

**Boulevards of Tamarac  
2611 NW 53rd STREET  
TAMARAC, FLORIDA 33309  
954-535-2663 Offices  
Janssen@blvdsoftamarac.comcastbiz.net**

**Complete All Information. Any delinquencies in maintenance fees or other obligations to the association must be satisfied at closing. The process of verification may take up to two weeks. The Board Members and Review Committee Members of the Boulevards of Tamarac Homeowner's Association will review this application.**

**Purchase** \_\_\_\_ **Yes** \_\_\_\_ **No**                      **Lease** \_\_\_\_ **Yes** \_\_\_\_ **NO**  
**Number of Occupants** \_\_\_\_ **Landlord/Owner Name** \_\_\_\_\_

**Property Address** \_\_\_\_\_  
**Lot Number** \_\_\_\_\_

**Please Print    First Name                      Middle                      Last**

\_\_\_\_\_  
**Signature**    **Date** \_\_\_\_\_  
\_\_\_\_\_

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

**Phone Number**  
**Home** \_\_\_\_\_ **Work or Cell** \_\_\_\_\_

**Copy Of Deed Restrictions & By Laws received by applicant on**  
**(Date)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Please list all intended residents on a separate piece of paper and attach to this application form.**

**A copy of Driver's License or State ID must be attached to the application in order to process for all intended occupants over the ages of 18. Also a copy of the lease agreement or sales contract must also be included.**

**Non Refundable Deposit Fee \$100.00 received**      **Date** \_\_\_\_\_  
**\_\_\_ Money Order**

**\_\_\_ Cash    \_\_\_ Other (Defined)** \_\_\_\_\_

**PERSONAL REFERENCES- Need to be filled out for all occupants of property.**

**Name of Personal Reference**      **First** \_\_\_\_\_ **Last** \_\_\_\_\_  
**Phone Number with area code**      \_\_\_\_\_  
**How did you know this person?**

\_\_\_\_\_  
**Length of time known**      **Years** \_\_\_\_\_ **Months** \_\_\_\_\_

**Name of Personal Reference**      **First** \_\_\_\_\_ **Last** \_\_\_\_\_  
**Phone Number with area code**      \_\_\_\_\_  
**How did you know this person?**

\_\_\_\_\_  
**Length of time know**      **Years** \_\_\_\_\_ **Months** \_\_\_\_\_

**PERSONAL INFORMATION**

**In Case of Emergency Contact**    **Name** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
**Address** \_\_\_\_\_

**The information regarding age, gender and marital status is voluntary:**  
**Age** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

**Do you own more than one vehicle?**    \_\_\_ **Yes** \_\_\_ **NO**      **Number** \_\_\_  
**Vehicle 1**  
**Make** \_\_\_\_\_ **Model** \_\_\_\_\_ **Color** \_\_\_\_\_ **Tag** \_\_\_\_\_

## Pets

☐ Check here if you do not own a pet      Pet Name \_\_\_\_\_  
If Applicable: Broward County License Number \_\_\_\_\_  
Indicate Type of animal \_\_\_\_\_ Age \_\_\_\_\_  
Color \_\_\_\_\_ Sex \_\_\_\_\_

Boulevards Of Tamarac  
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Tamarac, Fl 33309

I am interested in renting or owning property in Boulevards of Tamarac Association. In order to approve my credit for this property, I hereby authorize a credit check, including salary verification, court proceedings and the release of payment history from prior landlords. I understand I am responsible for a payment of \$25.00 for the credit check whether or not my credit is approved. This credit check will be initiated when Boulevards of Tamarac receives your cash, or money order or personal checks.

Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Home Telephone Number \_\_\_\_\_  
Years at Present Address \_\_\_\_\_  
Name of Landlord \_\_\_\_\_  
Landlord's Telephone Number \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Business Telephone Number \_\_\_\_\_  
Job Title \_\_\_\_\_  
Number of years with present Employer \_\_\_\_\_

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

Each member of the group (over 18) intending to occupy the property must sign a credit check authorization. The credit check cost \$25.00 for each application.

Please attach a photo copy of your Drivers License or state Id with this application.

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Criminal Background Check Consent Form.  
The cost for this report is \$25.00 and is non refundable.  
Cash or Money Order or personal check.

Applicant:

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Please Print

A local records check of Broward Sheriff Department, any Florida court, and a search of the Florida State Criminal Records and ?or Federal Bureau of Investigations Criminal Justice information files will be performed on you, pursuant with the lease agreement of the Homeowners Association to which your are applying. By signing this form you are allowing the departments listed above to release the criminal data maintained in those files, which applies under statutes & ordinance.

1. You have the right to be informed that Boulevards of Tamarac is requesting a criminal background check to determine if your have been convicted of a crime.
2. You have the right to be informed by Boulevards of Tamarac of the results of a Criminal Background check and to obtain a copy of the results.
3. You have the right to obtain from Boulevards of Tamarac, any Florida county court and /or The Bureau of Criminal Apprehension, any records that forms the basis for the report obtained.
4. You have the right to challenge the accuracy and completeness of information contained in the report or record under Section 13.04, sub 4.
5. You have the right to be informed by Boulevards of Tamarac if your application for acceptance has been denied because of the results of this Background Check.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Please Print

Date of Birth \_\_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_  
Driver Lic # \_\_\_\_\_ State \_\_\_\_\_  
Social Security \_\_\_\_\_

Current Address \_\_\_\_\_  
Have you lived in Florida for the last 5 years? Yes \_\_\_\_ No \_\_\_\_

Prior Address \_\_\_\_\_

This release shall be effective for One (1) year from date signed.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_