The Gardens At Kendale Lakes Condominium Association, Inc.
c/o South Florida Property Management and Consultants, LLC
5600 S.W. 135th Avenue
Suite 108
Miami, Florida 33183
Office: 786-409-4771 - Fax: 786 580-5128
Email: mainoffice@soflmanagement.com

APPLICATION CHECK LIST

PLEASE NOTE INCOMPLETED APPLICATION WILL NOT BE ACCEPTED.

ONCE YOU HAVE COMPLETED THE APPLICATION MAKE SURE YOU HAVE:

___**Answered and filled in all questions of the application making sure you list everyone that will be living with you including children, spouses and other relatives. Make sure that you have also, filled in car information and pet information.**

___Made out your money orders, cashier's checks, or company check (from title company only) out to South Florida Property Management and Consultants, LLC.

___Your lease contract attached to the back of the application.

___Signed at the bottom of the first page understanding that this process takes time and that your credit and criminal history will be obtained.

___A copy of everyone's Driver's License (over the age of 16) if they have it.

___A copy of everyone's Social Security card (including children).

___A copy of all car's registrations

___**Police report for everyone over the age of 18 from Miami-Dade County ONLY.**

___A money order, company check, or cashier's check if your community asks for one.
Not Sure? Please ask us, we're here to help you make this process go smoothly and in a timely matter

*Please note some communities have strict rules regarding the size of the pet and the number of pets that are allowed. Please do not hesitate to ask what rules apply to you when moving in to.

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Screening Fee $250.00 or $375.00 RUSH. Payment made only by Money Order and payable to **South Florida Property Management and Consultants, LLC. (NON-REFUNDABLE)**

Date Printed: _____ Date Received in Office: _____

_____
Name of Applicant(s):

Name of Owner(s): _____

Address of Property: _____

THIS IS TO INFORM YOU OF OUR PROCEDURE TO HANDLE APPLICATIONS FOR RENTAL/PURCHASE APPROVALS SO THAT YOU CAN PLAN ACCORDINGLY.

Please sign and return this form with your application.

1. Processing an application **TAKES TIME**.
2. Your **credit history** is checked through a credit reporting company.
3. Your references are thoroughly checked by telephone if the information on your background is not the same as in your application.
4. If required by the Community you are applying for, a Police Report may be obtained.
5. We forward your application to be approved by the Board of Directors of the Community you are applying to, which is solely responsible for the period of time they take to approve it. **(Entire process could take from 15 to 30 days from receipt to approval)**
   The application will not be processed unless the following items are enclosed:

   1. Sales contract or a copy of the lease.
   2. Money order made payable to the above-named Association (non-refundable)
   3. Your signature on this page understanding all of the above mentioned**.**

Screening your application takes some time and follow-up is vital. Sometimes we must telephone several times to the people you list as references, not everyone is available during working hours. That is why we ask you for their home and office telephone numbers. The above information should give you an understanding why applications cannot be “rushed”. Status on applications will ONLY be given to the prospective tenants, NOT Realtors or Title Companies or any THIRD parties involved.
Thank you for your cooperation and understanding.
I have read and understand all of the above information and have received a copy of this form upon signing.

Applicant_____ Dated _____/_____/_____

APPLICATION FOR LEASE

This application and the attached Application for Occupancy must be completed in detail by proposed lessee.
Please attach a copy of the proposed lease to this application.
Usually, no unit may be leased for a less than one (1) year. Please consult your condominium documents for specific information.
Processing of this application will begin after all required forms have been completed, signed and in the Management's office
Occupancy prior to final approval is prohibited
Processing of this application will begin after all required forms have been completed. Signed and in the Management's office

Date: _____ Unit Number _____ Approximately Closing Date _____

Owner's Name: _____ _Telephone No. _____

Owner's Address (NOT of the unit to be sold): _____

City: _____ State: _____ Zip: _____ Telephone: _____

Name and Telephone of Realtor _____

Email address: _____

BUYER/TENANT INFORMATION

NAME(S) of proposed tenant/buyer(s) (as will appear on title/lease)

(a)_____ (b) _____

NAME, AGE and RELATIONSHIP of ALL proposed occupants of the unit:

NAME _____ AGE _____

RELATIONSHIP: _____ S.S #_____ _____

Driver's License # _____ D.O.B _____

NAME _____ AGE _____

RELATIONSHIP: _____ S.S #_____ _____

Driver's License # _____ D.O.B _____

NAME _____ AGE _____

RELATIONSHIP: _____ S.S #_____ _____

Driver's License # _____ D.O.B _____

NAME _____ AGE _____

RELATIONSHIP: _____ S.S #_____ _____

Driver's License # _____ D.O.B _____

1. In making the foregoing application I represent to the Board of Directors that the purpose for the purchase of this unit is
   AS PERMANENT RESIDENT ( ) AS SEASONAL RESIDENT ( ) FOR RENTAL ( ) OTHER EXPLAIN_____
2. I hereby agree for myself and on behalf of all persons who may use the unit which I seek to purchase that we will abide by all the restrictions contained in the By-laws, Rules and Regulations, Condominium Documents and restrictions which are or may in the future be imposed by the Board of Directors of
   _____
3. I understand that I will be present when guests, relatives or children who are not residents occupy the unit.
4. I have ____ have not _____ received from the current owner a copy of all the condominium documents and Rules and Regulations.
5. I understand that the acceptance of purchase of a unit is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Occupancy prior to final approval is prohibited.
6. I understand that the Board of Directors. Of the Community Association may cause to be institute such an investigation of my background as the Board may deem necessary. Accordingly, I specially authorize the board of Directors or their agents to make such investigation and agree that the information contained in this and the attached application may be used in such investigation. And that the Board of Directors and Officers of the Community Association itself, or Community Association Screenings, as Agent shall be held harmless from any action or claim by me in connection with use of the information contained herein or any investigation conducted by the Board.

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

Applicant _____ Co-Applicant: _____

APPLICATION FOR OCCUPANCY

Applicant: _____ _____ _____
(Last) (First) (Middle)

Co-Applicant: _____ _____ _____
(Last) (First) (Middle)

Present address (NOT) the address you are moving to):

_____

_____ _____ _____ _____
(City) (State) (Zip) (Home telephone)

Present Landlord/Mortgage Company
(Not for the address you are moving to):

_____ _____
(Applicant) (Telephone)

Social Security #. _____ _____
(Applicant) (Co-Applicant)

Date of Birth: _____ _____
(Applicant) (Co-Applicant)

Children: _____ Pets: _____
How many and ages Description and weight

Total Number of people to occupy premises: _____

Is Co-Applicant spouse ( ) Yes ( ) No. If not, specify relationship: _____

IN case of Emergency, notify: _____

Telephone: _____

Has the applicant or co-applicant been convicted (or arrested) of a felony or misdemeanor (crime)
(Check one): YES __ NO __: **If YES you must submit case disposition.**

EMPLOYMENT INFORMATION:

_____ _____
(Applicant's Employer) (Employer's address)

_____ _____ _____
(Position) (Date of Employment) (Employer's telephone)

_____ _____
(Co-Applicant's Employer) (Employer's address)

_____ _____ _____
(Position) (Date of Employment) (Employer's telephone)

NAME, ADDRESS & PHONE OF RELATIVE: _____

Vehicle Registration Form

Please refer to your community's documents for a more precise description on how many vehicles are allowed per home. The most commons rules pertaining to owner's vehicles and their parking are the following:

1. No commercial vehicles allowed.
2. No abandoned vehicles (Example: expired tag, flat tires, not in moving condition.)

IF YOUR APPLICATION IS APPROVED YOU MUST CONTACT MIAMI PARKING ENFORCEMENT AT 305-731-2331 FOR PARKING DECALS PRIOR TO MOVING INTO THE COMMUNITY TO AVOID YOUR VEHICLE BEING TOWED AT OWNER'S EXPENSE.

IF YOU HAVE VISITORS' PAST 10PM YOU MUST VISIT WWW.MIAMIPARKINGENFORCEMENT.NET/VISITOR-PASS TO REGISTER YOUR GUEST. FAILURE TO DO THIS MAY RESULT IN THE CAR BEING TOWED AT OWNER'S EXPENSE.

Any owner not following the rules and regulations may be subject to a fine.
Any tenant not following the rules and regulations may cause a fine to be issued to the owner and they may be reevaluated and evicted without further discussion.

Vehicle 1:

Make: _____ Model _____

Color: _____ Tag Number _____

VIN # _____

Vehicle 2:

Make: _____ Model _____

Color: _____ Tag Number _____

VIN # _____

Vehicle 3:

Make: _____ Model _____

Color: _____ Tag Number _____

VIN # _____

A copy of each registration for every vehicle being registered must be sent to Management Company before this application may be processed.

_____ _____
Signature of buyer Print Name

PET INFORMATION

If you are leasing you are not allowed to have pets on the property

BANK REFERENCE: (Optional)

_____

(Name) **(Location)**

_____ _____ _____ _____

(Type of Account) **(Account Number)** **(Telephone)** **(Date opened)**

CHARACTER REFERENCES OTHER THAN RELATIVES:

1. _____ _____ _____

(Name) **(Home Telephone)** **(Office/work phone)**

2. _____ _____ _____

(Name) **(Home Telephone)** **(Office/work phone)**

3. _____ _____ _____

(Name) **(Home Telephone)** **(Office/work phone)**

Approval is hereby granted to {Association Name}, (hereinafter referred to as the "Condominium Association" or SFPM,LLC as Agent to investigate all information supplied on this application and a full disclosure of pertinent facts may be made to the Condominium Association, who is also authorized to obtain a credit rating through a credit reporting agency.

_____ _____

Signature of Applicant **Signature of Co-Applicant**

Association Name: **The Gardens At Kendale Lakes Condominium Association, Inc.**

Property Address:

THIS APPLICATION MUST BE COMPLETED IN FULL BY PROSPECTIVE TENANT OR OWNER