

Century Gardens Homeowners Association, Inc.

APPLICATION FOR LEASE / PURCHASE

- This Application for Lease/Purchase must be fully completed by all prospective applicants 18 years of age and older.
- A fully executed (signed) lease / purchase contract must be attached to this application.
- A non-refundable processing fee of \$100 PER APPLICANT and MARRIED COUPLE (marriage certificate MUST be provided) over the age of 18 must be attached to this application. Certified funds only: Cashier Check or Money Order (NO PERSONAL CHECKS). Please make payable to: Century Gardens Homeowners Assn.
- A non-refundable one-time payment processing fee of \$25.00 attached to this application. Certified funds only: Cashier Check or Money Order (NO PERSONAL CHECKS). Please make payable to: Florida Property Management Solutions, Inc.
- For **SALES ONLY**: A copy of the Estoppel letter must be provided with this application.
- Copies of: Driver's License, Social Security Card, Vehicle Registration, Vehicle Insurance, Paystub for all applicants 18 years of age and older and all vehicles in the home. If individual applying do not have a US social security number, the following will be required: **Valid Passport and Visa.**
- PRIOR TO SUBMITTING APPLICATION: ALL MAINTENANCE FEES/ACCOUNTS MUST BE PAID IN FULL AND ALL VIOLATIONS MUST BE COMPLIED AND CLOSED, APPLICATION WILL NOT BE ACCEPTED IF VIOLATIONS ARE OPEN.**

The completed package must be submitted to the Association's management agent, whose name and contact information appears listed below, at least fifteen (15) business days prior to an interview meeting scheduled with the Board of Directors and or its Management.

Background/Screening for International applicant (with no social security number) takes approximately (2) two weeks for a turnaround time to be able to submit application package for board review.

Please note that incomplete applications with missing documents, blank fields, missing initials or signatures, or illegible items, will not be accepted or processed upon receipt. Please print legibly.

If you choose to email your application, please be sure it is sent in one (1) .pdf file including all attachments required as listed above. The application will not be processed until the Association or its authorized agent receives the required fees listed above.

Century Gardens Homeowners Association
11840 SW 155 Court – Miami FL 33196
Monday: 3:30pm - 8:30pm | Tuesday - Friday 5:00pm – 9:00pm
Saturday 9:00am – 12:00pm
Telephone: (786) 787-7334 | Email: CenturyGardensHOA@gmail.com

Acknowledged and Agreed: _____ Date: _____

Acknowledged and Agreed: _____ Date: _____

Century Gardens Homeowners Association, Inc.

RESOLUTION FOR APPROVAL

In as much as the Board of Directors desires to provide for a homogenous, compatible and financially secure community at Century Gardens Homeowners Association, Inc., it is the Resolution of the Board of Directors to adopt the following criteria for approving or disapproving all future applicants who desire to own, lease or otherwise acquire residences at Century Gardens Homeowners Association, Inc.

- The criminal background history for the applicants.
- The credit standing of the applicant.
- The financial statement of the applicant in case of a sale.
- The number of occupants.
- The past experience of the applicant as a lessee or tenant.
- The applicant's purpose for acquiring the home.
- The length of the planned occupancy in case of a rental.
- The existence of pets.
- The present owner's financial standing with the association.
- The completeness of the application.
- The verification and accuracy of all matters contained in the application.
- The payment of all applicable fees in connection with the transaction.
- The perceived willingness to abide by the association lifestyle.
- The number and type of vehicles to be kept within the Association.
- The applicant's attendance at the Association's screening interview.
- The existence of any violation by the present homeowner.

Century Gardens Homeowners Association, Inc.

COMPLIANCE AGREEMENT AFFIDAVIT (Initial next to each Item)

- _____ I have received and read the Rules and Regulations and all Governing Documents of the Homeowners Association (Articles of Incorporation, Bylaws, Covenants).
- _____ I agree to follow all the Rules and Regulations and Governing Documents of the Association as provided and posted throughout the property and common areas (entrance, roadways, parking, common areas, etc.). I understand that these documents which have been currently adopted may be amended from time to time by the Board of Directors.
- _____ I understand that prior to moving into the property all applicants must attend an interview screening with the Board of Directors at such time as may be scheduled by the Association.
- _____ I understand that I may not occupy the home or use for storage of the applicant's personal property without the prior signed written approval issued by the Association.
- _____ I understand that homes are to be used for residential single family purposes. Occupancy shall be limited to two (2) persons per bedroom.
- _____ I agree and acknowledge that only the persons listed and approved under this application may reside in the home. All other changes in occupancy must be reported to Management in advance including visitors staying overnight for more than thirty (30) consecutive days, which must be reported to the management company and subject to approval.
- _____ I understand that there shall be no sub-leasing or sub-renting, assignments, short term or temporary tenancy allowed, unless approved in writing by the Board of Directors.
- _____ I understand that all leases entered must be with a term not less than one (1) year and any lease renewals or extensions are subject to the review and approval by the Board of Director. Approval of the current lease terms under the Lease Agreement shall not be construed as approval of any occupancy beyond the term referenced herein.
- _____ I understand that any approval granted for tenancy at the building is strictly conditioned upon the observance of the provisions contained herein, Rules and Regulations and Governing Documents of the Association. The Association has the right to revoke an approval and terminate the lease upon breach, by notification to terminate to the tenant. Any legal action for enforcement shall be billed to the owner of the home, which shall be ultimately liable for the act of the tenants, their family, guest, employees, contractors, etc. This provision includes damages, acts for enforcement, fines and other associated cost.
- _____ I understand that as per Florida Statute 720.3085 the Association has the right to demand the monthly rental payments from the tenants, should the owner become delinquent in paying any monetary obligation to the Association. Said payment must be sent to the Association or their assigned representative no later than the fifth (5th) day of the month following receipt of a written demand by the Association. Said request shall be repetitive in nature until all monetary obligations have been met, or tenant is advised otherwise by the Association.

- _____ I will be held responsible and liable for any damages to the common areas resulting from misuse, abuse or violations of the rules and regulations caused by me, tenants, guest, employees and contractors.
- _____ I will not conduct any activity or practice which is either an annoyance to the residents or interferes with the peaceful possession and proper use of the property.
- _____ I agree to keep all parts of the Association including your home in a clean and sanitary condition and that no rubbish or refuse or garbage will be allowed to accumulate or condition which may affect the safety of the residents.
- _____ I have been informed that the hours of moving in or out of the property, which shall be done between Monday through Saturday: 9:00 am to 6:00 pm. No Sundays or Legal Holidays allowed.
- _____ I agree **not to** let children be unattended in the common areas. An adult must be present at all times.
- _____ I agree **not to** let my children or their guest play ball or any other sports on or about the common areas, nor will my children be allowed to ride bicycle, scooter, roller skate anywhere in the parking or roadways.
- _____ I agree not to hang clothes, sheets, mops, brooms, storage containers, door mats or place any other object or item not approved by the Association (only plants and patio furniture allowed on the outside of the home).
- _____ Bulky items such as furniture, mattresses, chairs, boxes, televisions, appliances, and others must be removed from the property at the owner's expense or contact 311 for bulky waste pick up.
- _____ I agree that I will not affix an antenna or satellite dish to the front wall of the home.
- _____ I agree to ask the Association permission prior to making any changes to the home that may modify or alter the exterior appearance.
- _____ I agree not to disturb others or cause unreasonable noises to be transmitted or heard on the outside of the home. This includes standing outside talking loud, working, blocking egress, drinking alcohol, making loud noises, yelling or playing loud music or television that would disrupt my neighbors and the peace of others.
- _____ I am aware that commercial vehicles are not allowed including those bearing signs, logo and / or equipment such as racks or ladders.
- _____ I agree to park only in my driveway and to advise my visitors of the parking rules and regulations. Violators of the parking rules and regulations are subject to being towed at the vehicle owners expense.
- _____ I agree that residents are allowed to have one (2) pet per home, not to exceed 30 lbs. which must be registered and approved by the association prior to moving in. Furthermore, I understand that the pet must be leashed while in the common areas and I am responsible for picking up after the animal. If the pet constitutes a nuisance, or violation of the rules and regulations it is subject to being removed at the request of the Board of Directors.

_____ I agree that I will not use the home or keep anything in it which will interfere with the right of other residents. No nuisances, immoral or illegal acts shall be maintained in the Association.

_____ I understand that anyone not abiding by this agreement, the Rules and Regulations, Governing Documents may be subject to being fined \$100.00 per incident - per day, reported to proper government authorities, subject to eviction by the Association, and legal action for injunctive relief by the Association. The prevailing party shall be entitled to an award of legal fees and cost against the other party.

1 Applicant's Name _____

1 Applicant's Signature _____

Date: _____

2 Applicant's Name _____

2 Applicant's Signature _____

Date: _____

Seller / Landlord's Name: _____

Seller / Landlord's Signature: _____

Date: _____

Seller / Landlord's Name: _____

Seller / Landlord's Signature: _____

Date: _____

Century Gardens Homeowners Association, Inc.

ACKNOWLEDGEMENT OF REGULATIONS

I/We understand that acceptance of occupancy in the Century Gardens Homeowners Association, Inc. is conditioned upon the approval of the Board of Directors of the Century Gardens Homeowners Association, Inc. Accordingly, I/we hereby agree for myself and on behalf of all persons who may use the home which I/we seek approval at the Century Gardens Homeowners Association, Inc. that I/we will abide by all of the restrictions contained in the Rules and Regulations, By-laws, and Covenants of Conditions and Restrictions as currently adopted and which may be modified in the future by the Board of Directors.

I/We have received, read and understand all Governing Documents and Rules & Regulations:

PLEASE INITIAL: # 1 YES _____ NO _____
 # 2 YES _____ NO _____

I/We understand that the Board of Directors of Century Gardens Homeowners Association, Inc. may cause to be instituted as such as investigation of my/our background as the Board may deem necessary. Accordingly, I/we specifically authorize the Board of Directors of Century Gardens Homeowners Association, Inc. to make such investigation, and that the Board of Directors, Officers, Management, and employees and representatives thereof, shall be held harmless from any action or claim by me/us in connection with the use of the information contained herein or any investigation conducted.

In making the foregoing application, I/we am/are aware that the decision of the Board of Directors of Century Gardens Homeowners Association, Inc. will be final and that no reason will be given for any action taken by the said Board. I/We agree to be governed by the determination of the Board of Directors.

1 Applicant's Name _____

1 Applicant's Signature _____ Date: _____

2 Applicant's Name _____

2 Applicant's Signature _____ Date: _____

Century Gardens Homeowners Association, Inc. – APPLICANT #1

APPLICANT # 1 INFORMATION:

Printed Name: _____

SS#: _____ Date of Birth: _____

DL#: _____ State: _____

Home #: _____ Cell #: _____

Email: _____

RESIDENTIAL HISTORY:

Present Address: _____

How long have you resided at this Address: _____ Rent or Own Payment Amt: _____

If *Rent*, Landlord Name & Phone: _____

If *less than 3 Years* please list previous address: _____

EMPLOYMENT INFORMATION:

Employed Student Retired Unemployed

Employed by: _____ Work#: _____

Address: _____

How Long: _____ Monthly Income: _____

Position Held: _____ Supervisor: _____

CREDIT HISTORY:

Have you ever been cited, arrested or convicted of any crime? NO YES (explain)

Have you ever filed for Bankruptcy? NO YES (explain)

Have you ever been evicted or been late in a rental payment? NO YES (explain)

Are you involved in a lawsuit or have any pending judgments? NO YES (explain)

REFERENCES:

Bank Name: _____ Account Type: _____ Account No.: _____

Credit Reference: _____ Phone: _____

Character Reference: _____ Phone: _____

VEHICLE INFORMATION:

** No commercial vehicles allowed inside the property (incl. those with markings, equipment, racks, ladders, certain size or type). **

Make: _____ Model: _____ Year: _____ Color: _____

License Tag: _____ State: _____ Insurance Name: _____

Policy No.: _____ Insurance Phone: _____

Applicant #1 Signature: _____ **Date:** _____

Century Gardens Homeowners Association, Inc. – APPLICANT #2

APPLICANT # 2 INFORMATION:

Printed Name: _____
SS#: _____ Date of Birth: _____
DL#: _____ State: _____
Home #: _____ Cell #: _____
Email: _____

RESIDENTIAL HISTORY:

Present Address: _____
How long have you resided at this Address: _____ Rent or Own Payment Amt: _____
If *Rent*, Landlord Name & Phone: _____
If *less than 3 Years* please list previous address: _____

EMPLOYMENT INFORMATION:

Employed Student Retired Unemployed

Employed by: _____ Work#: _____
Address: _____
How Long: _____ Monthly Income: _____
Position Held: _____ Supervisor: _____

CREDIT HISTORY:

Have you ever been cited, arrested or convicted of any crime? NO YES (explain)
Have you ever filed for Bankruptcy? NO YES (explain)
Have you ever been evicted or been late in a rental payment? NO YES (explain)
Are you involved in a lawsuit or have any pending judgments? NO YES (explain)

REFERENCES:

Bank Name: _____ Account Type: _____ Account No.: _____
Credit Reference: _____ Phone: _____
Character Reference: _____ Phone: _____

VEHICLE INFORMATION:

** No commercial vehicles allowed inside the property (incl. those with markings, equipment, racks, ladders, certain size or type). **

Make: _____ Model: _____ Year: _____ Color: _____
License Tag: _____ State: _____ Insurance Name: _____
Policy No.: _____ Insurance Phone: _____
Applicant #2 Signature: _____ **Date:** _____

Century Gardens Homeowners Association, Inc.

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 an opportunity to request 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 Century Gardens Homeowners Association, Inc., Florida Property Management Solutions, Inc. their directors employees, agents and assigns 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 – (Applicant #1)	Signature – (Applicant #1)	Date
_____	_____	_____
Print Name – (Applicant #2)	Signature – (Applicant #2)	Date

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check the box.

Florida Property Mgmt. – Century Gardens / Ref#

RESIDENTIAL SCREENING REQUEST

APPLICANT # 1:

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ DOB (MM/DD/YYYY): _____

Tel#: _____ Cell#: _____

APPLICANT # 2:

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ DOB (MM/DD/YYYY): _____

Tel#: _____ Cell#: _____

I have read and signed the Disclosure and Authorization Agreement.

APPLICANT #1 SIGNATURE: _____ **DATE:** _____

APPLICANT #2 SIGNATURE: _____ **DATE:** _____

Century Gardens Homeowners Association, Inc.

CONTACT / OCCUPANCY / EMERGENCY INFO.

This Application is being made in connection with the following Property within the Century Gardens Homeowners Association: Address: _____

SELECT ONE:

LEASE (minimum 12 Months term)

Inception Date: _____ Termination Date: _____

PURCHASE (Permanent Residence or Second / Vacation Home)

Mailing Address:

1. **Current Owner:** Name: _____
Phone Numbers: _____ / _____
Email: _____

2. **Occupants:** Please list all persons who will be residing in the home:

<u>Name</u>	<u>Age</u>	<u>Relationship to Applicant</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. **Pets:** NO OR YES

** Please note that Pets are limited to one (2) per home. Pets may not exceed 30 lbs. in weight. **

Type: _____ Breed: _____ Weight: _____ Name: _____

4. **Emergency Contact:**

<u>Name</u>	<u>Relationship</u>	<u>Phone No.</u>
_____	_____	_____
_____	_____	_____