



Princeton Park Homeowner Association
c/o MCO Management Group
5850 Hansel Ave Suite 2
Orlando, FL 32809
Email: hello@mcomgmt.com

The following steps must be followed in order to lease/sell your unit:

- Prospective owners/tenants must fill out all forms completely. Applications will not be processed if not fully completed. The last two forms must be filled out individually.
- Submit a MONEY ORDER or CASHIER CHECK payable to Princeton Park Homeowner Association., in the sum of **\$150.00 per applicant 18 years old or older**. This is a non-refundable administrative fee that is to be paid with each individual application.
- The above MONEY ORDER or CASHIER CHECK must be received along with a completed application.
- Each applicant 18 or over must fill out the last two forms in the application individually.
- A Legible copy of the lease or sale contract must be attached.
- Copy of Drivers Licenses and Car Registration.
- All Move-Ins/Outs MUST be scheduled with the Association with at least 48 hours notice.

Processing an application takes time. Applicant's credit history and criminal background is checked through a reporting agency. Once screening has taken place and all forms have been filled out, the application is sent to be approved by the BOARD OF DIRECTORS.

Please allow 48 hours to process application (s).

A lease may be denied if landlord is delinquent on their maintenance account.



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APPLICATION FOR OCCUPANCY

NOTE: All telephone number must be able to be reached between 10 A.M. and 5 P.M.

Purchase _____ Lease _____ Apt _____

Full name: _____ Maiden Name: _____ Date of Birth _____

Social Security#: _____ Marital Status: (____) Single (____) Married (____)
 Separated (____) Divorced, Phone Number: (____) _____ Cellular Phone Number:
 (____) _____.

Spouse: _____ DOB: _____ Social Security# _____
 Maiden Name: _____ Phone
 Number: (____) _____ Cellular Phone Number (____) _____

Number of people who will occupy unit (Adults): _____
 Description of Pets _____ Names and ages
 of others who will occupy unit: 1. _____
 2. _____.

In case of emergency notify: _____ Phone: _____

PART 1 – RESIDENCE HISTORY

A. Present Address: _____ City _____ State _____ Zip Code _____
 Apt. or Condo Name: _____ Phone #: _____
 Dates of Residency: From _____ to _____ Monthly rent: _____
 Name of Landlord/Mortgage: _____ Phone #: _____
 Address: _____ Mortgage No: _____

PART II – EMPLOYMENT REFERENCES

A. Employed by (If student, name of school): _____
 Years of employment: _____ Position: _____ Approximate Monthly Income: _____
 Address: _____ Phone: (____) _____
 Immediate Supervisor: _____
 Additional Income: \$ _____ If retired, state last place of employment: _____



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B. Spouse's Employment (If student, name of school): _____
 Years of employment: _____ Position: _____ Approximate Monthly Income: _____
 Address: _____ Phone: (____) _____
 Immediate Supervisor: _____
 Additional Income: \$ _____ If retired, state last place of employment: _____

PART III – BANK REFERENCES

Name of Bank: _____
 Checking Account #: _____
 Phone #: _____ Address: _____
 Name of Bank: _____
 Checking Account #: _____
 Phone #: _____ Address: _____

PART IV – CHARACTER REFERENCES (NO Family Members)

1. Name _____ Residence Phone: _____ Business Phone: _____
 Address: _____ Cell Phone: _____

2. Name _____ Residence Phone: _____ Business Phone: _____
 Address: _____ Cell Phone: _____

3. Name _____ Residence Phone: _____ Business Phone: _____
 Address: _____ Cell Phone: _____

4. Name _____ Residence Phone: _____ Business Phone: _____
 Address: _____ Cell Phone: _____



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Driver's License Number (Primary Applicant): _____ State: _____ Driver's
License Plate No. _____ State: _____ Make: _____ Type: _____ Year: _____

I hereby authorize the Landlord/Owner or its agent to run a credit check on my personal accounts with
a TRW or the Credit Bureau.

Signature

Signature



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DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CONSUMER REPORTS

DISCLOSURE

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness, may be obtained in connection with your application for and/or continued residence. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your residence.** Upon timely written request of the management, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheck USA with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original .

READ, ACKNOWLEDGED AND AUTHORIZED

Print Name

Print Name

Signature

Date

Signature

Date



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RESIDENTIAL SCREENING AUTHORIZATION

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ St: _____ Zip Code _____

SSN: _____ Cel#: _____

Current Employer

Company: _____ Tel#: _____

Supervisor: _____ Salary: _____

Employed From: _____ to: _____ Title: _____

Current Landlord

Company: _____ Tel#: _____

Landlord: _____ Rent: _____

Rented From: _____ To: _____

I Have read and signed the Disclosure and Authorization Agreement

SIGNATURE: _____ Date: _____