RENTING REQUIREMENTS

Application for approval to lease shall be made to the Board of Directors % Screening Committee, two weeks in advance.

Upon a written application by an owner of a prospective lessee to the Board of Directors, a screening fee of $150.00 per each U.S. applicant and $175.00 for each International applicant payable to: Paradise Harbour Apts., Inc. % Screening Committee, 300 Golden Isles Drive, Hallandale Beach, FL 33009 must be submitted. A copy of driver's license or passport and the period of tenancy are required.

No lease shall be made for a term less than (3) months, once a year.

Subleasing is not permitted.

Paradise Harbour Apts., Inc. is currently registered as a 55 and over community. At least one tenant must be 55 or over.

Rules and Regulations will be provided to the new lessee.

Failing to comply with these requirements may cause the eviction of the lessee.

Board of Directors

PARADISE HARBOUR APARTMENTS INC.
300 Golden Isles Drive
Hallandale Beach FL 33009 / Admin@paradise-harbour.com

AUTHORIZATION FOR FILE DISCLOSURE

PLEASE ATTACH DRIVER'S LICENSE OR PHOTO ID TO THIS FORM

APPLICANT/TENANT CONSENT

I hereby consent to allow Verify Screening Solutions, Inc., through its designated agent/employee, to obtain and verify my consumer reports, including but not limited to, my credit report, criminal information, and eviction information for the purpose determining my eligibility to lease/purchase an apartment. I further understand if I lease/purchase an apartment, I consent to allow Verify Screening Solutions, Inc., and it's designated agent/employee, for the duration of my lease, to review the following lists of information to assess risk, for analytics, for process improvement, and other uses: my consumer reports, including but not limited to my credit report, criminal information, eviction information, my rental payment history, and occupancy history, and other information. The facts set forth in my application for residency are true and complete. False, fraudulent or misleading information on an application may be grounds for denial of residency or subsequent eviction. Results will be provided to

X_____

Signature Date

_____

Full Name- First, Middle, and Last Name (Please Print)

_____

Home Address (Unit# if applicable) Applicants contact# Required

_____

City State Zip

_____

Social Security Number Date of Birth Driver's License# and State Issued

PARADISE HARBOUR APARTMENTS INC.
Hallandale Beach FL 33009 / Admin@paradise-harbour.com

INFORMATION SHEET

Relationships:

Name of Spouse/Significant Other _____

Name of Children_____

Other_____

Emergency Contact: _____ Telephone _____

Rules and Regulations: Your initials:_____

No animals allowed: Your signature:_____

Leasing: Minimum of three (3) months

*NOTE: AT LEAST ONE TENANT MUST BE 55 YEARS OR OLDER
Initials: _____

PARADISE HARBOUR APARTMENTS INC.
300 Golden Isles Drive
Hallandale Beach FL 33009 / Admin@paradise-harbour.com

VERIFY SCREENING SOLUTIONS

Print legibly or type all information. Account and telephone numbers and complete addresses are required.

APPLICATION FOR OCCUPANCY/APPROVAL

PRINT OR TYPE (Use Black Ink) Purchase_____ or Lease _____ (Check One) Desired Move In Date:_____

Apt. No. _____ Address: _____

Name (Mr./Mrs. /Ms.)_____ Date of Birth_____ Soc. Sec No. _____
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance

Spouse (Mr./Mrs./Ms.)_____ Date of Birth_____ Soc. Sec No. _____
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance

Applicant Contact #_____ Spouse #_____

Number of people who will occupy. Adults (over age 18) _____ Children (over 18) _____ Children (under 18) _____

Names & ages of children who will occupy: _____

Description of Pets (Breed, Size, Color, Weight, Etc.)_____

In case of emergency notify: _____
Name Address Telephone

PRINT OR TYPE (Use Black Ink)

RESIDENCE HISTORY

A. Present Address _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Dates of Residency_____

Name of Landlord:_____ Phone _____

Monthly Rent Amount:$_____

PRINT OR TYPE (Use Black Ink)

EMPLOYMENT & BANK REFERENCES

A. Employed By (Business Name) _____ Phone _____
(or retired from)
How long_____ Dept. or Position _____ Mo. Income _____

Supervisor/Manager Name:_____

B. Spouse's Employment (Business Name) _____ Phone _____
(or retired from)
How long_____ Dept. or Position _____ Mo. Income _____

Supervisor/Manager Name:_____

C. Bank Reference _____ Phone _____

How long_____ Ck. Acct. No. _____ Sav. Acct. No. _____

Address _____ Zip _____

CHARACTER REFERENCES & VEHICLE INFORMATION

1. _____
Name Address Phone (Residential & Office)

2. _____
Name Address Phone (Residential & Office)

Driver's Lic. No. #1 _____ #2 _____ State _____

Make_____ Model _____ Year _____ Plate No._____ Color _____ State _____

Make_____ Model _____ Year _____ Plate No._____ Color _____ State _____

Have you or the co-applicant ever file for bankruptcy, evicted from any tenancy, ever broken lease? If YES Explain:_____

Have you or the co-applicant been arrested or convicted of any crime. Including Misdemeanors,DUI, etc or any criminal charge pending? If Yes Explain:_____

If this application is NOT legible or is not completely and accurately filled out, Verify Screening Solutions (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, Verify Screening Solutions may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. Any misrepresentation, falsification or omission of information may result in your disqualification. If any question is not answered or left blank, this application may be returned, not processed or not approved. Missing information will cause delays in processing your application.

Signature_____ Signature _____
Applicant Date

VERIFY SCREENING SOLUTIONS
TENANT & EMPLOYMENT BACKGROUND CHECKS

Credit Check Form

Important – to be completed by employer or recruiter

1. *Photocopy 1 piece of identification, ID must be government issued with candidate's picture and signature.*
2. *Scan these pages and Email to support@verifyssi.com or Fax to 305-521-1994*
3. *When photocopying ID, ensure it is clear and can be read.*

Services Ordered: Credit Bureau Inquiry [X]

Identification Verification of employee by employer or recruiter

Verify Screening Soulutions	Verify Screening Solutions Inc.	support@verifyssi.com
Company	Client Code/Name/Location	Manager's Email Address
David	Cifuentes	X David Cifuentes
Manager's First Name	Last Name	Manager's Signature

Candidate Consent

Candidate First Name	Middle Name	Last Name
Maiden Name(s) / Alias (Other Names)	Birth Date ____ ____ ____ (Month Day Year)	Gender M [ ] F [ ]

Social Insurance Number (SIN) _____

Present Address (street name, number, city, province, postal code)	Telephone
Previous Address (if present address is less than 5 years)	Place of Birth (Town, Prov., Country or Hospital)
	Email Address

In connection with my application for employment with Verify Screening Soulutions I understand that background check process includes a Canadian credit bureau inquiry with retrieval of information from a major Canadian credit bureau. I hereby consent to a Canadian credit bureau inquiry on behalf of Verify Screening Soulutions which will include information about me, including any previous bankruptcies, legal proceedings, collection actions, negative banking items and other information reported by my creditors and I hereby authorize any public or private institution to provide and release Triton information related to my credit record. I authorize Triton to release all personal information obtained during the above Canadian credit bureau inquiry to Verify Screening Soulutions and hold harmless TRITON upon the release of this information or its findings to Verify Screening Soulutions.

X _____
Candidate's Signature Authorizing Credit Bureau Inquiry

Date