



# 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.

Please write clearly.

**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.



**Prior to RENTING in Fiesta Homeowners Association, the following items are required:**

- 1) Make sure to submit a fully completed application, signed by the applicant(s) and owner(s), as needed.
- 2) **Any member who will reside at the unit and is 18 years of age or older**, is required to complete the screening application & pay the associated fees.
- 3) A copy of the **SIGNED lease agreement** must be submitted along with application.
- 4) Please include a clear and legible copy of each applicant's **Driver's License**. If the applicant is international, please include a legible copy of the **passport**.
- 5) Please provide a **copy of all vehicle registrations of vehicles** that will be parked in the community.
- 6) Please include **pictures of all vehicles** that will be residing in the community. Pictures must include a view showing tag.
- 7) Please provide proof of employment by either submitting a copy of all applicants' **latest paystubs** or a **letter from your employer** (preferably with letterhead). If you are self-employed, please submit copies of the last two years' tax returns.
- 8) The screening fee is **\$150.00 per applicant 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**. The fee is to be made payable to: **Fiesta Homeowners Association**.
- 9) There is a **\$125 processing fee** that is a one-time payment per **APPLICATION (NOT per person)**. Fee must be paid with a cashier's check or money order **ONLY**. Fee needs to be payable to: **DST Property Management, Inc.**
- 10) All fees must accompany this application package and be sent to or dropped off at: **DST Property Management, Inc.**, 2300 W Sample Road, #310, Pompano Beach, FL 33073. Our office hours are Monday through Friday from 8:30AM to 4:30PM. Fees are NOT refundable.
- 11) The homeowner must provide a copy of the associations recorded declarations to lessee and complete the acknowledgement form.

**Please make sure that all applicants initial every page for security purposes.**

After approval by the Association no home may be subject to more than two (2) leases in any twelve (12) month period, regardless of the lease term. No lease term shall be less than six (6) months. No subleasing or assignment of lease rights by a tenant is permitted. The Association may summarily evict any tenant pursuant to this section and charge the cost of such eviction, including reasonable attorneys' fees to the owner of the unit rented. All leases shall provide that the Association reserves the right to terminate the lease upon the tenant's default on any provisions of the Declaration.

The process could take up to **30 days** to fully process your application for approval. Be assured that we will contact you with the results. The application must be completed **in its entirety**. If you have questions, please call our office at 954-933-2353. The screening process will begin once all the information required is fully submitted, including all fees.

If you have any questions regarding this matter, please do not hesitate to contact this office at: (954) 933-2353 or via e-mail: [applications@dstpm.net](mailto:applications@dstpm.net).

Initials \_\_\_\_\_

**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)



### SCREENING APPLICATION PACKAGE

Are you or any of the residents that will be living in the unit a member of the United States Armed Forces on active duty or state active duty, or a member of the Florida National Guard or United States Reserve Forces?

YES

NO

**\*\* If yes, please provide a copy of the Military ID, State ID, and fill out following information:**

Signature of the resident: \_\_\_\_\_

Please provide the name of the resident: \_\_\_\_\_

Signature of the resident: \_\_\_\_\_

Please provide the name of the resident: \_\_\_\_\_

Initials \_\_\_\_\_



### NOTICE OF INTENTION TO LEASE

Date: \_\_\_\_\_

TO: Board of Directors

In compliance with the Homeowners Association declaration of your association, Fiesta Homeowners Association, Inc., I/we \_\_\_\_\_ serve notice that as owner(s) or agent(s) of address: \_\_\_\_\_ the undersigned intend to offer the unit for rent or lease.

This notification confirms your right of first refusal.

The unit is to be leased for the period starting \_\_\_\_\_ (date) and ending \_\_\_\_\_ (date) at a rental amount of \$\_\_\_\_\_.

**(Lease periods must be for no less than 6 months).**

**\*\*The renewal of any lease previously approved by Association under Section 29 (29.1.2), shall be re-submitted for approval by Association, including but not limited good financial standing.**

Fees must be paid on any **DELINQUENT** account prior to the Board of Directors signing an approval.

**\*\* Occupancy prior to final approval is prohibited. Any owner who moves a tenant into a home/lot without the Association approval will be subject to immediate legal action, which can result in eviction.**

I/we agree to provide copies of the Homeowners Declarations to all lessees.

**The association and its management agent, in the event it consents to a lease, is authorized to act as our agent with full power and authority to take whatever action may be required, if necessary, to compel compliance by our lessees and/or their guests, with provisions of the declaration of Fiesta Homeowners Association.**

Lesser **(Owner)** Signature: \_\_\_\_\_

Lesser **(Owner)** Printed Name: \_\_\_\_\_

Lesser **(Owner)** Signature: \_\_\_\_\_

Lesser **(Owner)** Printed Name: \_\_\_\_\_

Initials \_\_\_\_\_



**APPLICATION BY PROPOSED LESSEE**

Date: \_\_\_\_\_

TO: Board of Directors

I/We intend to lease (address) \_\_\_\_\_ for the lease period starting \_\_\_\_\_ and ending \_\_\_\_\_.

For you to facilitate consideration of my/our application for the lease of the above-designated unit in Fiesta Homeowners Association, I/we represent that the following information is factual and true. I am aware that any falsification or misrepresentation of the facts in this application will result in automatic rejection of this application. I/we consent that you may make further inquiry concerning this application, particularly of the references given.

I/we will be bound by the rules and regulations of the Homeowners Association in the leased unit or on any common property.

Lessee Signature: \_\_\_\_\_

Lessee Printed Name: \_\_\_\_\_

Lessee Signature: \_\_\_\_\_

Lessee Printed Name: \_\_\_\_\_

Initials \_\_\_\_\_





**PET REGISTRATION FORM**

Resident name: \_\_\_\_\_

Property address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Breed of Pet(S): \_\_\_\_\_ (Please refer to restriction)

Approximate weight of pet (full-grown): \_\_\_\_\_ Lbs.: \_\_\_\_\_

Approximate weight of pet (full-grown): \_\_\_\_\_ Lbs.: \_\_\_\_\_

Pets Name: \_\_\_\_\_ Age: \_\_\_\_\_

Pets Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Please provide county dog tag identification and current vaccination documents.**

**\*\* Please include color picture for identification purposes.**

Please remember all dogs are to be walked on a leash. No pet or animal shall be "tied out" of the Home or Common Areas or left unattended in a yard or on a balcony, porch, or patio.

All pets shall defecate and urinate only in the "pet walking" areas within Fiesta Homeowners Association designated for such purpose, if any, or on that owner's home.

The person walking the pet or the owner, shall clean up all matter created by the pet. Each owner is responsible for the activities of its pet.

By my signature below, I/We verify I/We have read and understood the above and will abide by the Declaration of the Fiesta Homeowners Association, Inc. in this regard.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I do not own a pet. (Check box and sign below)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Initials \_\_\_\_\_



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**Full address of unit lease (must be completed)**

I, OR WE, HAVE READ, ACKNOWLEDGED AND UNDERSTAND THE DECLARATIONS OF FIESTA HOMEOWNERS ASSOCIATION, INC. AND I/WE AGREE TO ABIDE BY SUCH WITH THE UNDERSTANDING THAT IT IS FOR THE HEALTH, SAFETY AND WELFARE OF ALL RESIDENTS OF FIESTA HOMEOWNERS ASSOCIATION.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT THE DECLARATIONS EXTEND TO ALL MEMBERS OF MY/OUR FAMILY, GUESTS AND INVITEES, VENDORS I GIVE ACCESS TO AND OF WHOM I/WE ACCEPT RESPONSIBILITY FOR.

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APPLICANTS SIGNATURE

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DATE

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APPLICANTS SIGNATURE

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DATE

Initials \_\_\_\_\_