have the right to request from the *Association* a copy of any information in its file on you at the time of your request.

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

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### Applicant Information

Print Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Driver's License State \_\_\_\_\_

**IMPORTANT:** The following information will be used by United Screening Services Corporation for identification purposes only to perform a background check. This information will not be used as part of the decision process of your prospective Association.

Maiden, Other and/or Former Name(s) \_\_\_\_\_

Race/National Origin: \_\_\_\_\_ Gender: Male Female Date of Birth: \_\_\_\_\_

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

PALM BAY ESTATES R.O. ASSN, INC.  
**TENANT APPLICATION**

Please return the completed profile to office or fax to 321-723-8875.

**We do supply other residents with directory of neighbors, so if you wish to be unlisted, please make note of that.**

**LOT #:** \_\_\_\_\_ **LANDLORD'S NAME:** \_\_\_\_\_

**Address of Home:** \_\_\_\_\_ **Desired Move-In Date:** \_\_\_\_\_

**TENANT APPLICATION NAME:** \_\_\_\_\_

**CO-APPLICANT NAME:** \_\_\_\_\_

**NAMES of OTHER RELATIVES OR GUESTS WHO MIGHT VISIT YOU during your tenancy:**

\_\_\_\_\_ **Age:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

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**Other Telephone Numbers:** \_\_\_\_\_ **Home/Cell/Other:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_  **Check if "None"**

**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **State:** \_\_\_\_\_

**PET:** (Only one is allowed, weighing less than 40 pounds at maturity. Leash laws and clean-up are enforced.)

**Type/Color:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Vehicle Registration:** (Include a valid registration for any motorcycle, boat or trailer you wish to store at PBE):

**Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Tag #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Lease Term:**

**Number of Months:** \_\_\_\_\_ **Move-In Date:** \_\_\_\_\_ **Move-Out Date:** \_\_\_\_\_ - \_\_\_\_\_

**Who will be responsible for upkeep of the home and yard while you are renting it?** \_\_\_\_\_

I/We declare that the foregoing information is true and correct, and I/we understand that all information obtained will be maintained in strict confidence.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Co-Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_