

CYPRESS POINT NEIGHBORHOOD ASSOCIATION

Thank you for obtaining an “Application for Residency” for your pending move.

Please be aware the completed application must be received by our office not less than twenty (20) working days prior to the anticipated move in date. Please plan your closing accordingly.

Please keep in mind your Application for Residency will be processed in the same manner in which every application is processed through our office, a process which cannot be rushed, in order to treat every applicant fairly.

Submitting your application in a timely manner will give our office the time necessary to properly process same. Application packages submitted incomplete will be returned and not processed.

Once your completed application has been duly processed, you will be contacted for a screening interview, prior to moving in and prior to the issuance of the necessary “Certificate of Approval”.

We greatly appreciate your understanding and cooperation in this regard and look forward to the opportunity to issue your Certificate of Approval.

Once the screening application has been returned from the credit check you will be scheduled for an in-person interview

If you have any questions regarding the screening process, please feel free to call our office at (954) 846-7545, Monday through Friday 9:00 – 5:00 PM.

Thank you.

Provide us with the following information so you may be contacted for your interview.

Name: _____

Home: _____ Business: _____

Home: _____ Business: _____

LEASE APPLICATION PACKAGE

The following requirements must be met in order to Lease.

1. The fee to process this application is \$100.00 (non-refundable) per individual applicant over 18 years old. (Married couple and children over the age of 18 the fee is \$100.00 and proof of marriage **must** be provided). Cashier checks and money orders are the only acceptable form of payment. Checks are to be made payable to **Cypress Pointe Neighborhood association**. Also, please include a \$50.00 processing fee check payable to Miami Management.
2. A fully completed application for residency, signed by the current unit owner and lessee, **MUST** be with the completed package. Omissions on this application could result in the rejection of said package.
3. A valid and legible copy of Drivers License or Passport.
4. Proof of [employment, business, and/or retirement] income (Ex. Recent pay stub, Letter from employer, copy of last year's W-2/1099/1040, letter from Social Security Administration).
5. A copy of the lease **MUST** accompany the completed application package.
6. Please provide verification of your bank account. Please go to your bank for a written verification stating opening date of account and average balance signed by a bank employee. Please attach to application.
7. **NO APPLICATIONS WILL BE CONSIDERED FOR APPROVAL IF THE UNIT OWNER IS DELINQUENT IN ANY MONIES DUE TO THE ASSOCIATION.**
7. Application packages submitted incomplete will be returned and will not be processed until **ALL** required items have been provided.
8. If you are self-employed please attach a copy of your last tax return.

PLEASE ALLOW A MAXIMUM OF TWENTY (20) WORKING DAYS PRIOR TO ESTIMATED MOVE IN DATE FOR THE PROCESSING OF YOUR APPLICATION.

"The Broward County Human Rights Ordinance prohibits discrimination in the terms or conditions of housing, including the sale or rental of a dwelling, on the basis of race, color, religion, sex, national origin, age, marital status, political affiliation, familial status, disability, sexual orientation, pregnancy, or gender identity or expression."

THANK YOU.

Unit Owner

Unit Owner

Purchaser/Lessee

Purchaser/Lessee

CYPRESS POINTE NEIGHBORHOOD ASSOCIATION

I (WE) HEREBY REPRESENT THAT ALL OF THE ATTACHED INFORMATION IS TRUE AND COMPLETE AND AUTHORIZED THE VERIFICATION OF SAME BY REASONABLE MEANS. APPLICANT(S) UNDERSTAND THAT FALSE INFORMATION GIVEN HEREIN MAY CONSTITUTE GROUNDS FOR REJECTION OF THIS APPLICATION AND/OR FORFEITURE OF ANY DEPOSITS.

I (WE) FULLY AUTHORIZE INVESTIGATION OF ALL ANSWERS AND REFERENCES GIVEN.

I (WE) ACKNOWLEDGE VEHICLES ARE LIMITED TO STANDARD MOTOR CARS (NO BOATS, NO MOTORCYCLES, NO TRAILERS, NO COMMERCIAL VEHICLES).

I (WE) ACKNOWLEDGE THAT I (WE) CANNOT OCCUPY THE PREMISES WITHOUT AUTHORIZATION FROM THE ASSOCIATION. (IN THE EVENT UNAUTHORIZED OCCUPANCY OCCURS THIS APPLICATION WILL NOT BE ACCEPTED FOR CONSIDERATION UNTIL OCCUPANT VACATES COMPLETELY OR APPLICATION MAY BE REJECTED IN ENTIRETY).

I (WE) ACKNOWLEDGE THE PROCESSING OF THIS APPLICATION MAY TAKE FROM THREE TO FOUR WEEKS.

I (WE) AGREE NO TRANSIENT OCCUPANCY IS ALLOWED AND A COPY OF EACH AND EVERY LEASE AND RENEWAL LEASE OR AGREEMENT MUST BE PROVIDED TO THE ASSOCIATION.

I ACKNOWLEDGE AND AGREE THAT SHOULD THE OWNER BECOMES DELINQUENT IN PAYING ANY MONETARY OBLIGATION TO THE ASSOCIATION DURING THE TENANCY OF THE LEASE, I WILL PAY THOSE MONETARY OBLIGATIONS UPON WRITTEN DEMAND FROM THE ASSOCIATION. A TENANT WHO ACTS IN GOOD FAITH IN RESPONSE TO A WRITTEN DEMAND FROM ASN ASSOCIATION IS IMMUNE FROM ANY CLAIM FROM THE PARCEL OWNER (FLA. STATUTE 720.3085).

THE ASSOCIATION AND ITS AGENT, IN THE EVENT OF A CONSENT TO A LEASE, IS HEREBY AUTHORIZED TO ACT AS OUR AGENT WITH FULL POWER AND AUTHORITY TO TAKE SUCH ACTION AS MAY BE REQUIRED TO COMPEL COMPLIANCE BY OUR LESSEE(S) AND/OR GUESTS WITH THE PROVISIONS OF THE DECLARATION OF THE ASSOCIATION, ITS SUPPORTIVE EXHIBITS, THE LAWS OF THE STATE OF FLORIDA AS THEY APPLY TO THE ASSOCIATION AND THE RULES AND REGULATIONS OF THE ASSOCIATION. IN THE INSTANCE OF ANY VIOLATION OF ANY OF THE ABOVE BY THE LESSEE(S) AND/OR THEIR GUESTS, UNDER APPROPRIATE CIRCUMSTANCES, THE ASSOCIATION AND ITS AGENT MAY TERMINATE THIS LEASEHOLD. THE LESSOR AGREES TO REIMBURSE THE ASSOCIATION FOR ANY ATTORNEY'S FEES AND COSTS INCURRED AS LESSOR'S AGENT IS SUCH ENFORCEMENT OF LEASE TERMINATION.

OWNERDATE

LESSEEDATE

OWNER: _____ PHONE _____

ADDRESS: _____

**RULES AND REGULATIONS
RECEIPT ACKNOWLEDGMENT FORM**

I (WE), the undersigned, do hereby acknowledge receipt of the Rules and Regulations of CYPRESS POINTE NEIGHBORHOOD ASSOCIATION.

I have read and understood same, and hereby agree to abide by said Rules and Regulations.

Lessee

Signature

Lessee

Signature

Date: _____

AUTHORIZATION TO THIRD PARTIES

I hereby authorize all persons, educational 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 CMK, Inc., with any information which CMK Inc., may request.

Applicant Signature

Co-Applicant Signature

Printed Name

Printed Name

Social Security Number

Social Security Number

Date

Date

AUTHORIZATION AND ACKNOWLEDGMENT

In connection with my application for Occupancy to _____
I hereby authorize CMK, Inc., to perform an investigation of my credit worthiness, 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 _____. I hereby release and discharge CMK, Inc. and _____ 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

NOTE: Complete all questions and fill in all blanks. If any questions is not answered or left blank, this application may be returned, not processed, and/or not approved. Print or type all information clearly. All information in this application will be verified.

APPLICATION FOR OCCUPANCY

NOTE: All telephone numbers must be reachable between the hours of 8:30 am - 5:00 pm. Date: _____ 200____. Assn: _____

Purchase: _____ Lease: _____ Bldg: _____ Unit: _____ Address: _____

Applicant Full Name: _____ Birth Date: _____ Social Security # _____
(Last, First, Middle)

Co-Applicant Full Name: _____ Birth Date: _____ Social Security # _____
(Last, First, Middle)

Single: _____ Married: _____ Widowed: _____ Divorced: _____ Separated: _____ How Long: _____ Maiden Name: _____

Have you ever been convicted of a crime Yes No If yes, Date(s): _____ Where Convicted: _____

Charge(s): _____

Co- Applicant - Have you ever been convicted of a crime: Yes No If yes, Date(s): _____ Where Convicted: _____

Charge(s): _____

Number of adults (18+) who will occupy unit: _____ Pets: YES NO Describe: _____

Names and ages of others who will occupy unit: _____

Names and ages of others who will occupy unit: _____

Have any of the other occupants been convicted of a crime: YES NO If yes, explain: _____

In case of emergency, please notify: _____

Telephone No. – Work: _____ Cell: _____

PART I - RESIDENCE HISTORY

(Full addresses must be provided, unit, city, state, zip code, etc.)

A. Present address: _____ Phone: _____

Name of development: _____ Phone: _____ From _____ To _____

Landlord/Mortgage Company: _____ Amount: _____ Phone: _____

Address: _____ Mortgage/Loan Number: _____

B. Previous address: _____ Phone: _____

Name of development: _____ Phone: _____ From _____ To _____

Landlord/Mortgage Company: _____ Amount: _____ Phone: _____

Address: _____ Mortgage/Loan Number: _____

C. Previous address: _____ Phone: _____

Name of development: _____ Phone: _____ From _____ To _____

Landlord/Mortgage Company: _____ Amount: _____ Phone: _____

Address: _____ Mortgage/Loan Number: _____

PART II - EMPLOYMENT AND BANK REFERENCES

- A. Employed by: _____ Phone: _____
How Long: _____ Position: _____ Approx Income per month: _____
Address: _____ Supervisor: _____
- B. Spouse's Employment: _____ Phone: _____
How Long: _____ Position: _____ Approx Income per month: _____
Address: _____ Supervisor: _____
- C. Bank Name: _____ Account Number: _____
Address: _____ Phone: _____ How Long? _____

PART III - CHARACTER REFERENCES (NO FAMILY MEMBERS)

1. Name: _____ Home Phone: _____ Work Phone: _____
Address: _____ Cell Phone: _____ How Long Known: _____
2. Name: _____ Home Phone: _____ Work Phone: _____
Address: _____ Cell Phone: _____ How Long Known: _____
3. Name: _____ Home Phone: _____ Work Phone: _____
Address: _____ Cell Phone: _____ How Long Known: _____

PART IV – VEHICLE INFORMATION

Number of vehicles (include company issued): _____ Applicant's Drivers License Number: _____ State: _____

Make: _____ Model: _____ Year: _____ Color: _____ Tag Number: _____

Make: _____ Model: _____ Year: _____ Color: _____ Tag Number: _____

Make: _____ Model: _____ Year: _____ Color: _____ Tag Number: _____

Make: _____ Model: _____ Year: _____ Color: _____ Tag Number: _____

I hereby acknowledge that _____ (Association Name) and/or its agent, Executive Research, Inc. may verify the information supplied by the applicant in this application, may obtain credit reports and may investigate the applicant(s) credit and background; including, but not limited to information as to character, general reputation, personal characteristics, and mode of living as provided by the Fair Credit Reporting Act. This may include a verification of bank accounts, references, and employment. The applicant hereby authorizes and consents to _____ (Association Name) and/or its agent, Executive Research, Inc. to perform such verification and investigation.

Applicant Signature: _____

Co-Applicant Signature: _____