



Sunrise Island Condominium

3905 Nob Hill Road. Sunrise. FL 33351

Application for Tenant Screening

1. Renter(s) Name _____ Unit # _____

2. Contact Phone # _____

Email _____

3. Previous addresses: (use the back of this form if more than 2)

1. _____ 2. _____

4. Birth Date _____ S.S# _____

5. Driver's license # _____

PLEASE PROVIDE COPY OF DRIVER'S LICENSE (FRONT & BACK) ATTACHED TO THIS APPLICATION

6. Have you ever been convicted of a crime in this state or another state?
_____ If yes, WHEN & WHERE _____

7. How many adults will live in the unit? _____

8. How many children will live in the unit? _____

9. Emergency Contact Name: _____ Phone: _____

By signing below, I affirm that the information above is true & accurate. I also authorize Sunrise Island Condo 1 to review my credit report.

OWNER'S SCREENING FEE: THERE IS A **NON-REFUNDABLE FEE** OF \$250.00 PER PERSON OVER THE AGE OF 18 YEARS FOR APPLICATION & SCREENING WHICH MUST ACCOMPANY THIS APPLICATION AND **PAYABLE BY CHECK ONLY.** AN APPOINTMENT DATE FOR A FACE-TO-FACE INTERVIEW WILL BE SENT TO YOU.

PRIVACY: THE PERSONAL AND SENSITIVE INFORMATION PROVIDED IS KEPT BY THE ASSOCIATION AND WILL NOT BE RELEASED TO ANY THIRD PARTY.

I, _____ GIVE SUNRISE ISLAND CONDOMINIUM ASSN. 1 INC. PERMISSION TO REVIEW MY PERSONAL INFORMATION FOR THE PURPOSES OF LEASING/RENTING REAL PROPERTY.

Signature of Applicant (s) _____

DATE: _____