



IMPORTANT APPLICATION INFORMATION

If your application is incomplete, it will be returned to you 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 if it was mailed in.

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.

Tiffany Gardens West, Inc., A Condominium

Initials _____



Tiffany Gardens West, Inc., A Condominium Purchase and Lease Application

_____ **Purchase Application** _____ **Lease Application**

Prior to BUYING or LEASING in Tiffany Gardens West, Inc., A Condominium, 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 **fully executed sales contract or Lease** must be submitted along with the 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** that will be parked in the community.
- 6) Please include **pictures of all vehicles** that will be residing in the Association. Picture must include view showing tag.
- 7) Please provide proof of employment by either submitting a copy of all applicants' **latest paystub** or a **letter from your employer** (preferably with letterhead). If you are self-employed, please submit copies of the last two year's 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. Fee is to be made payable to: **Tiffany Gardens West. Money Orders or Cashiers Checks only. NO PERSONAL CHECKS or CASH.**
- 9) 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.
- 10) The seller must provide a copy of the association's recorded declarations and Rules and Regulations to the buyer and Lessee, and the buyer and Lessee must acknowledge they have received them.

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

PLEASE NOTE:

Upon closing, the new owner(s) must provide closing documents to the management company prior to move-in.

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. If you have questions, please call our office at 954-933-2353 The screening process will begin once all 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.

Initials _____



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: _____

Initials _____



NOTICE OF INTENTION TO SELL

Date: _____

TO: Board of Directors

In compliance with the Condominium Association declaration for your association, Tiffany Gardens West, Inc., A Condominium, Inc., I/we _____ serve notice that as owner(s) or agent(s) of address _____ the undersigned intend to offer the unit for sale.

The closing for the property is scheduled on (date) _____.

Fees must be paid on any **DELINQUENT** account, and all **OUTSTANDING VIOLATIONS** must be resolved prior to the Board of Directors signing an approval.

**** Occupancy prior to final approval is prohibited. Any buyer who moves into a home/lot without the Association approval, will be subject to an immediate legal action, which can result in application denial.**

I/we agree to provide copies of the Homeowner's Declarations to new buyer(s).

Seller Signature: _____

Seller Printed Name: _____

Seller Signature: _____

Seller Printed Name: _____

Initials _____



Full address of unit to be sold (must be completed)

I, OR WE, HAVE READ, ACKNOWLEDGED AND UNDERSTAND THE DECLARATIONS OF TIFFANY GARDENS WEST, INC., A CONDOMINIUM, 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 TIFFANY GARDENS WEST, INC., A CONDOMINIUM, INC

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.

APPLICANTS SIGNATURE

DATE

APPLICANTS SIGNATURE

DATE

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)