

DADELAND CAPRI CONDOMINIUM ASSOCIATION, INC.

7475 SW 82 STREET, MIAMI, FL 33143

TEL (305) 740-8155 FAX (305) 740-8160

TENANT /BUYER APPLICATION CHECKLIST

Unit # \_\_\_\_\_\_\_\_\_

Name of applicant /s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AL ITEMS BELOW MUST BE INCLUDED WITH YOUR APPLICATION IN ORDER TO PROCESS

1. \_\_\_\_ Application for occupancy
2. \_\_\_\_ Copy of lease/ sales contract, including addendum
3. \_\_\_\_ Owner must provide insurance certificate proving coverage for the unit.
4. \_\_\_\_ Money order or cashiers’ check payable to Dadeland Capri Association Inc. for

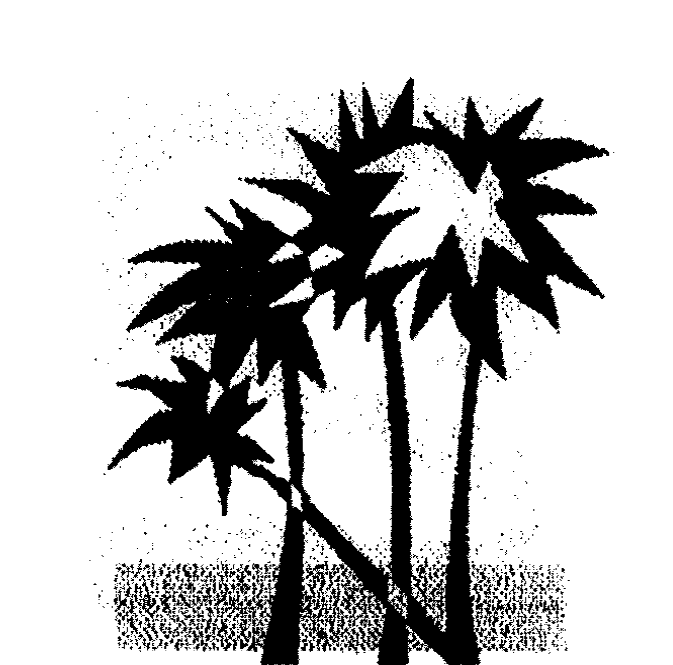
each adult or married couple.

1. \_\_\_\_ Affidavit
2. \_\_\_\_ Copy of government issued I.D.
3. \_\_\_\_ Signed authorization for consumer report of tenant / buyer
4. \_\_\_\_\_ If tenant and you have a pet, A pet agreement form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Board Member upon approval Board Position

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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Instructions:

1. Print legibly or type all information. accounts, telephone numbers, and complete address are required.
2. If any questions are not answered, this application may be returned, not processed, or not approved.
3. Missing information will cause delays in processing your application.
4. Any misrepresentation or falsification of information may result in your disqualification

Application for Occupancy/Approval

Print or Type

Purchase \_\_\_\_\_ or Lease \_\_\_\_\_ How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apt No. \_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_

Desired Date of Occupancy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Closing Date (if sale) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (Passport, Alien Green Card, Social Security #)

[ ] Single [ ] Married [ ] Significant other [ ] Sep [ ] Divorced [ ] Widowed

Maiden Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of people who will live here \_\_\_\_\_\_\_\_ Adults (over 18) \_\_\_\_\_\_\_\_ Children (over 18) \_\_\_\_\_\_\_\_

Children (under 18) \_\_\_\_\_\_\_\_

Other Persons who will occupy the apartment with you

|  |  |  |
| --- | --- | --- |
| Name | Age | Relationship/Occupation |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Will this be your year round address? [ ] Yes [ ] No. If no, please provide alternative address and estimated periods of residency

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Apt City State Zip

From \_\_\_\_\_\_ To \_\_\_\_\_\_

Do you have any pets [ ] Yes, [ ] No

\*\* If Yes, Please fill in the Pet Form and return with application

Driver’s License number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. Cars you will park at this address \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any of these commercial vehicles? [ ] Yes [ ] No

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Make | \_\_\_\_\_\_\_\_\_\_\_ | Model | \_\_\_\_\_\_\_\_\_\_\_\_ | Year | \_\_\_\_\_\_\_\_\_\_\_ | Color | \_\_\_\_\_\_\_\_\_\_\_ |
| Make | \_\_\_\_\_\_\_\_\_\_\_ | Model | \_\_\_\_\_\_\_\_\_\_\_\_ | Year | \_\_\_\_\_\_\_\_\_\_\_ | Color | \_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| Plate # | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Plate # | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

IN CASE OF EMERGENCY, PERSON TO BE NOTIFIED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Information

Employed by (or retired from) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How long \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Monthly Income \_\_\_\_\_\_\_\_\_\_

Have you ever seasonally resided in Florida before?

[ ] Yes [ ] No. If yes, please state name, address, and dates of residency

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or any proposed occupant ever been convicted of or pled a crime?

[ ] Yes [ ] No. If yes, Please state date(s), charge(s), disposition(s), and location(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Character References

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

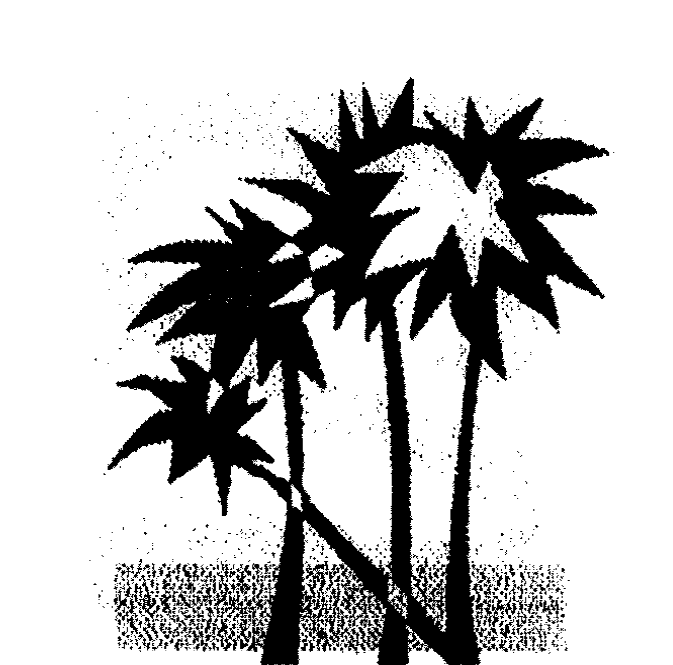
PLEASE READ CAREFULLY AND SIGN BELOW

**Correct Information.** You represent that all of the above statements are true and complete. You authorize us to contact any references listed above and to obtain consumer reports, which may include credit, rental payment history and criminal background information about you and any occupants in the premises in order to verify the above information. You further authorize us to obtain subsequent consumer reports to ensure that you continue to satisfy the terms of your tenancy, for the collection and recovery of any financial obligations relating to your tenancy, or for any other permissible purpose. You understand that we may report all positive and negative rental payment history to consumer reporting agencies who track this information for landlords, mortgage companies and other creditors. You and all occupants hereby release from al liability or responsibility all persons and corporations requesting or supplying such information. You acknowledge that false, incomplete or misleading information herein may constitute grounds for rejection of this application, termination of right of occupancy of all residents and occupants under a lease and/or forfeiture of deposits and fees, and may constitute a criminal offense under the laws of this State. This application is preliminary only and does not obligate us to execute a Lease or to deliver possession of the premises to you.

**I have read and agree to the provisions as stated.**

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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AFFIDAVIT

AS A PROSPRECTIVE TENANT/BUYER OF A UNIT AT

DADELAND CAPRI CONDOMINIUM

AND IF MY APPLICATION TO RENT/PURCHASE IS APPROVED BY THE BOARD OF DIRECTORS

I UNDERSTAND AND AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE CONDOMUNIUM ASSOCIATION AND I UNDERSTAND THAT SHOULD I BE CITED FOR VIOLATIONS OF ANY RULES AND REGULATIONS

I WILL BE SUBJECT TO:

EVICTION AND /OR FINE

AS TENANT/ OWNER(S)

UNIT # \_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME OF APPLICANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF MANAGER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME OF MANAGER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***AUTHORIZATION OF A CONSUMER AND/OR INVESTIGATIVE***

***CONSUMER REPORT (TENANT)***

**I, the undersigned consumer, do hereby authorize Fidelity Data Service to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of tenancy. These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record. I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Fidelity Data Service by and through its’ independent contractor, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.**

**I further authorize the Home Owners Association, Condominium Association or Cooperative Association to share a copy of this investigative report with the Owner (landlord), if requested, for their review on a confidential basis in order for them to determine my suitability as a renter. I understand that they will only review the investigative report and will not be given the report either in whole or in part. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Fidelity Data Service, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq. and Cal. Civ. Code § 1786.**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IDENTIFYING INFORMATION FOR CONSUMER REPORTING

AGENCY

(PLEASE PRINT OR TYPE)

SOCIAL SECURITY NUMBER DRIVER’S LICENSE NUMBER & STATE

DATE OF BIRTH\* GENDER\* (M or F)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME FIRST NAME MIDDLE NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER NAMES USED (alias, maiden, nickname)

YEARS USED \_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT STREET ADDRESS

CITY STATE ZIP

DATES LIVING HERE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE LIST ALL ADDRESSES FOR LAST SEVEN (7) YEARS *(If you need additional space please use the back of this form)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET/P.O. BOX CITY STATE ZIP

DATES LIVED HERE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET/P.O. BOX CITY STATE ZIP

DATES LIVED HERE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET/P.O. BOX CITY STATE ZIP

DATES LIVED HERE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_