



THE RIDGEVIEW ASSOCIATION, INC.

PURCHASE/LEASE APPLICATION

**Applications and supporting documents must be hand-delivered or mailed,
e-mailed applications and supporting documents will not be accepted.**

**DOCUMENTS THAT MUST BE INCLUDED IN ALL APPLICATION PACKAGES
(Please initial - indicating you have enclosed the required copies)**

Applicant
Initials
↓

- _____ \$150 Non-Refundable Application Fee (per married couple or \$150 per person 18 years of age or older). The Fee Must be in the Form of a Money Order or Cashier's Check Only and Made Payable to: **RIDGEVIEW HOA** (Cash Will Not be Accepted).
- _____ Sales Contract (Must be Fully Executed)
- _____ Proof of Funds to Close or Mortgage Approval Letter
- _____ Copy of Driver's License of All Applicants
- _____ Vehicle Registrations for All Vehicles Parked on the Property
- _____ Application for Occupancy Form
- _____ Acknowledgement Page (Two Pages) - Must be Signed by ALL Applicants
- _____ Pet Verification Form

Please Note: The application process can take up to 20 days.
Please do not schedule closings or occupancy until you have
been notified of the applicant's orientation date.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED



DST PROPERTY MANAGEMENT

DEPENDABLE SERVICE YOU CAN TRUST

2300 W. Sample Road #310, Pompano Beach, FL 33073

* Office: 954-933-2353 * www.dstpm.net

THE RIDGEVIEW ASSOCIATION, INC.

ADDITIONAL PAPERWORK REQUIRED FOREIGN NATIONALS / FOREIGN INVESTORS

Applicant
Initials



_____ You Must Supply a Copy of Your VISA and PASSPORT

_____ Provide Articles of Incorporation (If Buying as a Corporation)

CORPORATIONS, LLC's or TRUST

Applicant
Initials



_____ You Must Provide the Articles of Incorporation for the Corporation or the LLC

_____ When Buying as a Trust, Please Provide the Trust Organization Papers

_____ 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

_____ Proof of Funds to Close

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**



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Acknowledgement Page One of Two

- Under Florida Law, I understand it is the seller's responsibility to provide the Governing Documents of the community which are available at the management office for a cost of \$100.00 if the seller cannot provide them.
- 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 20 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 prior to notification of the orientation date.
- I understand that trucks/vans are not allowed to be parked on this property.
- I understand that commercial vehicles are not allowed to be parked on this property.
- I understand that this community may have parking restrictions that include, but are not limited to 1 parking decals, guest parking passes, and gate access devices. It is my responsibility to verify these restrictions before I or my guests enter the property with a vehicle.
- I understand that the pet restrictions for this community are as follows:
 - No aggressive breeds are permitted on the property at any time
 - I agree to walk my pet on a leash at all times and in the designated area
 - Pick up after your pet
 - I understand that the hours for moving furniture either in or out are 8:00AM through 5:00PM Monday through Saturday. No moving will be permitted on Sundays or Holidays.
- I agree to provide within 2 business days of closing a copy of my warranty deed or a copy of the settlement agreement to DST Property Management Inc.



THE RIDGEVIEW ASSOCIATION, INC.

Acknowledgement Page Two of Two

ALL CAPITAL CONTRIBUTION CHECKS AND MAINTENANCE ESCROW CHECKS WILL BE HELD ON FILE AND NOT DEPOSITED UNTIL PROOF OF CLOSING IS PROVIDED.

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.

Have you ever had an eviction filed against you?

Applicant: YES _____ No _____ Spouse: YES _____ No _____

Have you ever left owing money to any owner or landlord?

Applicant: YES _____ No _____ Spouse: YES _____ No _____

Have you applied for residency anywhere in the past 2 years, but did not move in?

Applicant: YES _____ No _____ Spouse: YES _____ No _____

Have you ever had adjudication withheld or been convicted of a crime?

Applicant: YES _____ No _____ Spouse: YES _____ No _____

I/WE ACKNOWLEDGE 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 PAGES AND IN THIS APPLICATION FOR OCCUPANCY.

(Applicant's Signature)

(Applicant's Name Printed)

(Spouse's/Co-Applicant's Signature)

(Spouse's/Co-Applicant's Name Printed)

(Date Signed)

(Date Signed)



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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.

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: The Ridgeview Association, Inc.

Purchase Lease Occupant Unit.# _____ Bldg.# _____ Address applied for: _____

Applicant _____ 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 _____

**RESIDENCE HISTORY
(Seven Years History Required)**

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

Apt. or Condo Name _____ Dates of Residency: From _____ to _____

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

Apt. or Condo Name _____ Dates of Residency: From _____ to _____

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

Apt. or Condo Name _____ Dates of Residency: From _____ to _____

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 criminal record history and/or any and all public record information.

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)

THE RIDGEVIEW ASSOCIATION, INC.

PURCHASE/LEASE 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 the following information:**

Signature of the resident: _____

Please provide the name of the resident: _____

Signature of the resident: _____

Please provide the name of the resident: _____



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PET ACKNOWLEDGMENT FORM

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

SECTION A:

Name: _____

Address: _____

Telephone number: _____

I DO NOT OWN A PET: _____

Signature required

.....
Complete and sign section B if you "DO" own a pet

SECTION B:

Name: _____

Address: _____

Telephone Number: _____

Type of pet: _____

Weight of pet: _____

Pet's name: _____

Pet's color: _____

***** YOU MUST INCLUDE A PICTURE OF THE PET FOR IDENTIFICATION PURPOSES*****

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.

Signature Required