



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.

**Hampton House Condominium Association, Inc**  
**2311 NE 36th St, Lighthouse Point, FL 33064**

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**ATTACHED IS AN APPLICATION FOR CERTIFICATE OF APPROVAL FOR THE SALE OR LEASE OF UNIT# \_\_\_\_\_ LOCATED AT: 2311 NE 36th St, Lighthouse Point, FL 33064**

- 1. ALL QUESTIONS MUST BE ANSWERED FULLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**
- 2. A COPY OF THE SALES CONTRACT OR LEASE MUST ACCOMPANY THIS APPLICATION. PLEASE NOTE: ALL FINANCED SALES MUST HAVE A MINIMUM OF A 20% DOWN PAYMENT AND AT LEAST HAVE A CREDIT SCORE OF 700. NO CORPORATIONS OR LLC'S ARE ALLOWED. Use of the unit is for single family residence only.**
- 3. This application must be returned to: DST Property Management at 2300 W. Sample Road #310, Pompano Beach, FL 33073, with a non-refundable application fee of (\$150.00) per married couple OR \$150.00 per person 18 years of age or older. Payable by check only and made out to: Hampton House Condominium Association. (No Cash or Credit Cards). Incomplete paperwork may be returned, not processed, and not approved and a resubmittal fee of \$150.00 will be required. Application must include legible copies of your identification (preferably a Driver's License or Passport). Copies of the last 2 paystubs and last 2 months of bank statements. Also, you must include vehicle and boat registration(s) for each applicant. If married with different last names, a copy of the marriage certificate must be provided as well.**
- 4. Requests will not be considered if the unit owner's maintenance payments are in arrears.**
- 5. Only 1 car per unit is allowed. No commercial trucks or vans are allowed. Nor any vehicles or boats that are inoperable or unregistered. No motor homes, trailers, or RVs are permitted on the premises. Motorcycles and scooters are allowed but must be covered.**
- 6. Please allow up to 30 business days for the entire application to be processed from the time it is received.**
- 7. In making the foregoing application, I/We are aware that the decision of the Board of Directors of Hampton House Condominium Association will be final and that no reason will be given for any action taken by the Board of Directors. I/We agree to be governed by the determination of the Board of Directors.**
- 8. The owner must provide the buyer with a copy of all the Bylaws and Rules and Regulations. Please read and understand them.**
- 9. All applicants must make themselves available for a personal or phone interview with 2 board members prior to board approval. Once the interview is complete a certificate of approval will be issued along with payment info and other information needed for the buyer and/or leaser.**

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**APPLICANT SIGNATURE**

**DATE**

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**CO-APPLICANT SIGNATURE**

**DATE**

**Hampton House Condominium Association, Inc  
2311 NE 36th St, Lighthouse Point, FL 33064**

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**VEHICLE INFORMATION**

**PLEASE NOTE: ONLY ONE (1) VEHICLE PER UNIT IS ALLOWED.  
NO COMMERCIAL TRUCKS OR VANS ARE ALLOWED, NOR ANY VEHICLES OR BOATS INOPERABLE OR  
UNREGISTERED. NO MOTOR HOMES, TRAILERS, RV'S ARE PERMITTED ON THE PREMISES.  
MOTORCYCLES AND SCOOTERS ARE ALLOWED BUT MUST BE COVERED.**

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_  
YEAR: \_\_\_\_\_ TAG/PLATE #: \_\_\_\_\_  
STATE: \_\_\_\_\_ COLOR: \_\_\_\_\_  
INSURANCE: \_\_\_\_\_ POLICY #: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**PLEASE BE SURE TO SUPPLY COPIES OF DRIVER'S LICENSE(S) AND VEHICLE  
REGISTRATION(S) WITH APPLICATION.**

**BOAT/ VESSEL/ WATERCRAFT INFORMATION**

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ STICKER/TAG#: \_\_\_\_\_  
YEAR: \_\_\_\_\_ LENTH: \_\_\_\_\_ COLOR: \_\_\_\_\_ STATE: \_\_\_\_\_  
INSURANCE: \_\_\_\_\_ POLICY #: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**PLEASE BE SURE TO SUPPLY A COPY OF BOAT/VESSEL  
REGISTRATION WITH APPLICATION.**

**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)