



New Resident Application Package

Welcome to Captiva!

Thank you for your interest in making Captiva your new home. Captiva is an HOA (Homeowners Association) managed community that is governed by **volunteer** resident board members and a contracted property management firm.

The management firm DST Property Management is responsible for the community's day-to-day operations including the enforcement of the community Governing Documents, By-Laws, and Rules & Regulations. DST Property Management reports directly to the board for all decisions of the community.

Any communications for the board are required to be relayed through DST Property Management via e-mail (preferred), phone, or the DST/Captiva Resident Portal. Residents also have the option and are encouraged to speak directly to the board at any of the regular board meetings.

Please be sure that all applicants review the current Captiva Governing Documents the Declaration, Certificate of Incorporation, By-Laws, and most recent version of the Rules and Regulations in addition to completing all of the necessary attached forms and checklist for required documents.

Once your application is fully completed it may be submitted in-person to DST Property Management Monday - Friday from 8:30am to 4:30pm with the appropriate fees.

DST Property Management
2300 W Sample Road,
Suite 310
Pompano Beach, FL 33073

Please ensure that all forms are complete and do not have any omissions. Applications will not be accepted unless they are complete and all fees are paid. Once an application is deemed complete with fees the processing of the application will begin. **Application processing can take up to 30 days from the start of processing to complete. Approval certificates will not be issued until processing is completed.** Please be mindful of this processing time and understand that our representative will contact the buyer/seller and/or tenant/owner as soon as a decision on the application is made. It is not necessary to call or e-mail after delivery of a **complete** application as we will not be able to provide any information on the status of an application per the board.

Please note occupancy prior to approval is prohibited. Any unit owner who allows this is subject to a daily fine of \$100.00 per day up to \$1000.00 per occurrence.



Property Address _____

REQUIRED DOCUMENT CHECKLIST FOR SALE OR LEASE

- COPY OF SALES CONTRACT OR LEASE AGREEMENT
- Copy of **Photo ID** or **Passport** for **ALL** applicants / occupants over the age of 18
- Copy of Social Security Card for **ALL** applicants / occupants over the age of 18
- Original **SIGNED** copy of **Governing Documents Acknowledgment Form**
- Original **SIGNED** copy of **Authorization Form for Background Check** for ALL applicants/occupants over the age of 18. (Wet signatures only) no digital signatures are accepted.
- Good Conduct Letter** or **Local Police Background Check** from the police or sheriff's department that has jurisdiction over your current residence address for **ALL** Applicant s / occupants over the age of 14. The requested report much match the city on your valid driver's license.
- Non-refundable application fee of **\$150 per person or married couple.** If married, and have different last names, please include a copy of your marriage certificate. Fee must be paid with a cashier's check or money order **ONLY**. **Fee is to be made payable to: Captiva HOA**
(subject to change as needed to cover the costs for background checks)
- Non-refundable **\$125 processing fee** that is a one-time payment per **APPLICATION (NOT per person)**. The fee must be paid with a cashier's check or money order **ONLY**.
Fee is to be made payable to: DST Property Management, Inc.
- Are any of the prospective residents on this application active service members as defined in S. 250.01 Florida Statutes? **Circle One: Yes or No**

Please note: If this application includes a foreign applicant, processing of the application may exceed 30 days and additional documentation or information other than the items listed may be required.

YOUR APPLICATION WILL NOT BE ACCEPTED IF ANY OF THESE ITEMS ARE MISSING

OFFICE USE ONLY:

Total Fee's Collected:

(amount, date, and initials)

**OFFICE USE ONLY:**Complete Application
Submitted:

(date and initials)

Please choose: Application for Sale or Lease?

Projected move-in or closing date: _____
(Cannot be less than 30 days from the completed application submission date above.)

Property Address:		
CURRENT HOMEOWNERS INFORMATION		
Current Homeowners Name:		
Current Homeowners Purchase Date:	Current Homeowners Phone:	Current Homeowners E-Mail:

APPLICANTS INFORMATION			
PRIMARY APPLICANT	Full Name:		
	Present Residence Address (No PO Boxes):		
	Date of Birth:	Social Security Number:	Driver's License or State ID Number and Issuing State:
	Phone Number:	E-Mail Address	Employer Name: Employer Phone:
	Other than minor traffic offenses, have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please provide date, charge, disposition, and full explanation for each on a separate page.)		

CO-APPLICANT	Full Name:		
	Present Residence Address (No PO Boxes):		
	Date of Birth:	Social Security Number:	Driver's License or State ID Number and Issuing State:
	Phone Number:	E-Mail Address	Employer Name: Employer Phone:
	Other than minor traffic offenses, have you ever been convicted of a crime? (If Yes, please provide date(s) and charges) <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please provide date, charge, disposition, and full explanation for each on a separate page.)		

** Failure to provide a social security number or the equivalent will result in a denial of your application. **

VEHICLE INFORMATION			
1	License Plate:	Make:	Model: Color:
2	License Plate:	Make:	Model: Color:
3	License Plate:	Make:	Model: Color:
4	License Plate:	Make:	Model: Color:

Property Address _____

ADDITIONAL OCCUPANTS INFORMATION

1	Name:	Age:	Date of Birth:	Relationship to Applicant:
	Other than minor traffic offenses, have you ever been convicted of a crime? (If Yes, please provide date(s) and charges) <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please provide date, charge, disposition, and full explanation for each on a separate page.)			
2	Name:	Age:	Date of Birth:	Relationship to Applicant:
	Other than minor traffic offenses, have you ever been convicted of a crime? (If Yes, please provide date(s) and charges) <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please provide date, charge, disposition, and full explanation for each on a separate page.)			
3	Name:	Age:	Date of Birth:	Relationship to Applicant:
	Other than minor traffic offenses, have you ever been convicted of a crime? (If Yes, please provide date(s) and charges) <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please provide date, charge, disposition, and full explanation for each on a separate page.)			
4	Name:	Age:	Date of Birth:	Relationship to Applicant:
	Other than minor traffic offenses, have you ever been convicted of a crime? (If Yes, please provide date(s) and charges) <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please provide date, charge, disposition, and full explanation for each on a separate page.)			
5	Name:	Age:	Date of Birth:	Relationship to Applicant:
	Other than minor traffic offenses, have you ever been convicted of a crime? (If Yes, please provide date(s) and charges) <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please provide date, charge, disposition, and full explanation for each on a separate page.)			

INDOOR PET INFORMATION (outdoor pets are prohibited)

Breed:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Breed:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Breed:	<input type="checkbox"/> Dog <input type="checkbox"/> Cat
--------	---	--------	---	--------	---

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)



Property Address

Governing Documents Acknowledgement Form

All adult applicants / occupants over the age of 18 must sign below.

I (We) the undersigned do hereby acknowledge receipt of the Governing Documents of Captiva Homeowners Association, which includes Declaration, Certificate of Incorporation, By-Laws and the most recent version of the Rules and Regulations, as well as understanding that we are subject to Chapter 720 of the Florida Statutes. I (We) have read and understand the same and hereby agree to abide by these Governing Documents.

Applicants Name (PRINTED)

Applicants Signature

Date

Co-Applicants Name (PRINTED)

Co-Applicants Signature

Date

Occupant 1 Name (PRINTED)

Occupant 1 Signature

Date

Occupant 2 Name (PRINTED)

Occupant 2 Signature

Date

Occupant 3 Name (PRINTED)

Occupant 3 Signature

Date

Occupant 4 Name (PRINTED)

Occupant 4 Signature

Date

Occupant 5 Name (PRINTED)

Occupant 5 Signature

Date



Property Address

Absentee Owner as Landlord Change of Address Form

Only needed with Tenant Lease Applications

This form must be completed by the **HOMEOWNER** prior to the Tenant Lease Application package being considered to be completed.

PLEASE PROVIDE AN ALTERNATE ADDRESS WHERE ALL ASSOCIATION CORRESPONDENCE REGARDING YOUR PROPERTY SHOULD BE SENT TO YOU DURING THE PERIOD OF THE TENANCY AND UP AND UNTIL THE OWNER(S) RETAKES RESIDENCY IN THE PROPERTY.

This alternate address will commence, unless a different date is indicated below, on the commencement date of the Tenant's Lease. This will continue to be in effect until written notice of a further address change is provided to the association.

HOMEOWNERS NEW CONTACT INFORMATION

Name:		
Street Address:		
City	State:	Zip Code:
E-Mail Address:		Phone Number:

Start date for new address to be used: _____

Homeowners Signature

Date