



Garrett's Run

Condo Association



7900 GREENSBORO DR., WEST MELBOURNE, FL 32904

c/o Reconcilable Differences, Inc

2560 Palm Lake Drive, Merritt Island, FL 32952

Phone: 321-453-1585 Fax: 321-305-6199 Lynn Cell: 321-960-9334

Office@RecDif.com

www.ReconcilableDifferences.net

NEW UNIT OWNER APPLICATION FOR NON-U.S. CITIZENS

In Garrett's Run Condo Association

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH YOUR APPLICATION:

1. Completed **UNITED SCREENING AUTHORIZATION TO RELEASE INFORMATION FORM** for each applicant (each name on the property Deed)
2. Completed **NEW UNIT OWNER APPLICATION**
3. **COLOR COPY OF DRIVER'S LICENSE** OR IDENTIFICATION CARD FOR EACH PERSON IN THE UNIT. (This includes Passport, CPF cards, etc.)
4. **PROOF OF PURCHASE** (Signed Sales Contract or Special Warranty Deed)
5. **VETERINARIAN'S STATEMENT** if applicable. This must show the pet's name, weight, and current vaccination shots. Two pet's per household, no pets over 30 pounds at maturity.
6. **VERIFICATION OF INCOME:** from current employer or retirement income. Acceptable types of proof of income: Paystubs, annual Social Security statement, bank statements, etc.
7. **CREDIT AND BACKGROUND REPORT FEE: \$85.00 Per Person for Canadian Citizen or \$150.00 for International (This fee is per person).** Payment can be made online at www.reconcilabledifferences.net. Click on "Pay Online", register for an account, pay with a credit card or an Electronic Check (Fees do apply) You can also mail your check or money order to the address above, please note which unit you are applying for in the memo of your check.

Upon completion of this application, please mail, email, fax, or bring to the Association Office at Garrett's Run and we will schedule an interview (Meet and Greet) with our manager.

NOTE: If you neglect to include payment or receipt of online payment for the background/credit report, we will be unable to process your application.

PLEASE NOTE THAT INTERVIEWS (MEET AND GREETINGS) ARE ONLY DONE ON WEDNESDAY'S WITH A SCHEDULED TIME FROM 10 AM TO 3 PM. PLEASE CONTACT LYNN AT 321-960-9334 TO SCHEDULE THIS.

For Office USE: Date Received: _____ by _____

Interview Scheduled for: _____ at _____.

NEW OWNER PROFILE

Your cooperation in completing this profile thoroughly and promptly will be greatly appreciated. Please return the completed profile to management as soon as possible. Fax to 321-305-6199 or mail to 2560 Palm Lake Drive, Merritt Island, FL 32952 or Email to Office@RecDif.com.

1. **NAME (S) of OWNERS:** _____

1. BLDG # _____ UNIT # _____ Designated Voter: _____

2. Address for Receiving Mail: _____

City: _____ State: _____ Zip: _____

3. Telephone Numbers:

Condo (321) _____ Other Residence: (____) _____

Cell #: (____) _____ Cell #: (____) _____

Work #: _____ Company Name: _____

6. E-Mail Address: _____ Check if "None"

7. Please check one of the following:

Full Time Resident _____ Part Time Resident _____

8. Emergency Contact: _____ Phone: _____ Relation: _____

9. Please attach a copy of the "Special Warranty Deed" received at Closing. PLEASE make sure you contact Manager to meet with her to receive parking decals otherwise vehicles will be towed at owner's expense.

10. PETS: Two (2) are permitted in each unit, not to exceed 30 pounds at maturity. Leash laws and clean-up are enforced.

Type: _____ Name: _____ Weight: _____

Type: _____ Name: _____ Weight: _____

11. VEHICLE / BOAT REGISTRATION: (Include a valid registration for any vehicle or Boat/trailer)

Year	Make	Model	Color	Tag#	State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

12. FAMILY MEMBERS/GUESTS: Those who may occupy your unit while you are away:

Last Name: _____ First Name (s): _____ Relationship: _____ Other Info: _____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date form filled out: _____

**UNITED SCREENING AUTHORIZATION TO RELEASE
INFORMATION FORM / DISCLOSURE AND AUTHORIZATION
FOR CONSUMER REPORTS**

In connection with my application for occupancy for a dwelling and or Residential with **Garrett's Run Condominium Assoc.**, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, 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, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

This authorization is conditioned upon the following representations of my rights: I understand that I have the right to make a request to the consumer reporting agency: **United Screening Services, Corp.**(name) ("Agency"), **P.O. Box 55-9046, Miami, FL. 33255-9046** (address), telephone number **(305) 774-1711 or (800) 731-2139**, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and 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 Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such 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 Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: **www.unitedscreening.com**.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ **(initials)**.

Printed Name: _____

Signature: _____

Date: _____

For identification purposes:

Social Security No.: _____;

Date of Birth: _____.

Driver's License No.: _____;

State of Issue: _____.

Street Address: _____

City: _____ State: _____ Zip: _____

Mother's Full Name:

Father's Full Name:

Copy of Passport and Driver's License

Copy of CPF Card