



5665 CORAL RIDGE DRIVE,  
CORAL SPRINGS, FL 33076

PH: 954.346.0677  
FAX: 954.340.8844

## Woodside Homeowner's Association \*\*IMPORTANT APPLICATION INFORMATION\*\*

### APPLICATION PROCESS:

A \$100.00 APPLICATION FEE MADE PAYABLE TO: OMEGA RISK MANAGEMENT  
MONEY ORDERS ONLY

A \$100.00 PROCESSING FEE MADE PAYABLE TO INTEGRITY  
PROPERTY MANAGEMENT. MONEY ORDERS ONLY

A \$500.00 REFUNDABLE SECURITY DEPOSIT REQUIRED FOR LEASES  
ONLY.

A COPY OF DRIVERS LICENSE OR STATE I.D. IS REQUIRED WITH  
APPLICATION. (COLOR COPY)

A COPY OF SOCIAL SECURITY CARD OR PASSPORT IS REQUIRED  
WITH APPLICATION.

A COPY OF SALES OR LEASE MUST ACCOMPANY APPLICATION.

COPY OF VEHICLE REGISTRATION IS REQUIRED WITH  
APPLICATION. NO COMMERCIAL VEHICLES PERMITTED.

ALL APPLICATIONS MUST BE ORIGINAL, FAXES AND COPIES ARE  
NOT PERMITTED.

ANY APPLICATION THAT IS NOT COMPLETELY FILLED OUT WILL  
CAUSE A DELAY IN PROCESSING.

A 650 CREDIT SCORE IS REQUIRED.

RESIDENT DATA FORM

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

OWNERS: MUST PROVIDE ALTERNATE ADDRESS FOR OWNER

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: \_\_\_\_\_

UNIT OCCUPANTS:

	Name	Home Phone	Work Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Relationship of Unit Owner to Unit Occupant. ( If lessee, please attach a copy of the lease. )

PETS: ( Please attach photo )

Dog/Cat ( Please Circle )

Breed	Name	Color	Sex	Weight (lbs)
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**Application for OMEGA RISK MANAGEMENT, Inc. c/o Integrity Property Management (954)346-0677**  
**Unmarried Co-Applicants Fill Out A Separate Application. Do not leave any blank spaces. Please use black ink**

Name \_\_\_\_\_ SS# \_\_\_\_\_ - - - - - DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First MI Jr. Sr., Prior

Spouse \_\_\_\_\_ SS# \_\_\_\_\_ - - - - - DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First MI Maiden

Drivers License # \_\_\_\_\_ ST \_\_\_\_\_ Spouse's Drivers License # \_\_\_\_\_ ST \_\_\_\_\_

Other \_\_\_\_\_  
Name Relationship Age SS# Name Relationship Age SS#

Occupants \_\_\_\_\_  
Name Relationship Age SS# Name Relationship Age SS#

Pets: Number \_\_\_\_\_ Type \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Why Moving? \_\_\_\_\_

Present Address \_\_\_\_\_  
Street Apt. # City State Zip Code

Present Landlord/  
 Mortgage Holder \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Length of Residence: \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ Monthly Rent/Mortgage \$ \_\_\_\_\_ Mortgage Acct. # \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Previous Address \_\_\_\_\_  
Street Apt. # City State Zip Code

Previous Landlord/  
 Mortgage Holder \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Length of Residence: \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ Monthly Rent/Mortgage \$ \_\_\_\_\_ Mortgage Acct. # \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Present Employer \_\_\_\_\_ City & St. \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Position \_\_\_\_\_ Dates Employed \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ Income \_\_\_\_\_ Per \_\_\_\_\_ Mgr. \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Previous Employer \_\_\_\_\_ City & St. \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Position \_\_\_\_\_ Dates Employed \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ Income \_\_\_\_\_ Per \_\_\_\_\_ Mgr. \_\_\_\_\_  
Mo. Yr. Mo. Yr.

Spouse Present Employer \_\_\_\_\_ City & St. \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Position \_\_\_\_\_ Dates Employed \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ Income \_\_\_\_\_ Per \_\_\_\_\_ Mgr. \_\_\_\_\_  
Mo. Yr. Mo. Yr.

In Case of Emergency Notify \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Relationship Address Phone Number

Have you ever had an eviction filed or left owing money to an owner or landlord? Applicant: Yes \_\_\_ No \_\_\_ Spouse: Yes \_\_\_ No \_\_\_  
 Have you applied for residency in the past 2 years, but did not move in? Applicant: Yes \_\_\_ No \_\_\_ Spouse: Yes \_\_\_ No \_\_\_  
 Have you ever had adjudication withheld or been convicted of crime? Applicant: Yes \_\_\_ No \_\_\_ Spouse: Yes \_\_\_ No \_\_\_

*If you have answered yes to any of the above questions please explain the circumstances regarding the situation on back of this sheet.*

AUTHORIZATION OF RELEASE OF INFORMATION Applicant(s) represents that all of the above information and statements on the application for rental are true and complete, and hereby authorizes an investigative consumer report including, but not limited to, residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. This application must be signed before it can be processed by management Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State.

NON-REFUNDABLE APPLICATION FEE - Applicant(s) agree to pay \$ \_\_\_\_\_ for a non-refundable application processing fee.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_



Applicants: Most banks, financial institutions, mortgage companies and employers require your signature and name printed to verify information. Please complete the form below.

\*\*\*AUTHORIZATION FORM\*\*\*

You are hereby authorized to release information to Omega Risk Management, Inc. any and all information they request with regards to verification of my/our bank accounts(s), credit history, residential history and employment verification to be used for my/our Application for Occupancy. I/We hereby waive and privileges I/We may have with respect to the said information in reference to its release to Omega Risk Management for reporting purposes.

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

\_\_\_\_\_  
Applicants Name Printed

\_\_\_\_\_  
Date Signed

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

\_\_\_\_\_  
Applicants Name Printed

\_\_\_\_\_  
Date Signed

AUTO REGISTRATION

NAME \_\_\_\_\_ UNIT \_\_\_\_\_

(OWNER/TENANT) CIRCLE ONE

VEHICLE #1

MAKE \_\_\_\_\_ BODY TYPE \_\_\_\_\_ COLOR \_\_\_\_\_

YEAR \_\_\_\_\_ STATE OF REGISTRATION \_\_\_\_\_

LICENSE PLATE NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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To be filled in by the Board of Directors

PARKING SPACE ASSIGNED \_\_\_\_\_

\_\_\_\_\_

NAME \_\_\_\_\_ UNIT \_\_\_\_\_

(OWNER/TENANT) CIRCLE ONE

VEHICLE #2

MAKE \_\_\_\_\_ BODY TYPE \_\_\_\_\_ COLOR \_\_\_\_\_

YEAR \_\_\_\_\_ STATE OF REGISTRATION \_\_\_\_\_

LICENSE PLATE NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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WOODSIDE ESTATES HOMEOWNER'S ASSOCIATION, INC  
(PLEASE PRINT)

REPLACE ALL EXISTING INFORMATION? (circle one) YES / NO

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

1. OWNER: \_\_\_\_\_

2. LESSEE: \_\_\_\_\_

3. WOODSIDE ESTATES ADDRESS: \_\_\_\_\_

4. TELEPHONE NUMBER(S): \_\_\_\_\_  
(NUMBER PROVIDED TO GATE MUST BE A LOCAL CALL)

5. CELL PHONE NUMBER(S): \_\_\_\_\_

6. EMERGENCY NUMBER(S): \_\_\_\_\_

7. PERSONS AND/OR COMPANIES WHO HAVE AUTHORIZATION TO ENTER AT ANY TIME WITHOUT A CALL TO THE RESIDENT.

ACCESS LIST  
(FULL NAMES)

SERVICE COMPANIES  
(FULL NAMES)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

8. NAMES OF PERSONS LIVING IN HOME:

_____	_____
_____	_____
_____	_____

9. PERSON TO NOTIFY IN CASE OF AN EMERGENCY: \_\_\_\_\_

10. TELEPHONE NUMBER OF PERSON: \_\_\_\_\_

11. AUTHORIZED SIGNATURE: \_\_\_\_\_

(ALL INFORMATION IS CONFIDENTIAL)