

Personal

GATEWAY ARMS HOMEOWNERS ASSOCIATION, INC.  
C/O COMMAND ASSOCIATION MANAGEMENT, LLC.  
3837 Hollywood Blvd, Suite A, Hollywood, FL. 33021  
Phone: 954-920-9799 Fax: 954-920-1052

**The following is required for sale or lease of ANY unit.**

- 1) Signed application for SALE or LEASE (must be attached)
- 2) Application fee in the amount of \$100.00 for U.S. citizen or \$250.00 if foreign buyer (money order only) made payable to:

**GATEWAY ARMS HOMEOWNERS ASSOCIATION, INC.**

**ALL APPLICATION FEES ARE NON-REFUNDABLE.**

- 3) Copy of Driver's License, Business Tax License, and Occupational License for all buyers or tenants of each applicant who will be occupying the unit.
- 4) Signed copy of Sales Purchase Contract OR Lease Agreement. A formal credit report and criminal background check is required for each applicant.
- 5) Copy of the owner's or tenant's vehicle's registration for the vehicle to be parked in the designated space for each bay.
- 6) EACH person, if applying as a "personal" applicant, and or a separate application is required if purchasing as a Corporation or LLC. In addition, must supply Corporate FEI ID# and all corporation articles of incorporation papers with the application.

**\*\*PLEASE ALLOW A MINIMUM OF TWO WEEKS TO COMPLETE THE APPLICATION PROCESS. ALL DOCUMENTS MUST BE RETURNED TO BEGIN THE APPLICATION PROCESS. ANY MISSING DOCUMENT WILL DELAY THE APPLICATION PROCESS.**

You can speed up the process by hand delivering the complete package to Command Association Management, LLC at 3837 Hollywood Blvd. Suite A, Hollywood, Florida 33021.

If you have any questions regarding the application, please call Diana Pittarelli at the management office at 954-920-9799 EXT.128 or Scott Roberts at EXT.117.

# GATEWAY ARMS HOMEOWNERS ASSOCIATION, INC.

## Screening Application

### Personal Information:

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

Name of Applicant: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Social Security#: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State Issued: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long have you lived at present address? \_\_\_\_\_

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position: \_\_\_\_\_ Time span: \_\_\_\_\_

### Corporate Information:

Name of Applicant: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Corporate Tax FEI ID#: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Information:

Type of business to be conducted on the premises: \_\_\_\_\_

Name of business which will operate on the premises: \_\_\_\_\_

Years of experience: \_\_\_\_\_

Is this business currently operating now? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, provide corporate name and tax ID. \_\_\_\_\_  
\_\_\_\_\_

Banking Information:

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Checking Account#: \_\_\_\_\_

Savings Account#: \_\_\_\_\_

Personal References:

| Name  | Address | Phone No. |
|-------|---------|-----------|
| _____ | _____   | _____     |
| _____ | _____   | _____     |
| _____ | _____   | _____     |

Business References:

| NAME     | ADDRESS | PHONE CONTACT |
|----------|---------|---------------|
| 1. _____ | _____   | _____         |
| 2. _____ | _____   | _____         |
| 3. _____ | _____   | _____         |

**IN CASE OF AN EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

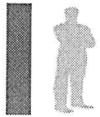
Relationship: \_\_\_\_\_

E-mail Address: \_\_\_\_\_  
\_\_\_\_\_

I/We certify that the above information is true and correct, and I/We hereby authorize Command Association Management to obtain a credit and background information to evaluate my/our tenancy.

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Applicant Date



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### DISCLOSURE AND RELEASE FORM

In connection with my application for employment (including contract for services or volunteer services) or tenancy with Command Association Management, at 3837 Hollywood Blvd Suite A, Hollywood, FL 33021, consumer reports will be requested. These consumer reports (investigative consumer reports in California) may include the following types of information: names and dates of previous employers, salary, work experience, education, accidents, licensure, credit (except California), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation and personal characteristics, may be obtained.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to the consumer reporting agency: VICTIG ("Agency"), 14587 S. 790 W, Unit C 201, Bluffdale, UT 84065, telephone number (866) 886-5644; upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by the investigative consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to your obtaining the above information from the agency. You may view their privacy policy at their website: [www.assuredoccu.com](http://www.assuredoccu.com).

I hereby authorize procurement of consumer report(s) and investigative consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

☐ **California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.**

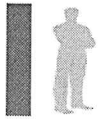
**Notice to California Applicants:**

You have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in your file for your review. You may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. You can have someone accompany you to the Agency's offices. Agency may require this third party to present reasonable identification. You may be required at the time of such visit to sign an authorization for Agency to disclose to or discuss your information with this third party; 2) By certified mail, if you have previously provided identification in a written request that your file be sent to you or to a third party identified by you; 3) By telephone, if you have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in your file to you and if the file contains any information that is coded, such will be explained to you.

**Notice to New York Applicants:**

For consumers applying for work in New York: I acknowledge receiving a copy of Article 23-A of the New York Correction Law \_\_\_\_\_. (Initials)

**Search Requestor Copy**



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150 E Palmetto Park Rd. • Suite 800  
Boca Raton, FL 33432  
844-EZ-CHECK (844-392-4325)  
www.pbsscreen.com

☐ I acknowledge I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

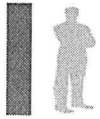
|  |  |  |            |
|--|--|--|------------|
| NAME: First _____                        |  | Middle _____                             | Last _____ |
| Social Security # _____                  |  | Date of Birth _____                      |            |
| Email _____                              |  |  |            |
| Current Address:                         |  | Previous Address:                        |            |
| Street 1<br>Apt or Unit #<br>City ST Zip |  | Street 1<br>Apt or Unit #<br>City ST Zip |            |
| <u>Drivers Lic. #</u>                    |  | <u>State Issuing</u>                     |            |
| Alias Names Used:                        |  |  |            |
|  |  |  |            |
|  |  |  |            |

**X**

APPLICANT SIGNATURE

DATE: \_\_\_\_\_

**Search Requestor Copy**



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*Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

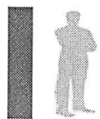
The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**Applicant Copy**



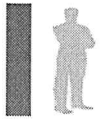
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**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

| TYPE OF BUSINESS:   | CONTACT:  |
|---|---|
| 1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.<br>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:   | a. Bureau of Consumer Financial Protection<br>1700 G Street NW<br>Washington, DC 20006<br>b. Federal Trade Commission: Consumer Response Center –FCRA<br>Washington, DC 20580<br>(877) 382-4357   |
| 2. To the extent not included in item 1 above:<br><br>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks<br>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act<br>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations<br>d. Federal Credit Unions | a. Office of the Comptroller of the Currency<br>Customer Assistance Group<br>1301 McKinney Street, Suite 3450<br>Houston, TX 77010-9050<br>b. Federal Reserve Consumer Help Center<br>P.O. Box 1200<br>Minneapolis, MN 55480<br>c. FDIC Consumer Response Center<br>1100 Walnut Street, Box #11<br>Kansas City, MO 64106<br>d. National Credit Union Administration<br>Office of Consumer Protection (OCP)<br>Division of Consumer Compliance and Outreach (DCCO)<br>1775 Duke Street<br>Alexandria, VA 22314 |
| 3. Air carriers   | Asst. General Counsel for Aviation Enforcement & Proceedings<br>Department of Transportation<br>400 Seventh Street SW<br>Washington, DC 20590   |
| 4. Creditors Subject to Surface Transportation Board  | Office of Proceedings, Surface Transportation Board<br>Department of Transportation<br>1925 K Street NW<br>Washington, DC 20423   |
| 5. Creditors Subject to Packers and Stockyards Act  | Nearest Packers and Stockyards Administration area supervisor   |
| 6. Small Business Investment Companies  | Associate Deputy Administrator for Capital Access<br>United States Small Business Administration<br>406 Third Street, SW, 8th Floor<br>Washington, DC 20416   |
| 7. Brokers and Dealers  | Securities and Exchange Commission<br>100 F St NE Washington,<br>DC 20549   |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations  | Farm Credit Administration<br>1501 Farm Credit Drive<br>McLean, VA 22102-5090   |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above   | FTC Regional Office for region in which the creditor operates or<br>Federal Trade Commission: Consumer Response Center – FCRA<br>Washington, DC 20580<br>(877) 382-4357   |





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**Applicant Copy**

*Pinnacle Background Screening LLC 5 | Page*

# LEASE RIDER

In the event, the LESSOR (OWNER) becomes delinquent in the payment of any monthly assessment due Gateway Arms Homeowners Association, Inc., and if such delinquency continues for a period in excess of (10) days, the LESSEE (TENANT) upon receiving written notice of such delinquency from the Condominium Association or its Agent, shall pay the full amount of such delinquency at set forth in said notice to the Condominium Association in care of the Management Company for the benefit of the Condominium association.

Lessee is authorized to deduct from rental payment due to the LESSOR the amount to cure the delinquency. It is understood and agreed by the LESSOR that the LESSEE shall continue to pay the monthly maintenance payments thereafter until the expiration of the lease. It is further understood and agreed such deduction from the rental payment will not constitute default of rent to the LESSOR.

It is understood that the Association has the right to evict the tenant(s) for non-payment of the Association's assessments with seven (7) days notice. Additionally, the LESSOR understands payment to the Association effectively are to be considered payments to the LESSOR and cannot pursue eviction for failure to receive funds personally.

NOTE: A signed copy of the Lease and this Addendum must be given to the Board of Directors (via the management company) for its files and before and approval will be granted by the association for lease approval of any document.

LESSOR INFORMATION

\_\_\_\_\_  
Name

\_\_\_\_\_  
Emergency Phone number

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Cit, State, Zip

\_\_\_\_\_  
Signature

TENANT INFORMATION

\_\_\_\_\_  
Name

\_\_\_\_\_  
Emergency Phone Number

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Signature

**GATEWAY ARMS HOME OWNERS ASSOCIATION, INC.  
C/O COMMAND ASSOCIATION MANAGEMENT, LLC  
3837 Hollywood Blvd, Suite A, Hollywood, FL 33021  
Phone: 954-920-9799 Fax: 954-920-1052**

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- 1) Signed application for SALE or LEASE (must be attached).
- 2) Application fee in the amount of \$100.00 for U.S. citizen or \$250.00 if foreign buyer (money order only) made payable to:

**GATEWAY ARMS HOME OWNERS ASSOCIATION, INC.**

**ALL APPLICATION FEES ARE NON-REFUNDABLE.**

- 3) Copy of Driver's License, Business Tax License, and Occupational License for all buyers or tenants of each applicant who will be occupying the unit. Copy of vehicle registration of vehicle parked in the single parking space.
- 4) Signed copy of Sales Purchase Contract OR Lease Agreement. A formal credit report and criminal background check is required for each applicant.
- 5) Copy of the owner's or tenant's vehicle's registration for the vehicle to be parked in the designated space for each bay.
- 6) EACH person, if applying as a "personal" applicant, and or a separate application is required if purchasing as a Corporation or LLC. In addition, must supply Corporate FEI ID# and all corporation articles of incorporation papers with the application.

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You can speed up the process by hand delivering the complete package to Command Association Management, LLC at 3837 Hollywood Blvd. Suite A, Hollywood, Florida 33021.

If you have any questions regarding the application, please call Diana Pittarelli at the management office at 954-920-9799 EXT.128 or Scott Roberts at EXT.117.

# GATEWAY ARMS HOME OWNERS ASSOCIATION, INC.

## Screening Application

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

Unit #: \_\_\_\_\_

Desired Date Occupancy: \_\_\_\_\_

Purchase: Mortgage ( ) Cash ( )

Lease (\_\_\_\_\_)

### **Personal Information:**

Name of Applicant: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

*(please attach copy of license and vehicle's registration for vehicle to be parked in single space)*

Passport #: \_\_\_\_\_ Email: \_\_\_\_\_

*(please attach copy of passport if non-citizen of USA)*

Marital Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

*(Spouse must complete separate application)*

Names and ages of children who will occupy: \_\_\_\_\_

\_\_\_\_\_

Yearly Income: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

How long have you lived at present address? \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

How long did you live at this address? \_\_\_\_\_

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Position: \_\_\_\_\_ Time span: \_\_\_\_\_

*(If employed less than one (1) year, please attach an employment history separately.)*

**Banking Information:**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Checking Account#: \_\_\_\_\_

Savings Account#: \_\_\_\_\_

**Personal References:**

| Name     | Address | Phone No. |
|----------|---------|-----------|
| 1. _____ | _____   | _____     |
| 2. _____ | _____   | _____     |
| 3. _____ | _____   | _____     |

**Business References:**

| Name | Address | Phone Contact |
|------|---------|---------------|
| 1.   |         |               |
| 2.   |         |               |
| 3.   |         |               |

**IN CASE OF AN EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Relationship: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\_\_\_\_\_

**This application is being evaluated by the information provided by the applicant. Any incorrect, wrong or exaggerated answer will result in an automatic rejection and non-approval of the subject application regardless of the applicant's knowledge of the incorrect information given.**

I/We certify that the above information is true and correct, and I/We hereby authorize Command Association Management to obtain a credit and background information to evaluate my/our tenancy.

|                    |               |
|--------------------|---------------|
| _____<br>Applicant | _____<br>Date |
| _____<br>Applicant | _____<br>Date |

## **LEASE RIDER**

In the event, the LESSOR (OWNER) becomes delinquent in the payment of any monthly assessment due Gateway Arms Homeowners Association, Inc., and if such delinquency continues for a period in excess of ten (10) days, the LESSEE (TENANT) upon receiving written notice of such delinquency from the Condominium Association or its Agent, shall pay the full amount of such delinquency as set forth in said notice to the Condominium Association in care of the Management Company for the benefit of the Condominium association.

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Emergency Phone number

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Cit, State, Zip

\_\_\_\_\_  
Signature

**TENANT INFORMATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Emergency Phone Number

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Signature