



DST PROPERTY MANAGEMENT  
DEPENDABLE SERVICE YOU CAN TRUST

2300 W. Sample Road #310, Pompano Beach, FL 33073  
\* Office: 954-933-2353 \* [www.dstpm.net](http://www.dstpm.net)

## IMPORTANT APPLICATION INFORMATION

If your application is incomplete, it will be returned to you by mail along with any fee you may have submitted, and a list of the missing items.

You may then complete the application and re-submit it together with the required fee.

Please provide the name and address which you would like us to use if the application is incomplete and must be returned to you.

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

If you do not fill in the information above, we will use the best address available in the application you submitted.

# **Buttonwood Hammock Homeowners Association, Inc.**

c/o DST Property Management, Inc.  
2300 W. Sample Road, Pompano Beach, FL 33321

## **PURCHASE/LEASE APPLICATION BUTTONWOOD HAMMOCK HOMEOWNERS' ASSOCIATION, INC.**

**Applications and supporting documents must be hand delivered or mailed.**

**E-mailed applications and supporting documents will not be accepted.**

**DST Property Management does not accept "electronic" payments for application fees.**

\_\_\_ **\$125.00 non-refundable processing fee** per application/occupant aged 18 or over (\$125.00 per married couple). Cashier's check, or money order only made payable to: DST Property Management, Inc.

\_\_\_ **\$150.00 non-refundable application fee** per applicant/occupant aged 18 or over (\$150.00 per married couple). Cashier's check, or money order only made payable to: Buttonwood Hammock Homeowners Association, Inc.

\_\_\_ Copy of sales contract or lease (must be fully executed).

\_\_\_ Proof of funds to close and mortgage approval letter, if financed.

\_\_\_ Copy of last three (3) months of bank statements.

\_\_\_ Copy of last three (3) paystubs or proof of income, such as pensions and /or social security benefits.

\_\_\_ Clear copy of driver's license /ID for all applicants.

\_\_\_ Copy of current registrations for all vehicles parked on property. Picture of all vehicles.

\_\_\_ Application for Occupancy form.

\_\_\_ Copy of marriage certificate for applicants with different last names.

\_\_\_ Acknowledgement pages (two pages) – must be signed by ALL applicants.

\_\_\_ Pet verification form. Only two (2) domestic (cat or dog) pets per home. All pets must have valid county licenses. A vet certificate indicating weight and breed. Vaccinations must be submitted with this application.

\_\_\_ Unit owners must supply buyers with a copy of the Association Documents. Proof of this must be sent in with this application.

\_\_\_ I/we have received, read, understand and agree to comply with the Association's Governing Documents.

\_\_\_ Units are to be used for single family residential purposes only.

Initials \_\_\_\_\_

**\*\*Incomplete applications will not be accepted\*\***

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- 1. A screening interview is required for approval. It is the owner's responsibility to make sure buyers or tenants are aware of the approval process.**
- 2. All residents and guest vehicle operators must abide by posted traffic signs, including the speed limit. No excess noise from vehicles.**

**All items listed are required at the time the application is submitted and an estoppel is to have been requested by the title company.**

**\*\*Incomplete applications will not be accepted\*\***

## **FOREIGN NATIONALS /FOREIGN INVESTORS**

**Applicant(s) must initial each line indicating the required documentation listed is enclosed.**

\_\_\_\_ Copy of current VISA and Passport

\_\_\_\_ Proof of employment and income (must be notarized and translated into U.S. Dollars and into English)

\_\_\_\_ Provide Articles of Incorporation (If buying as a corporation)

## **TRUSTS**

**Applicant(s) must initial each line indicating the required documentation listed is enclosed.**

\_\_\_\_ When buying as a Trust, please provide the Trust organization papers.

## **CORPORATIONS or LLC's**

**Applicant(s) must initial each line indicating the required documentation listed is enclosed.**

\_\_\_\_ Copy of the Articles of Incorporation for the corporation or LLC

\_\_\_\_ Provide three (3) last bank statements for the Corporation or LLC

\_\_\_\_ Proof of income and last three (3) three bank statements of Managing Member or President

\_\_\_\_ Managing Member or President is required to provide all personal information, including social security number

\_\_\_\_ Managing Member or President is required to sign the application

**This is the minimum documentation required. During the application process additional documentation may be required. Each circumstance is different.**

**\*\*Incomplete applications will not be accepted\*\***

## **ACKNOWLEDGEMENT 1 of 2**

- I have received, read understand and agree to comply with the Governing Documents for this community. Under Florida law, I understand it is the seller's responsibility to provide me with these items.
- The Governing Documents of the community are available at the management office for cost of \$100.00 if the seller cannot provide them.
- I understand the application process can take up to 30 days and agree I will not occupy the premises prior to my orientation and certificate of approval being issued.
- I understand that the closing date should not be scheduled before notification of the orientation date.
- **I understand the vehicle and parking restrictions for this community are as follows:**
  - All vehicles and / or conveyances must be operable.
  - The following vehicles and/or conveyances are not permitted in Buttonwood Hammock HOA overnight: boats, trailers, and trucks that have a cargo capacity of more than one (1) ton. This shall include service vehicles, such as those from Amira/Service America, Sears, plumbing trucks, tow trucks, limousines, U-hauls, taxi cabs, and pest control vehicles.
  - This community may have parking restrictions that include, but are not limited to parking decals, guest parking passes and gate access devices. I am responsible for verifying these restrictions before I and/or my guests enter the property with a vehicle.
  - See attached Rules & Regulations regarding vehicle restrictions included in this application.
- **I understand that the pet restrictions for this community are as follows:**
  - Only a total of two (2) cats or two (2) dogs or one (1) cat and one (1) dog shall be permitted in any unit.
  - No Pitbulls Terriers allowed without approval by the Board of Directors.
  - Any pet must be carried or kept on a leash when outside of a unit or fenced-in area.
  - Owners must clean up after their pets.

Initials \_\_\_\_\_

**\*\*Incomplete applications will not be accepted\*\***

## **ACKNOWLEDGEMENT 2 of 2**

- **I understand that should I lease my unit the leasing restrictions are as follows:**
  - Board approval is required for all new leases and renewals.
  - Renewals must be submitted at least thirty (30) days prior to expiration of current lease.
  - Subleasing is prohibited.
- I understand there is a monthly maintenance fee due on the first of each month. Payments received after the 10<sup>th</sup> are considered late,
- I understand the Association will send me payment coupons to make my payment. I further understand that I am responsible for making the maintenance payment from the date of closing regardless of whether I have received the coupons.
- I agree to provide within 2 business days of closing a copy of my warranty deed or as copy of the settlement agreement to DST Property Management, Inc.
- I understand the mailbox is the homeowner's responsibility.
- I understand that using any recreation facility is done so at the user's own risk.
- I understand that my children (under 16 years of age) will be under the supervision of a parent or guardian older than 18 years of age, when using any of the recreation facilities.
- I understand that any violation of the terms, provisions, conditions and declarations of the Buttonwood Hammock HOA, Inc. documents provides cause for immediate action as therein provided, or termination of the leasehold under appropriate circumstances.

**IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS,** please explain the circumstances regarding the situation on a separate piece of paper attached and attach to the application.

ALL APPLICATIONS MUST ANSWER EACH QUESTION BELOW.	APPLICANT	CO-APPLICANT
1. Have you ever had an eviction filed against you?	Yes __ No __	Yes __ No __
2. Have you ever left owing money to any owner or landlord?	Yes __ No __	Yes __ No __
3. Have you ever applied for residency anywhere in the past 2 years, but did not move in?	Yes __ No __	Yes __ No __
4. Have you ever had adjudication withheld or been convicted of a crime?	Yes __ No __	Yes __ No __

Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, determination of occupancy approval, and / or forfeiture of fees or deposits.

I / we certify under penalty of perjury that I/we agree to and understand all items on these on pages and in this application for occupancy.

\_\_\_\_\_  
Applicants Signature

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

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

\_\_\_\_\_  
Co-Applicant Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# **PET VERIFICATION FORM**

All parties listed on application MUST sign below

## **Complete and sign section A if you DO NOT own a pet**

### **SECTION A:**

Name: \_\_\_\_\_

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

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

I DO NOT OWN A PET: \_\_\_\_\_

Applicant Signature

Co-Applicant Signature

**\*\* YOU MUST RESUBMIT THE PET ACKNOWLEDGEMENT FORM IF, AT ANY POINT IN THE FUTURE, YOU OR ANYONE RESIDING IN YOUR UNIT ACQUIRES A PET\*\***

\*\*\*\*\*

## **Complete and sign section B if you DO own a pet**

### **SECTION B:**

Name: \_\_\_\_\_

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

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

Type of pet (breed): \_\_\_\_\_

Weight of pet: \_\_\_\_\_

Weight of pet at maturity: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Pet's color: \_\_\_\_\_

Tag Number Broward County: \_\_\_\_\_

**\*\*YOU MUST INCLUDE PICTURE OF PET FOR IDENTIFICATION PURPOSES\*\***

**\*\*STATEMENT FROM VETERINARIAN CERTIFYING BREED AND HISTORY OF SHOTS ARE REQUIRED\*\***

Please remember all dogs are to be walked on a leash, the dog's owner is responsible for the removal of their dogs excretion.

By signing below I verify I have read and understand the above and will abide by the rules and regulations of the community. I agree to indemnify Buttonwood Hammock Homeowners Association, Inc. from damages and liability caused by the pet(s) listed above and any other pet(s) in the future that are within my unit.

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

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

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c/o DST Property Management, Inc.  
2300 W. Sample Road, Pompano Beach, FL 33321

I/We have received the Declaration of Covenants, the Articles of Incorporation, and the By-Laws for Buttonwood Hammock Homeowners Association, Inc.

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Applicants Signature

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Co-Applicant Signature

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Applicant Name Printed

---

Co-Applicant Name Printed

---

Date

---

Date



**READ FIRST:** Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014

**\*\* THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! \*\***

## **APPLICATION FOR OCCUPANCY**

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

Purchase  Lease  Occupant  Apt.# \_\_\_\_\_ Bldg.# \_\_\_\_\_ Address applied for: \_\_\_\_\_

**Full Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

Single  Married  Separated  Divorced  How Long? \_\_\_\_\_ Other legal or maiden name \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Date (s) \_\_\_\_\_ County/State Convicted in \_\_\_\_\_

Charge (s) \_\_\_\_\_

Applicant's Cell Number(s) \_\_\_\_\_ Applicant's Email Address \_\_\_\_\_

**Spouse** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

Other legal or maiden name \_\_\_\_\_ Have you ever been convicted of a crime? \_\_\_\_\_ Date (s) \_\_\_\_\_

County/State Convicted in \_\_\_\_\_ Charge (s) \_\_\_\_\_

Spouse's Cell Number(s) \_\_\_\_\_ Spouse's Email Address \_\_\_\_\_

No. of people who will occupy unit – Adults (over age 18) \_\_\_\_\_ Description of Pets \_\_\_\_\_

Names and ages of others who will occupy unit \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### **PART I – RESIDENCE HISTORY**

A. Present address \_\_\_\_\_ Phone \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Own Home  Parent/Family Member  Rented Home  Rented Apt  Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Are you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Are you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Is your Landlord the: Owner of the property  Realtor  Family Member  Roommate  Property Manager  Other \_\_\_\_\_

B. Previous address \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Own Home  Parent/Family Member  Rented Home  Rented Apt  Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Were you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Were you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Is your Landlord the: Owner of the property  Realtor  Family Member  Roommate  Property Manager  Other \_\_\_\_\_

C. Previous address \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Own Home  Parent/Family Member  Rented Home  Rented Apt  Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Were you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Were you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Is your Landlord the: Owner of the property  Realtor  Family Member  Roommate  Property Manager  Other \_\_\_\_\_

**PART II – EMPLOYMENT REFERENCES**

\*Include a recent copy of an earnings statement to expedite processing\*

- A. Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
 Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_ Fax \_\_\_\_\_  
 Monthly Gross Income \_\_\_\_\_ Address \_\_\_\_\_
- B. Spouse Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
 Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_ Fax \_\_\_\_\_  
 Monthly Gross Income \_\_\_\_\_ Address \_\_\_\_\_

**PART III – BANK REFERENCES**

\*Include a recent copy of a bank statement to expedite processing\*

- A. Bank Name \_\_\_\_\_ Checking Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_
- B. Bank Name \_\_\_\_\_ Savings Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_

**PART IV – CHARACTER REFERENCES (No Family Members)**

- 1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
- 2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
- 3. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
- 4. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Are you using a realtor? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Realtor's name \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Driver's License Number (Primary Applicant). \_\_\_\_\_ State Issued \_\_\_\_\_  
 Driver's License Number (Secondary Applicant) \_\_\_\_\_ State Issued \_\_\_\_\_  
 Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_  
 Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

## \*\*\*AUTHORIZATION FORM\*\*\*

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. **PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY.** If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Spouse's Signature)

\_\_\_\_\_  
(Applicant's Name Printed)

\_\_\_\_\_  
(Spouse's Name Printed)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Date Signed)