



*Plaza de Flores Condominium Association, Inc.*

**APPLICATION TO LEASE**

An application fee of \$100.00 must accompany this application per applicant (married couple are considered one applicant). A copy of the lease MUST accompany this application as well as a signed Tags© Background Check form for each person named on the lease. If this applicant is from Canada or out of the Country there is an extra cost involved.

Application must be submitted 14 day prior to move in date.

Date: \_\_\_\_\_ PDF Unit #: \_\_\_\_\_ Current Owner's Last Name \_\_\_\_\_

E-mail address: \_\_\_\_\_ Lease Start Date: \_\_\_\_\_

Name of Lessee: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

Contact # \_\_\_\_\_

(If applicable) Name of Co- Lessee: \_\_\_\_\_

DOB: \_\_\_ / \_\_\_ / \_\_\_

Contact # \_\_\_\_\_

**OCCUPANT INFORMATION\*\*\*:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Note: Only those adult persons whose names appear in this application and those of your children as indicated hereon may occupy this unit.**

**EMERGENCY CONTACT INFO:**

In case of emergency notify: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship to Lessee: \_\_\_\_\_

**AUTOMOBILE INFORMATION:**

Automobile #1 Yr/Make \_\_\_\_\_ License plate # \_\_\_\_\_ State: \_\_\_\_\_

Automobile #2 Yr/Make \_\_\_\_\_ License plate # \_\_\_\_\_ State: \_\_\_\_\_



**AUTHORIZATION TO PERFORM BACKGROUND INVESTIGATION  
AND CRIMINAL REPORT**

Case file # \_\_\_\_\_ TAGS Special Service - Background Investigative Services.

In compliance with applicable state law, this notice is to inform you that this company may obtain a **BACKGROUND PROFILE AND CRIMINAL** report in connection with the above noted case.

Reports include but are not limited to criminal background checks, department of motor vehicle records, and associated profile information. An investigative report contains information of your character; general reputation, personal characteristics, or mode of living which has been obtained through public records and personal interviews with neighbors, friends, or associates or from others with whom you are or have been aquatinted or who may have knowledge concerning any such information.

By signing below I \_\_\_\_\_ authorize this company to obtain a  
Print name of applicant  
Criminal report or an investigative profile report in connection with my employment, or tenancy as set forth herein.

X \_\_\_\_\_  
Signature of Applicant Date

SUBJECTS NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

DATE OF BIRTH MONTH \_\_\_\_\_ / DAY \_\_\_\_\_ / YEAR \_\_\_\_\_

CLIENT (person or company requesting report) \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Name of Company Signature

PURPOSE OF INVESTIGATION: \_\_\_\_\_ Tenancy \_\_\_\_\_ Employment \_\_\_\_\_ Other

If other purpose - Please specify \_\_\_\_\_

ADDITIONAL INFORMATION/COMMENTS \_\_\_\_\_

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