



ALLIED PROPERTY GROUP

## IMPORTANT NOTICE

This is to inform you of the procedures for processing **Applications for Purchase / Lease Approval**.

The prospective buyer / tenant must complete all questions on the Application for Purchase / Lease Approval. The executed application **must** be submitted along with the following:

- **\$100.00 PER APPLICANT (husband and wife count as one applicant must show proof) Non-Refundable Processing Fee in the form of money order or cashier's check. Personal checks and cash are not accepted;**
- A police report for each person over the age of 18;
- Copy of Driver's License & Vehicle Registrations
- Copy of Sales Contract or Lease Agreement.
- Three (3) Reference Letters & Copy of Latest Tax Return.
- **APPLICANTS FOR LEASE AT POINCIANA AT SUNSET LAKE HOMEOWNERS ASSOCIATION, INC. MUST ISSUE A \$500.00 SECURITY DEPOSIT (MADE PAYABLE TO: POINCIANA AT SUNSET LAKES) TO BE HELD IN THE ASSOCIATION'S ESCROW ACCOUNT. MONEY ORDER ONLY!!!**
- **APPLICANTS FOR LEASE AT VILLAGE OF DORAL GREENS ASSOCIATION, INC. MUST ISSUE A \$750.00 SECURITY DEPOSIT (MADE PAYABLE TO: VILLAGE OF DORAL GREENS) TO BE HELD IN THE ASSOCIATION'S ESCROW ACCOUNT. MONEY ORDER ONLY!!!**

**\*\*\*\*\*THE DEPOSIT WILL BE RETURNED IF NO DAMAGE IS CAUSED TO THE COMMON ELEMENTS AND/OR THE PROPERTY IS NOT IN VIOLATION OF THE ASSOCIATION'S RULES AND REGULATIONS.\*\*\*\*\***

Please note that the association will verify all information submitted on the application. As a result, it may take up to 20 days to fully process an application. *In some instances, an interview with the Board of Directors is required. We will contact the applicant to schedule the interview.* Due to these circumstances, Applications **CAN NOT** be rushed.

### **ESTOPPEL CERTIFICATE:**

An Estoppel Certificate is required by a title company and/or attorney issuing title for the *sale or refinance of condominium unit*. The Estoppel Certificate must be requested in writing by the Title Company and/or attorney along with a **\$150.00 processing fee. MONEY ORDER ONLY!!!** Due to the high volume of transactions occurring in the real estate market, the Estoppel Certificate may take up to two (2) days to be processed.

### **CONDO / PUD QUESTIONNAIRE:**

A Condo/PUD Questionnaire is usually needed by a mortgage company to qualify the association under its underwriting guidelines. This form is usually requested by the mortgagee or lender. The form must be submitted along with a **\$150.00 processing fee**. Please allow up to two (2) days to be processed. **MONEY ORDER ONLY!!!**

**WE HIGHLY RECOMMEND THAT THE ABOVE DOCUMENTS BE REQUESTED WITH PLENTY OF TIME BEFORE THE SCHEDULED CLOSING DATE TO AVOID ANY DELAYS.**

APPLICATION FOR  
PURCHASE OR LEASE  
(PLEASE CIRCLE ONE)

Name of Association: \_\_\_\_\_

Unit Address: \_\_\_\_\_

**PLEASE NOTE THE FOLLOWING:**

1. *This application and the attached Application for Occupancy and Authorization Forms must be completed in detail by the proposed applicant.*
2. *If any question is not answered or is left blank, this application will be returned and will not be processed. Should this happen, the time constraints will not begin until the fully complete application is returned to Allied Property Group, Inc.*
3. *Please attach a copy of the Sales Contract or Lease Agreement with this application.*
4. *Please attach a non-refundable Processing Fee of \$100.00 PER APPLICANT (husband and wife count as one applicant, must show proof) made payable to Allied Property Group, Inc. in the form of Cashier's Check or Money Order. Acceptance of the Processing Fee in no way constitutes an Approval of the applicant.*
5. *The completed Application must be submitted to the offices of Allied Property Group at least 20 days PRIOR to the expected Closing Date.*
6. *It is the applicant's responsibility to acquire the Association's governing documents that the applicant must abide with. The applicant may acquire a copy of the documents at a cost of \$.25 per copy from Allied Property Group, Inc.*
7. *If applying for lease at POINCIANA AT SUNSET LAKE HOA you must also submit a \$500 Check or Money Order made payable to Poinciana at Sunset Lake HOA as a security deposit.*
8. *If applying for lease at RESIDENCIAL EL PRADO you must also register any pets that you will be brining to your unit. Pets are allowed 1 per unit less than 20lbs.*

**ALL INFORMATION MUST BE TYPED OR CLEARLY PRINTED.**

RETURN THE COMPLETE APPLICATION WITH ALL OF THE ABOVE TO:

ALLIED PROPERTY GROUP, INC.  
12350 S.W. 132 Ct  
SUITE 114  
MIAMI, FLORIDA 33186

(305) 232-1579 ext 112  
(305) 969-0154 FACSIMILE  
desirecapg@bellsouth.net

**APPLICATION FOR  
PURCHASE OR LEASE**  
(PLEASE CIRCLE ONE)

**SECTION I: GENERAL INFORMATION**

Name of Association: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Approximate Date of Occupancy: \_\_\_\_\_

Current Owner's Name: \_\_\_\_\_

Owner's Current Address: \_\_\_\_\_

Name of Realtor: \_\_\_\_\_

Realtor's Phone Number: \_\_\_\_\_

Name of Prospective Buyer (as it will appear on Title) – *Purchase Only*

\_\_\_\_\_

\_\_\_\_\_

**MORTGAGE COMPANY:**

Name of Mortgage Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**OTHER PERSONS** (that will occupy the unit):

Name

Age

Relationship / Occupation

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION II: VOLUNTARY INFORMATION**

Do you have any physical impairment that the Association should be aware of in case of an emergency, i.e. flood, fire, etc.? Yes / No

If Yes, please explain how you may need assistance. \_\_

\_\_\_\_\_  
\_\_\_\_\_  
I hereby agree for myself and on behalf of all persons who may use the unit that I seek to purchase or lease:

1. I will abide by all of the restrictions contained in the By-Laws, Rules & Regulations, and any restrictions that are or may in the future be imposed by the Association;
2. I understand that there may be restrictions as to the pets I may be allowed to have, the number of people that will reside in the unit, sub-leasing the unit, number of vehicles allowed in the community, and/or running a business from the unit.
3. I understand that my children, relatives, guests, invitees, and/or visitors must also adhere to the association's governing documents and that I will be responsible for their actions.
4. I understand that the association charges an Assessment Fee that must be paid. Failure to pay may lead to the filing of a Claim of Lien and/or Foreclosure of the unit.
5. I understand that any violation of the terms, provisions, conditions, and covenants of the Association's documents, provides cause for immediate action as therein provided or termination of a Lease Agreement under the appropriate circumstances.

I have received a copy of the Rules & Regulations: Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that the acceptance of the Sales Agreement and/or Lease at the Association is conditioned upon the truth and accuracy of this application and upon the approval from the Board of Directors. Any misrepresentation or falsification of information on these forms will result in the automatic rejection of this application.

In making the foregoing application, I am aware that the decision of the Association will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

Applicant: \_\_\_\_\_ Applicant: \_\_\_\_\_

**SECTION III: AUTHORIZATION TO THIRD PARTIES**

I hereby authorize all persons, educational institutions, banks, and other financial institutions, current and former employers, current and former landlords, credit reporting agencies, governmental agencies and other organizations, which Allied Property Group, Inc. may request.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

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

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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**AUTHORIZATION AND ACKNOWLEDGMENT**

In connection with my Application for Approval to \_\_\_\_\_, I hereby authorize Allied Property Group, Inc. to perform an investigation of my credit worthiness, credit standing, character, general reputation, personal characteristics, mode of living and employment/work history, and to provide a report of the investigation to \_\_\_\_\_.

I hereby release and discharge Allied Property Group, Inc. and \_\_\_\_\_ from any and all claims, damages, liabilities, costs, and expenses arising from retrieving and reporting of such information.

I acknowledge receipt of "A Summary of Your Rights Under the Fair Credit Reporting Act" provided to me in accordance with the provisions of the Fair Credit Reporting Act.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**SECTION IV: APPLICATION FOR OCCUPANCY**

CREDIT ONLY   
CREDIT & CRIMINAL

PURCHASE   
LEASE

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

UNIT #: \_\_\_\_\_

ASSOCIATION: \_\_\_\_\_ DESIRED DATE OF OCCUPANCY: \_\_\_\_\_

Applicant: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_

Telephone (mobile): \_\_\_\_\_ Telephone (evening): \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_

Applicant Driver's License Number \_\_\_\_\_

Co-Applicant Driver's License Number \_\_\_\_\_

Single ( ) Married ( ) Separated ( ) Divorced ( ) Maiden Name: \_\_\_\_\_

Total # of adults who will occupy the unit (18 yrs or older) \_ Total # of children \_\_\_\_\_

**RESIDENCE HISTORY**

MUST COVER A FIVE (5) YEAR RESIDENCE HISTORY. IF NEEDED, PLEASE ATTACH ANOTHER SHEET.

PRESENT ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

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

OWN  RENT

NAME OF MORTGAGEE / LANDLORD / ASSOCIATION \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

\$ \_\_\_\_\_  
MONTHLY PAYMENT AMOUNT

OCCUPIED FROM \_\_\_\_\_

TO \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

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

OWN  RENT

NAME OF MORTGAGEE / LANDLORD / ASSOCIATION \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

\$ \_\_\_\_\_  
MONTHLY PAYMENT AMOUNT

OCCUPIED FROM \_\_\_\_\_

TO \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

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

OWN  RENT

NAME OF MORTGAGEE / LANDLORD / ASSOCIATION \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

\$ \_\_\_\_\_  
MONTHLY PAYMENT AMOUNT

OCCUPIED FROM \_\_\_\_\_

TO \_\_\_\_\_

**EMPLOYMENT AND BANK REFERENCES**  
**(Please Include Latest Tax Return)**

_____ APPLICANT CURRENT EMPLOYER		_____ TELEPHONE NO.
_____ ADDRESS / CITY / STATE / ZIP CODE		
_____ HOW LONG	_____ POSITION / TITLE	_____ MONTHLY INCOME

_____ CO-APPLICANT CURRENT EMPLOYER		_____ TELEPHONE NO.
_____ ADDRESS / CITY / STATE / ZIP CODE		
_____ HOW LONG	_____ POSITION / TITLE	_____ MONTHLY INCOME

**CHARACTER REFERENCES**  
**(Please Attach Three (3) Reference Letters)**  
 DO NOT INCLUDE FAMILY MEMBERS

1) NAME _____	PHONE (HOME) _____
ADDRESS _____	PHONE (WORK) _____
2) NAME _____	PHONE (HOME) _____
ADDRESS _____	PHONE (WORK) _____
3) NAME _____	PHONE (HOME) _____
ADDRESS _____	PHONE (WORK) _____

**VEHICLES**

_____ MAKE	_____ MODEL	_____ COLOR	_____ TAG NO.
_____ MAKE	_____ MODEL	_____ COLOR	_____ TAG NO.
_____ MAKE	_____ MODEL	_____ COLOR	_____ TAG NO.

This Applicant acknowledges that \_\_\_\_\_ and/or its agent, Allied Property Group, Inc. may verify the information supplied by the Applicant in this Application, may obtain credit reports and may investigate the Applicant's credit worthiness, credit history, residential history and employment / work history, search of the public records of governmental agencies and interviews with character references and others. The Applicant hereby authorizes and consents \_\_\_\_\_ and/or its agent, Allied Property Group, Inc., to perform such verification and investigation.

_____ APPLICANT SIGNATURE	_____ CO-APPLICANT SIGNATURE
_____ DATE	_____ DATE

## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The Federal Fair Credit Reporting Act ("FCRA") is designed to promote accuracy, *fairness*, and privacy of information in the files of every "consumer reporting agency" (a "CRA"). Most CRAs are credit bureaus that gather and sell information about you, such as if you pay your bills on time or have filed bankruptcy to creditors, employers, landlords, and other businesses. You can find the completed text of the FCRA, 15 U.S.C.1681-1 681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- > You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you, such as denying an application for credit, insurance, or employment, must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- > You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if the person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- > You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs to which it has provided the date, of any error). The CRA must give you a written report of the investigation, and a copy of your report **if** the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- > **Inaccurate** information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA **is not required** to remove accurate data from your files unless it is outdated (as described **below**) or **cannot be** verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- > You can dispute inaccurate items with the source of the information. If you tell anyone such as a creditor who reports to a CRA that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- > Outdated information may not be reported. In most cases, a CRA may not report negative

information that is more than seven years old; ten years for bankruptcies.

- > Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA, usually to consider an application with a creditor, insurer, employer, landlord, or other business.

**Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- > **You** may choose to exclude your name from CRA lists for unsolicited **credit and insurance** offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- > You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.