

Gardenia Oceanfront Condominium Association/ Renter Profile
Fax to: 321.305.6199 or email to: office@recdif.com. For questions, call 321.453.1585

Address: _____ Requested Move-in Date _____

Owner Name: _____ Phone # _____

Agent Name (If applicable) _____ Phone # _____

TENANT(S) INFORMATION: Email: _____ @ _____

Tenant Name: _____ Phone # C: _____

Employer Name: _____ Phone # _____

Occupation: _____ How Long _____

Driver's License () _____ (Color Copy Attached)

Tenant Name: _____ Phone # C: _____

Employer Name: _____ Phone # _____

Occupation: _____ How Long _____

Driver's License () _____ (Color Copy Attached)

Number of children in residence _____ Names/Ages _____

Names/Ages _____ Names/Ages _____

Lease Term: from _____ to _____

In case of an emergency, contact _____
(Name) (Relationship) (Phone Number)

Vehicle(s):
Year _____ Make _____ Model _____ Color _____ Tag# _____ State _____
Year _____ Make _____ Model _____ Color _____ Tag# _____ State _____

Pet: Cat _____ Dog _____ Weight: _____ (Limit 1) Other: _____

Description/Name of Pet: _____

REFERENCES: (We may contact these, please make sure they have valid phone numbers)

Previous Landlord: _____ Phone # _____

Previous Address _____ How Long _____

Business/Personal Name: _____ Phone # _____

TENANT/OWNER ACKNOWLEDGEMENT:

I understand that this complex is governed by rules and regulations that are a part of my lease and I have read and understand these rules and regulations. Gardenia Oceanfront COA is NOT responsible for collecting funds for damage incurred to any unit. Our function is the management and maintenance of the common owned areas ONLY. Tenant signature is requested below to verify receipt of Rules and Regulations.

Signed: _____ Signed: _____
Owner/Agent Tenant

Date: _____ Signed: _____
Tenant

Date: _____

Reconcilable Differences Management Company
2560 Palm Lake Drive, Merritt Island, FL 32952
Phone: 321-453-1585 Fax: 321-305-6199

Office@RecDif.com

www.ReconcilableDifferences.net



RESIDENTIAL SCREENING AUTHORIZATION FORM

Each applicant MUST fill out a separate release

(Please Print)

FULL Name: _____ Sex: _____

Address: _____

City, State, _____

Zip: _____

Social Security Number: _____ Date of Birth: ___/___/___

Driver's License # _____ State Issued: _____

Phone # _____ Cell or Home (circle one)

Lease Term: Number of Months: _____ **Move-in Date:** _____

Move-out Date: _____

Property Name Moving Into: _____

Employer Company: _____ Phone: _____ Years with Company: _____

Job Title: _____ Supervisor Name: _____

Have you ever been evicted? YES _____ NO _____

Have you ever been in litigation with a landlord? YES _____ NO _____

Have you ever had adjudication withheld or been convicted of a crime? YES _____ NO _____

Unit Owner Name: _____ Unit # _____

I give my authorization to this landlord, AccuData Inc, or any party or agency contacted by this landlord to obtain and verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies, employers, and references.

Applicant's
Signature _____ Date _____

AccuData Screening Requested:

Package: 1 2 3 4 (please circle one)

Other Services: A B C D E F G H I J

Phone: (954) 755-8379 Fax: (800) 521-1905 E Mail: AccuDataInc@Bellsouth.net