

COSTA LINDA CONDOMINIUM ASSOCIATION

IMPORTANT NOTICE

This is to inform you of the procedures for processing Application for Purchase/Lease Approval.

The prospective buyer/tenant must complete all questions on the Application for Purchase/Lease Approval.

- \$100.00 PER ADULT A non-refundable processing fee, MONEY ORDER ONLY in the amount of \$100.00 made payable to Costa Linda Condominium Association must be submitted along with the application. Everyone over the age of 18 must apply and be listed in the purchase or lease contract.
- A police report for each person over the age of 18 (From Doral police)
- Copy of Driver's License & Vehicle Registrations. If the vehicle is not registered by applicant a notarized authorization letter is required.
- Copy of Sales Contract or Lease Agreement
- Three (3) Reference Letters
- Copy of Latest Tax Return or 3 last paystubs

Please note that the association will verify all information submitted on the application. As a result, it may take up to 21 days to fully process an application. **An interview with the Board of Directors is required. We will contact the applicant to schedule the interviews. Due to these circumstances, Applications CAN NOT be rushed.**

ONLY TWO VEHICLES ARE ALLOWED FOR TENANTS AND THREE FOR OWNERS

PETS ARE NOT ALLOWED FOR TENANTS

ESTOPPEL CERTIFICATE:

An Estoppel Certificate is required by a title company and/or attorney issuing title for the sale or refinance of condominium unit. The Estoppel Certificate must be requested in writing by the Title Company and/or attorney along with a \$250.00 processing fee. MONEY ORDER ONLY!! Due to the high volume of transactions occurring in the real estate market, the Estoppel Certificate may take up to two (2) days to be processed.

CONDO/PUD QUESTIONNAIRE:

A Condo/PUD Questionnaire is usually needed by a mortgage company to qualify the association under its underwriting guidelines. This form is usually requested by the mortgage or lender. The form must be submitted along with a \$250.00 processing fee. Please allow up to two (2) days to be processed. **MONEY ORDER ONLY!!**

WE HIGHLY RECOMMEND THAT THE ABOVE DOCUMENTS BE REQUESTED WITH PLENTY OF TIME BEFORE THE SCHEDULED CLOSING DATE TO AVOID ANY DELAYS.

APPLICATIONS ARE PROCESSED
WITHIN 21 DAYS.
NO EXCEPTIONS!

WE WILL NOT PROVIDE AN UPDATE WITHIN THOSE 21 DAYS. IF THERE IS A PROBLEM OR DOCUMENTATION IS MISSING YOU WILL BE CONTACTED BY THE PROCESSING DEPT. THE APPLICATION WILL BE PUT ON HOLD UNTIL ALL INFORMATION HAS BEEN RECEIVED. INCOMPLETE APPLICATIONS WILL NOT BE SENT TO THE BOARD OF DIRECTORS.

Name of Applicants: _____

Property Address: _____

**RETURN THE COMPLETED APPLICATION IN PERSON TO
COSTA LINDA HOA OFFICE AT
8200 NW 41st ST
SUITE 200 UNIT 66
DORAL, FL 33166
OFFICE NUMBER(S)
305-721-3093 OR 305-903-3261**

Signature of Applicant _____ Print Name _____

Office Use Only:

Date Application was received: _____

Due Date: _____

SECTION II. VOLUNTARY INFORMATION

Do you have any physical impairment that the Association should be aware of in case of an emergency, i.e, flood, fire, etc? Yes / No

If Yes, please explain how you may need assistance:

I hereby agree for myself and on behalf of all persons who may use the unit that I seek to purchase or lease:

1. I will abide by all of the restrictions contained in the By-Laws, Rules & Regulations, and any restrictions that are or may in the future be imposed by the Association.
2. I understand that there may be restrictions as to the pets I may be allowed to have, the number of people that will reside in the unit, sub-leasing the unit, number of vehicles allowed in the community and/or running a business from the unit
3. I understand that my children, relatives, guests, invitees, and or visitors must also adhere to the association's governing documents and that I will be responsible for their actions.
4. I understand that the association charges an Assessment fee that must be paid. Failure to pay may lead to the filing of a Claim of Lien and or Foreclosure of the unit.
5. I understand that any violation of the terms, provisions, conditions, and covenants of the Association's documents, provides cause for immediate action as therein provided or termination of a Lease Agreement under the appropriate circumstances.

I have received a copy of the Rules and Regulations: Yes No

I understand that the acceptance of the Sales Agreement and or Lease at the Association is conditioned upon the truth and accuracy of this application and upon the approval from the Board of Directors. Any misrepresentation or falsification of information on these forms will result in the automatic rejection of this application.

In making the foregoing application, I am aware that the decision of the Association will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

Applicant signature: _____ Date: _____

Applicant signature: _____ Date: _____

SECTION III. AUTHORIZATION TO THIRD PARTIES

I hereby authorize all persons, educational institutions, banks, and other financial institutions, current and former landlords, credit reporting agencies, governmental agencies and other organizations, which Costa Linda Association Inc. may request.

Applicant Signature

Co-Applicant Signature

Printed Name

Printed Name

Social Security Number

Social Security Number

Date

Date

AUTHORIZATION AND ACKNOWLEDGEMENT

In connection with my application for Approval to Costa Linda Condominium Association, I hereby authorize Costa Linda Management Team 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 Costa Linda Condominium Association. I hereby release and discharge Costa Linda Association Management from any and all claims, damages, liabilities, costs and expenses arising from 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

SECTION IV. APPLICATION FOR OCCUPANCY

PURCHASE

LEASE

UNIT #:

Desired Date of Occupancy:

Applicant Date of Birth Social Security

Telephone (mobil) Telephone (evening)

Email Address

Co-Applicant Date of Birth Social Security

Applicant Drivers License Number

Co-Applicant Drivers License Number

Single Married Separated Divorced Maiden Name:

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

RESIDENCE HISTORY

PRESENT ADDRESS:			
NAME OF MORTGAGE/LANDORD/ASSOCIATION		TELEPHONE #	
MONTHLY PAYMENT AMOUNT			
OCCUPIED FROM:	OCCUPIED TO:	OWN:	RENT:

PREVIOUS ADDRESS:			
NAME OF MORTGAGE/LANDORD/ASSOCIATION		TELEPHONE #	
MONTHLY PAYMENT AMOUNT			
OCCUPIED FROM:	OCCUPIED TO:	OWN:	RENT:

EMPLOYMENT REFERENCES

(PLEASE INCLUDE LATEST TAX RETURN OR LAST 3 PAYSTUBS)

APPLICANT CURRENT EMPLOYER

TELEPHONE #

--	--

ADDRESS

HOW LONG

POSITION OR TITLE

MONTHLY INCOME

--	--	--

CO-APPLICANT CURRENT EMPLOYER

TELEPHONE #

--	--

ADDRESS

HOW LONG

POSITION OR TITLE

MONTHLY INCOME

--	--	--

CHARACTER REFERENCES

NAME		PHONE HOME	
ADDRESS		PHONE WORK	
NAME		PHONE HOME	
ADDRESS		PHONE WORK	
NAME		PHONE HOME	
ADDRESS		PHONE WORK	

VEHICLES

ONLY TWO VEHICLES FOR TENANTS AND THREE FOR OWNERS

MAKE

MODEL

COLOR

TAG NO.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

