

Plantation Condominium Association SCREENING APPLICATION PACKAGE

Thank you for your interest in our community. We look forward to assisting you in the process of your application. The items listed below are required to be submitted along with this application. Make sure to submit a completed application and package. If the package is not complete, the process will be delayed. **Please allow 30 business days for the screening process. Military Applications please allow 7 business days for the screening process and must submit military identification with paperwork.** If you have any questions or require additional assistance, please do not hesitate to reach Sandy Tai-Hoo at Miami Management Inc., at 954-846-7545 ext. 334 or via email at sandytaihoo@miamimanagement.com.

Items that must be submitted (please check off):

- **A FULLY ORIGINAL COMPLETED APPLICATION**, signed by applicant and owner, as needed. **Every family member 18 years of age or older is required to complete the screening application, provide all required documents, and pay screening application fee. Only originals are accepted.**
- Application package must be submitted **30 business days before move-in/closing date**. Application process could take 30 business days from the moment all required documents are submitted to Miami Management's screening department. Incomplete application will be returned and will not be processed until all required items have been provided. Please keep in mind that your application will be processed in the same manner in which every application is processed through our office, in order to treat each and every applicant fairly. **THIS PROCESS CANNOT AND WILL NOT BE RUSHED. PLEASE DO NOT CONTACT UCST REPRESENTATIVES AS THIS WILL NOT EXPEDITE THE PROCESS.**
- **A clear readable copy of the SALE CONTRACT OR LEASE AGREEMENT.** Lease shall be for no less than 6 months nor more than 24 months. As per community documents, the Association **only allows for three (3) units rented at any given time.**
- Each application over the age of 18 **MUST** complete an individual "Application for Occupancy" even if married.
- A copy of tag registrations and picture of all permanent vehicles.
- A clear copy of each applicant's **Driver's License Card** and **Social Security Card**. If a Social Security Card is not available please provide a copy of a Passport.
- **INTERNATIONAL RESIDENTS:** Copy of Cedula & Passport, US Address required.
- Copy of valid photo identification for each occupant residing in the unit that is 18 years or older.
- In order to qualify for the unit applicant must have at least a 660 FICO score, no evictions and/or bankruptcies.
- Please attach the following(s):
 -
 - a) **Screening Application Fee \$100** (non-refundable) per applicant over 18 years of age Money Order/Cashier's Check payable to: Plantation Condominium Association.
 - b) **Processing Fee \$50** (non-refundable) Money Order/Cashier's Check payable to: **Miami Management, Inc.**

- c) **Move-in Security Deposit of \$1,000** is required by the Buyer in a Money Order/Cashier's Check **payable to: Plantation Condominium Association.** Refundable Move-In Deposit within 30 days of move-in.
- d) **Rental Security Deposit equivalent to one month's rent amount** is required by the Renter in a Money Order/Cashier's Check **payable to: Plantation Condominium Association.** Refundable Security Deposit within 30 days of move-out.
- Fees must be paid on any **DELINQUENT** account and ALL outstanding violation must be resolved prior to the Board of Directors signing an approval. Units that have outstanding balances or violations CANNOT be rented until all issues are resolved.
 - Occupancy prior to final approval is prohibited. Any owner who moves a tenant into a home/lot without the Association's approval will be subject to an immediate legal action, which can result in eviction.
 - No portion of a Unit (other than an entire Unit) may be rented. No rooms may be rented and no transient tenants may be accommodated.
 - If there are any questions not answered, or left blank, this application will be returned to you unprocessed.
- It is prohibited for Pick-up Trucks and Commercial Trucks park on the premises overnight.

PLEASE NOTE:

I have completed the application, submitted all items requested and understand that I must allow 30 business days for the Application to be processed and reviewed by the Board of Directors. Management will notify applicant once ready.

Applicant Name

Current Owner Name

Applicant Name

Current Owner Name

Date Application Received: ____/____/____

Ref # _____

Estoppel Requirements – FOR PURCHASE ONLY

Effective January 1st, 2012, when requesting an Estoppel, we only require you to provide:

- A. Payment in full. Your payment must be made payable to Miami Management, Inc. in one of the following forms:
 - a. Cashier's check b. Money Order c. Corporate Check
- B. Current owner's name
- C. Prospective buyer's name
- D. Property address
- E. Association name
- F. Copy of **Recorded Certificate of Title** if the property has been foreclosed upon.
- G. Your request must be provided to us in writing, on the closing agent's letterhead, and must include the company contact information (phone number, fax number, address, e-mail, etc.).
- H. Please be sure to include the **e-mail address** of where you want the Estoppel(s) sent to.

Please use the following as guidelines when requesting an Estoppel:

- 1. Mail (courier or overnight) to:
 - MMI Estoppel Department
 - C/O Maria Rodriguez
 - 14275 SW 142nd Avenue
 - Miami, FL 33186
- 2. If you require an original document, you must include a self-addressed stamped envelope; otherwise, you will only receive the document via e-mail.
- 3. If the property has more than one account with MMI, only one request and fee is required.

Turn Around	Fee	Note(s)
5 Days	\$250.00	
48 hours "RUSH"	\$300.00	A. Request must be received before 12:00 PM (noon) B. If a property inspection is required, this service is not applicable.

****Weekend and holidays are excluded in the turnaround time****

Updates:

- 1. Please e-mail the Estoppel to LLorenzo@miamimanagement.com or MRodriguez@miamimanagement.com.
- 2. One update within a 30-day period is free of charge, no exceptions.
- 3. Subsequent updates within those 30 days are \$50.00 each.
- 4. Updates 31-60 days after original issue date are \$75.00.
- 5. After 60 days, an original Estoppel must be requested.

Walk-In Requests and PUD Questionnaires

- 1. All walk-ins must complete an Estoppel request form which will be provided by the receptionist.
- 2. PUD questionnaires must be submitted to the Property Manager, not the Estoppel department.

Turn Around	Fee
48 hours	\$150.00
24 hours	\$200.00

Thank you,
Maria Rodriguez & Claudia Pumbo

DOCUMENTS REQUIRED CHECKLIST

The Screening Service Company will verify the information that the applicant provides on the application. To facilitate the processing of the application, the following information is required:

- ☐ Correct Name, Address (including zip code) and birth date
- ☐ Copy of social security and drivers license or passport (if applicable)
- ☐ Daytime phone number for both current and previous landlord
- ☐ Daytime phone number for both current and previous employer
- ☐ Proof of employment (Letter from employer, pay stub, copy of recent W-2)
- ☐ If self-employed, retired or disabled, proof of income is required (Copy of recent 1099 or 1040, letter from Social Security Administration and/or bank statement)
- ☐ Personal Reference letters from at least 3 references (Not including family members)
- ☐ Copy of recent bank statement with correct name and address of applicant and copies of tax returns (last year)
- ☐ Daytime phone number where applicant can be reached
- ☐ If married, a copy of the marriage certificate

Please be advised that all applicants must acquire unit insurance prior to closing and/or moving into the unit.

ALL COPIES PROVIDED MUST BE LEGIBLE

If any of this information is not provided when application is submitted, the application will not be processed.

AUTHORIZATION TO THIRD PARTIES

I herby authorize all persons, education institutions, banks and other financial institutions, current and former employers, current and former landlords, credit reporting agencies, governmental agencies and other organizations, agencies and entities to provide _____ with any information which _____ may request.

Applicant Signature

Co-Applicant Signature

Printed Name

Printed Name

Social Security Number/Passport/Via/EIN

Social Security Number/Passport/Via/EIN

Date

Date

AUTHORIZATION AND ACKNOWLEDGMENT

In connection with my Application for Occupancy to the following residence: _____ (address), I herby authorize _____ to perform an investigation of my credit worthiness, credit standing, character, general reputation, personal characteristics, mode of living and employment/work history, and to provide a report of the investigation to _____ (Association). I herby release and discharge _____ and Miami Management, Inc. from any and all claims, damages, liabilities, costs and expenses arising from the retrieving and reporting of such information.

I acknowledge receipt of "A Summary of Your Rights Under the Fair Credit Reporting Act" provided to me in accordance with the provisions of the Fair Credit Reporting Act.

Applicant Signature

Co-Applicant Signature

Printed Name

Printed Name

Date

Date

APPLICATION FOR OCCUPANCY

A) THIS SECTION IS FOR OFFICE USE ONLY

CREDIT ONLY ☐
CREDIT & CRIMINAL ☐
EXTENDED (NATIONAL) ☐
INTERNATIONAL ☐

PURCHASE ☐
LEASE ☐

Date _____

B) THIS SECTION TO BE FILLED OUT BY OWNER(S):

Unit Owner Name: _____

Owner(s) Mailing Address: _____

Owner(s) Phone Number: _____

Realtor Information (if any): Name _____ Number: _____

C) THIS SECTION TO BE FILLED OUT BY APPLICANT(S):

Association _____

Property Address _____ Bldg # _____ Unit # _____

Desired date of occupancy _____ Management Company **MIAMI MANAGEMENT, INC.**

Applicant Name _____ **Date of Birth** _____ **Social Security** _____

Single () Married () Separated () Divorced () Sex: Male () Female ()

Phone # _____ Cell Phone # _____

Drivers License # _____ E-mail _____

Have you ever been convicted of a crime? YES NO Charge(s) _____

Date(s) _____ County/State Convicted in _____

Co-Applicant Name _____ **Date of Birth** _____ **Social Security** _____

Single () Married () Separated () Divorced () Sex: Male () Female ()

Phone # _____ Cell Phone # _____

Drivers License # _____ E-mail _____

Have you ever been convicted of a crime? YES NO Charge(s) _____

Date(s) _____ County/State Convicted in _____

Total # of adults who will occupy the unit (18 years or older) _____ Total # of Children _____

Number & Type of pets _____

RESIDENCE HISTORY

- 1) Present Address _____
City, State, Zip _____
Association _____ Dates of Residency: From _____ To _____
Landlord/Mortgagee _____ Rent/Mtg. Amt _____ Phone No: _____
- 2) Prior Address _____
City, State, Zip _____
Association _____ Dates of Residency: From _____ To _____
Landlord/Mortgagee _____ Rent/Mtg. Amt _____ Phone No: _____

EMPLOYMENT

Employer _____ Phone # _____
Address _____ Supervisor Name _____
Position _____ Annual Income _____
Dates of Employment From _____ to _____

Co-Applicant Employer _____ Phone # _____
Address _____ Supervisor Name _____
Position _____ Annual Income _____
Dates of Employment From _____ to _____

BANK REFERENCES

Bank Name _____ Phone # _____
Account # _____
Bank Name (Co-Applicant) _____ Phone # _____
Account # _____

CHARACTER REFERENCES – DO NOT INCLUDE FAMILY MEMBERS

1) Name _____ Phone (Home) _____
Known how long _____ Phone (Cell) _____ Phone (Work) _____
Email _____

2) Name _____ Phone (Home) _____
Known how long _____ Phone (Cell) _____ Phone (Work) _____
Email _____

3) Name _____ Phone (Home) _____
Known how long _____ Phone (Cell) _____ Phone (Work) _____
Email _____

VEHICLES

Make _____ Model _____ Year _____ License Plate # _____
Make _____ Model _____ Year _____ License Plate # _____
Make _____ Model _____ Year _____ License Plate # _____
Make _____ Model _____ Year _____ License Plate # _____

The applicant acknowledges that _____ and/or its agent, _____
_____ may verify the information supplied by the Applicant in this Application, may obtain credit
reports and may investigate the Applicant's credit worthiness, credit standing, character, general reputation, personal
characteristics and mode of living. The investigation may include a verification of bank accounts, credit history,
residential history and employment/work history, search of the public records of governmental agencies and interviews
with character references and others. The Applicant hereby authorizes and consents to _____
_____ and/or its agent, _____ to perform such verification and investigation.

Applicant Signature _____ Co- Applicant Signature _____

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

• **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

PLANTATION CONDOMINIUM ASSOCIATION

PLEASE BE AWARE NO APPLICATION WILL BE CONSIDERED FOR APPROVAL IF THE OWNER IS DELINQUENT IN ANY MONIES DUE TO THE ASSOCIATION, INCLUDING REGULAR OR SPECIAL ASSESMENTS TO EITHER ,THE MASTER OR SUBDIVISION. NO APPLICATIONS WILL BE PROCESS IF THERE ARE ANY OPEN VIOLATIONS.

OWNERS SHALL PROVIDE ALL PERTIMENT DOCUMENTS, INCLUDING BUT NOT LIMITED TO, ACC GUIDELINES AND RULES AND REGULATIONS TO LESSEE(S).

Owner's Information

Property address: _____ Subdivision: _____
How long have you owned this property? _____

Contact information

Name: _____ Phone#: _____ Work#: _____
Cell#: _____ Email: _____

Mailing address if different from property address: _____

Emergency contact:

Name _____ Relationship _____
Phone #: _____

Please notify Miami Management of any changes that may occur at:

Miami Management Inc.
1145 Sawgrass Corp. Parkway
Sunrise, FL 33323
954-846-7545

You may email your requests and/or changes to Gloria Diaz, Property Manager at

Gldiaz@miamimanagement.com _____

RESIDENT INFORMATION SHEET

COMMUNITY NAME:**Select One:**☐ OWNER☐ TENANTProperty
Address:

City:

State:

Zip:

MOVE IN DATE:☐ **NEW OWNER**
CLOSING DATE:☐ **LEASE TERM**

LEASE: \$ _____ SECURITY DEPOSIT

DEPOSIT PROVIDED

DATE: _____ TO _____

LEASE: \$ _____ MONTHLY

BY: ☐ OWNER
☐ TENANT

Resident Name: (Last Name) _____ (First Name): _____

Home Phone:

Cell Phone:

Work Phone:

Email Address :

Resident Name: (Last Name) _____ (First Name): _____

Home Phone:

Cell Phone:

Work Phone:

Email Address :

Phone Number to be programed in call box (if applicable):

Mailing Address

(if different than Above Address):

City:

State:

Zip:

Country:

LIST ALL OCCUPANTS LIVING IN THIS HOME*All Occupants 18 Years of Age or Older MUST Complete a Separate Background Check Consent Form.***Occupant Name****Date of Birth****Relationship (child, nanny, in-laws, etc.)****PET INFORMATION (IF APPLICABLE)**

Type/Breed:

Color:

Weight:

Name:

Tag #:

Tag Exp. Date:

Type/Breed:

Color:

Weight:

Name:

Tag #:

Tag Exp. Date:

Type/Breed:

Color:

Weight:

Name:

Tag #:

Tag Exp. Date:

VEHICLE INFORMATION

Make

Model

Year

Color

Tag#

State

Bar Code/Decal #

ASSIGNED PARKING SPACES: # _____ # _____ # _____ # _____**EMERGENCY CONTACT**

Name:

Relation:

Home
Phone:Cell
Phone:Work
Phone:Email
Address :

Address :

City:

State:

Zip:

Country:

APPROVED VISITORS

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

I/We certify that the information provided for the above listed unit/residence is true and correct.

Signature:

Signature:

Print Name:

Print Name:

Date:

Date:

Please be advised that submittal of this form does not constitute an approval or authorization of registration. Thank you from the Miami Management Team!

PET REGISTRATION FORM

Name: _____

Address: _____

Telephone Number: _____

Name, Breed, Age & Weight of Pet(s):

1. Name: _____

Breed: _____

Age: _____

Approximate weight of pet (full-grown): _____ **Lbs. Cannot exceed 25 lbs.**

Please include: color picture of your pet, dog tag identification, current vaccinations documents and veterinarian information. Pets are limited to (2) dog or cat, NO birds or exotic pet of any kind.

I do not own a pet. Signature: _____

Signature: _____

Please remember all dogs are to be walked on a leash at all times and all excrement must be picked up by the dog owner. All pets must be on a leash at all times while outside your unit and under control and care by a responsible adult.

By my signature below, I verify I have read and understood the above and will abide by the Rules and Regulations of the **Plantation Condominium Association** in this regard.

Signature: _____ **Date:** _____

Non-refundable pet deposit (\$150.00) is required. Cashier's check or money order only made payable to Plantation Condominium.