



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.

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

# **Fairways of Palm-Aire, Inc.**

c/o DST Property Management, Inc.

2300 Sample Road, Suite 310, Pompano Beach, FL 33321

## **APPLICATION GUIDELINES**

1. Leases must be for a minimum period of at least six (6) months and no more than one year.
2. A minimum credit score of 700 is required for all applicants shown on the lease.
3. A lease cannot be in the name of a Trust, Corporation, or LLC. Leases can only be in the name of the occupant(s).
4. A screening interview is required for approval.
5. All residents and guest vehicle operators must abide by posted traffic signs, including the speed limit.
6. All items listed are required at the time the application is submitted. Applications will NOT be processed without ALL required documentation and payment of fees.
7. DST Property Management does NOT accept electronic payments of any kind.
8. Up to three (3) pets per home. Maximum 100lbs total weight for all pets in the unit.
9. All pets must have valid county licenses. A vet certificate indicating weight and breed. Along with current Vaccination records must be submitted with this application.
10. This application package, all supporting documents, and required payments must be hand delivered or mailed to DST Property Management.
11. This is the minimum documentation required. During the application process additional documentation may be requested/required. Each circumstance is different.
12. Electronic signatures are not permitted. All signatures must be original “wet ink” signatures.

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

# Fairways of Palm-Aire, Inc.

c/o DST Property Management, Inc.  
2300 W. Sample Road, Suite 310, Pompano Beach, FL 33321

## LEASE APPLICATION FAIRWAYS of PALM-AIRE, INC.

Applications will **NOT** be processed without receipt of **ALL** required documentation and payment of fees.  
DST Property Management does **NOT** accept electronic payments of any kind.

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

\_\_\_\_ **\$125.00 non-refundable processing fee** per application package. 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 with the same last name. If last names are different, please submit a copy of your marriage license). Cashier's check, or money order only made payable to: Fairways of Palm-Aire, Inc.

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

\_\_\_\_ 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 / Government issued ID for all applicants.

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

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

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

\_\_\_\_ Pet verification form. All pets must have valid county licenses. A vet certificate indicating weight and breed. Vaccination records must be submitted with this application.

\_\_\_\_ Unit owners must supply lessees 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 Documents and Rules and Regulations.

\_\_\_\_ Units are to be used for single family residential purposes only. There is to be no "renting of rooms".

### FOREIGN NATIONALS

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

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

Initials \_\_\_\_\_

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# Fairways of Palm-Aire, Inc.

c/o DST Property Management, Inc.  
2300 W. Sample Road, Suite 310, Pompano Beach, FL 33321

## **ACKNOWLEDGEMENT 1 of 2**

- I have received, read, understand, and agree to comply with the Rules & Regulations for this community.
- I understand that the Rules & Regulations can be amended or changed for the Association by the Board of Directors from time to time.
- I understand the application process can take up to **30 days** and agree I will not occupy the premises prior to my certificate of approval being issued.
  
- **I understand the vehicle and parking restrictions for this community are as follows:**
  - All vehicles and / or conveyances must be operable.
  - No on-street parking is ever allowed.
  - Tenants must park their vehicles in their own garage or driveway.
  - Vehicles with expired tags or no tags, vehicles not owned or registered to a tenant, and vehicles that cannot operate under their own power, or appear to be abandoned, are prohibited.
  - Parking or storing of trucks, commercial vehicles, buses, campers, recreational vehicles, motor homes, motorcycles, boats, or trailers of any kind are prohibited in any of the guest parking spots.
  - The following vehicles and/or conveyances are permitted in Fairways of Palm-Aire when they belong to tenants or their guest: conventional passenger automobiles, motorcycles, light trucks, and pickup trucks (i.e., trucks with a cargo capacity of one (1) ton or less).
  - Tenants are not allowed to park a commercial vehicle (as defined in 5.07 of the Declaration of Covenants and Restrictions) for which they operate primarily for business, or which from viewing the exterior of the vehicle or any portion thereof show or trend to show any commercial markings, signs, displays, or otherwise indicate a commercial use: which contains tools or equipment transported in the vehicle incidental to any business.
  - See attached Rules & Regulations regarding vehicle restrictions included in this application.
  
- **I understand that the pet restrictions for this community are as follows:**
  - No pet may be kept outside of any unit in the absence of any resident of the unit.
  - All dogs must be walked on a leash, at all times.
  - All dog owners must 'pick up' after their pets.
  - No pet is permitted which creates an unreasonable source of noise or annoyance to other residents, this includes dogs, as well as cats and birds.
  - Cats and dogs should remain inside each unit and not be allowed to roam the neighborhood.
  - Birds should be kept **INSIDE** each unit and not be left on patios or entrances where their noise would disturb others.

Initials \_\_\_\_\_

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# Fairways of Palm-Aire, Inc.

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## ACKNOWLEDGEMENT 2 of 2

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

ALL APPLICANTS 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.

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

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# Fairways of Palm-Aire, Inc.

c/o DST Property Management, Inc.  
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## 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 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 (ADD ADDITIONAL PAGES IF MORE SPACE IS NEEDED)**

### **SECTION B:**

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

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

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

Type of pet (breed): \_\_\_\_\_ Tag Number (Broward County) \_\_\_\_\_

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

Pet's Name: \_\_\_\_\_ Color of pet: \_\_\_\_\_

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

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

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 Fairways of Palm-Aire Homeowners Association, Inc. from damage 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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I/We have received the Declaration of Covenants, the Articles of Incorporation, the By-Laws and the Rules & Regulations for Fairways of Palm-Aire, Inc.

\_\_\_\_\_  
Applicants' signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants' name printed

\_\_\_\_\_  
Co-Applicants signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicants name printed

**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. 08/2022

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

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 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: \_\_\_\_\_

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 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 \_\_\_\_\_

REALTOR's Email \_\_\_\_\_ REALTOR's Cell 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)