APPLICATION FOR PROPOSED LEASE
REFLECTION LAKES TWO CONDOMINIUM ASSOCIATION, INC.
APPLICATION MUST BE RECEIVED 30 DAYS PRIOR TO BEGINNING OF LEASE
(Credit and Background check will be obtained)

INSTRUCTIONS: Please read this application carefully and fill in all the blanks. Please return **1.)** This form with **2.)** A copy of the lease **3.)** A $100.00 check made payable to Reflection Lakes two **4)** A security deposit of $1,000.00 made payable to Reflection Lakes Two, to be held in escrow **5)** Mail completed paperwork to: Sentry Management, Inc. 6330 Techster Blvd., #1, Fort Myers, FL 33966. 239-277-0112. **Minimum lease term not less than 90 days per master association rules and regulations. No more than 3 times per calendar year.**

Application Date:_____ Application to lease_____ to _____

Unit Owner: _____ Unit Address:_____

Lessee:_____ Age:_____

Spouses Name:_____ Age:_____

Current Address:_____ Phone:_____

Number of Dependants Residing in Unit:_____

Name:_____ Age:_____

Name:_____ Age:_____

NO PETS PERMITTED FOR TENANTS

Employer:_____ Phone:_____

Bank Name and Address:_____

Personal References:_____

_____

TYPE OF VEHICLES – NO COMMERCIAL VEHICLES

Make:_____ License Number:_____

Make:_____ License Number:_____

In case of emergency

Name:_____ Address:_____ Phone:_____

Name:_____ Address:_____ Phone:_____

We have received and read a copy of the documents for Reflection Lakes Two Condominium Association, Inc. We agree to abide by all of the provisions and those other recorded documents and by all the Rules and Regulations made pursuant thereto. We understand that our security deposit may be used to protect and/or repair damage to the Common Elements resulting from acts or omissions of tenants as per the Association By-Laws.

Signature_____ Date:_____

State_____ County_____. I hereby certify that on the _____ day of _____, 20
Personally appeared before me _____ known to me or produced_____
Who executed the same freely and voluntarily for the purpose herein expressed.

Notary Seal Notary Public:_____

Parking Rules for Reflection Lakes Condo II Association

Tradewinds & Condo II Guest Parking Spots require a permit for overnight parking

The Condo II Guest Parking spots, located at the end of the 8-plex buildings, accommodate three (3) vehicles and require a permit for overnight parking. Please do not park in these guest parking locations overnight without a permit. This is a violation of Reflection Lakes Condo II Association Rules. During the day, the spots are intended for infrequent use, not as recurring additional parking for any unit. The spots do not belong to any particular building, are owned by the Condo II Association, and are intended for occasional use, not as adjunct parking for any resident. The spots were designed for owners and residents to use as guest spaces when a temporary parking need exists. Special attention should be given to parking your car far enough in the space and out of the way of the driveways, allowing adequate room for bordering residents to easily use their driveways. Guests or residents may use spots occasionally as overflow during the day and at night by permit only.

Adjacent properties do not have priority to park in nearby spots. Residents complaining of "storage" problems or too many vehicles creating a "parking problem", for their household are not allowed to monopolize these spots. In cases where a garage space can not be cleaned out, the homeowner would need to arrange for off site storage or parking.

Requests for temporary parking permits should be initiated a minimum of 48 hours in advance and directed by email to:

Dianne Racine % Sentry Management, dracine@sentrymgt.com
Hours: M-Th. 8:00a.m.-3:00p.m.
Fri. 8:00a.m.-1:00p.m.
Temporary parking permits for overnight guests may be issued for a maximum of seven (7) days. Should more days be necessary Unit Owners/Approved Tenants must initiate a new request for a temporary parking permit for their guests. In the case an emergency situation arises over a weekend and a parking permit is necessary please contact a Board Member by email to request an emergency parking permit. We respectfully request you make every attempt to work through the Sentry Management office when possible. Board members may not always be available to assist you after management office hours.

Parking Rules

Resident and guest/visitor vehicles shall not park on the streets, other than on a driveway, in a garage or designated parking area (Tradewinds Clubhouse or Main Clubhouse parking lots or parking spaces marked "guest or visitor"), except on a temporary basis. A parking permit issued from the Master Association is required for Tradewinds and Main Clubhouse parking. For this purpose, "temporary" shall NOT INCLUDE any of the following:

- Parking the vehicle for a period of time more than four (4) consecutive hours.
- Parking the vehicle on a regular or recurring basis even though not parked for a period of more than four (4) consecutive hours on any particular occasion, other than during the course of construction or repair improvements on the unit.
- Parking the vehicle overnight (12:30 a.m.- 6:00 a.m.)
- No parking in front of hydrants.
- No parking or standing in front of mailboxes.
- All vehicles parked within the community must be in operable condition with current registration.

- No parking is permitted on any part of sidewalks or on the grass.
- Temporary parking permits for resident and guest/visitor vehicles owned/driven by Unit Owners/ Approved Tenants and/or their visitors and guests must be obtained by Unit Owners/Approved Tenants from the Sentry Management Office, completed and placed in the front windshield on the driver's side facing out during the entire period for which said permit is issued. Said temporary permits only allow parking in Tradewinds Guest Spots.

Recreational Vehicles (RVs) can be temporarily parked at the Main Clubhouse ONLY. A parking permit from the Master Association Office is required.

All residents are asked to abide by the rules and to be respectful and reasonable when parking their vehicles.

NEEDED FOR EACH ADULT APPLICANT

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize, REFLECTION LAKES TWO 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): _____

Date of Birth: _____

Signature: _____ Date: _____

Form UNDAFI 8/09

Form **SSA-89** (02-2018)
Discontinue Previous Editions
Social Security Administration

NEED FOR EACH ADULT APPLICANT

OMB No.0960-0760

Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name:	Date of Birth:	Social Security Number:

I want this information released because I am conducting the following business transaction:

Reason (s) for using CBSV: (Please select all that apply)

- ☐ Mortgage Service
- ☐ Banking Service
- ☐ Background Check
- ☐ License Requirement
- ☐ Credit Check
- ☐ Other

with the following company ("the Company"):

Company Name: United Screening Services Corporation

Company Address: 10300 SW 72nd ST STE 101 Miami, FL 33173

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

SARMA, 555 E Ramsey, San Antonio, TX 78216

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to $5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for_____ days from the date signed._____ (Please initial.)

Signature:	Date Signed:

Relationship (if not the individual to whom the SSN was issued):

Contact information of individual signing authorization:

Address:

City/State/ZIP:

Phone Number:

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent.

We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. ***Send to this address only comments relating to our time estimate, not the completed form.***

----------TEAR OFF----------

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf.