

**CUTLER CREEK VILLAGE TOWNHOME ASSOCIATION INC.**

Authorization for release of banking, residence, employment, credit, and police information.

**DESIGNED PARTY: Cutler Creek Village Townhome Association, Inc. and Harbor Management Services, Inc.**

I, \_\_\_\_\_ hereby authorize the release of information to the above designated party and their Attorneys or Representatives concerning my banking, credit, residence, employment, and/or criminal background in reference with my/our application for residency.

I hereby waive any privileges I may have with respect to said information in reference to its release to the aforesaid parties.

Photocopies of this authorization may be made to facilitate multiple inquires. In the event you receive a photocopy of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Spouse/Co Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

CUTLER CREEK VILLAGE TOWNHOME ASSOCIATION, INC  
**LEASE APPLICATION- UPDATED September 2019**

**CHECK LIST:**

Applicant Name(s):

Property Address:

_____	_____
_____	_____
_____	

Enclosed, please find the purchase application package for Cutler Creek Village Townhomes Association, Inc.

Please complete ALL required forms and affidavits. When you submit the application package, it MUST contain the following:

1. Completed application form(s) and affidavits.
2. \$75.00 PER two (2) Adults (\$75.00 per additional application, only two (2) adults per application) NON-REFUNDABLE screening fee payable to HARBOR MANAGEMENT SERVICES, INC (must be paid with money order or cashier's check. Sorry NO cash or personal or business checks)  
Screening fee may also be paid online at [www.harbormanagement.us](http://www.harbormanagement.us) . If paid online, please provide a copy of the paid receipt with your application.
3. A copy of the purchase agreement.
4. Copies of driver license(s) for each licensee on the application, vehicles registration information, vehicle insurance for each vehicle.

**ALL VEHICLES MUST HAVE A COMMUNITY DECAL. THE FIRST TWO DECALS ARE FREE. ONLY ONE ADDITIONAL DECAL WILL BE AVAILABLE FOR PURCHASE FOR \$75.00 AT THE MANAGEMENT OFFICE. ADDITIONAL DECALS REQUIRE BOARD APPROVAL.**

NOTE: ORIENTATION IS REQUIRED PRIOR TO CLOSING! (applicant will be notified)

Mail or hand-deliver the above to:

Cutler Creek Village Townhouse Association, Inc.  
c/o Harbor Management Services, Inc.  
15600 SW 288 ST, Suite 406  
Homestead, FL 33033

Email to:

frontdesk@harbormanagement.us

## **NOTE:**

Upon receipt of the completed paperwork, your application will be processed.

PLEASE ALLOW UP TO 7-10 BUSINESS DAYS FOR THE PROCESSING OF THE APPLICATION.

Orientation is a mandatory part of the leasing process. Failure to attend orientation within 30 days of lease approval could subject the tenant and/ or unit owner in question to fines or rescission of the approval.

Orientation will be done on the 2<sup>nd</sup> and the 4<sup>th</sup> Thursday of each month.

CUTLER CREEK VILLAGE TOWNHOUSE ASSOCIATION, INC.  
 APPLICATION FOR OCCUPANCY  
 (PLEASE PRINT)

Date: \_\_\_\_\_

Desired date of occupancy: \_\_\_\_\_

**APPLICANT #1:**

Name:		
Date of birth:		
Social Security Number:		
Contact Number(s):		
Email Address:		

**APPLICANT #2:**

Name:		
Date of birth:		
Social Security Number:		
Contact Number(s):		
Email address:		

**CHILDREN/MINOR(S) (under the age of 18 that will occupy):**

Name:		Age:	
Name:		Age:	
Name:		Age:	
Name:		Age:	

**PETS (description: size, color, breed, weight, male or female, neutered):**

Pet (ex: dog/cat)	Description:

**IN CASE OF EMERGENCY, NOTIFY:**

Name:	
Contact Number:	

**RESIDENCE HISTORY:**

Present Address:		
Name of Landlord:		
Phone number for landlord:		
Rent Amount:		
Date of residency:	From:	To:

Previous Address:		
Name of Landlord:		
Phone number for landlord:		
Rent Amount:		
Date of residency:	From:	To:

# **BUSINESS OR GOVERNMENT AGENCY (SECTION 8)**

**IS THIS SUBSIDIZED BY A BUSINESS OR GOVERNMENT AGENCY?** Yes \_\_\_ No \_\_\_

If yes, please provide name and phone number information for agency and homeowner.

Name of agency:	
Contact person name:	
Phone number:	
Email address:	
Owner's Name:	
Owner's contact number:	
Owner's email address:	
Account number for the tenant with the subsidizing business or agency:	
Name under which the account for the subsidizing business or agency is held:	

**EMPLOYMENT HISTORY:**

APPLICANT #1:

Employer:	
Phone Number:	
Address:	
Position & Length of employment:	
Income:	

APPLICANT #2:

Employer:	
Phone Number:	
Address:	
Position & Length of employment:	
Income:	

**BANK REFERENCES:**

APPLICANT #1:

Bank Name:	
Phone Number:	
Address:	
Length of time using bank:	
Checking Account or Savings Account:	

**APPLICANT #2:**

Bank Name:	
Phone Number:	
Address:	
Length of time using bank:	
Checking Account or Savings Account:	

**REFERENCES (personal or professional):**

Name:	
Contact number:	
Relationship and years of knowing applicant:	

**VEHICLES' INFORMATION:**

Vehicle #1:

Make:	
Model:	
Year:	
License Plate #:	
State:	
Color of vehicle:	



Vehicle #2:

Make:	
Model:	
Year:	
License Plate #:	
State:	
Color of vehicle:	

Vehicle #3:

Make:	
Model:	
Year:	
License Plate #:	
State:	
Color of vehicle:	

*\*\* if there are any additional vehicles, please use a separate sheet of paper to add information\*\**

**LICENSED DRIVERS:**

Applicant #1:

Name:	
Driver License Number:	
State:	

Applicant #2:

Name:	
Driver License Number:	
State:	

Applicant #3:

Name:	
Driver License Number:	
State:	

Applicant #4:

Name:	
Driver License Number:	
State:	

*If this application is not legible or is not completely and accurately filled out, Harbor Management Services (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 this application, the applicant recognizes that the Association or their agent, Harbor Management Services, may investigate the information supplied by the applicant, and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general disposition, personal characteristics and mode of living as applicable. The Association may also require a credit report through a credit-reporting agency.*

\_\_\_\_\_  
Signature of applicant #1

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant #2

Date: \_\_\_\_\_

## **AUTHORIZATION FOR RELEASE OF RECORDS**

*I hereby authorize Harbor Management Services, Inc. to obtain a consumer report, and any other information it deems necessary, for evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or other necessary information. I understand that subsequent consumer reports may be obtained and utilized under the authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which this application was made. I hereby expressly release Harbor Management Services, Inc., and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies including without limitation, various law enforcement agencies.*

\_\_\_\_\_  
Signature of applicant #1

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant #2

Date: \_\_\_\_\_

**CUTLER CREEK VILLAGE TOWNHOME  
ASSOCIATION**

**COMMUNICATION AUTHORIZATION**

By signing hereunder, I hereby authorize Cutler Creek Village Townhome Association/Harbor Management Services (Management Company) to provide all statutory or other formal notifications, including but not limited to, notifications for any and all meetings, elections, and for any matters relating to my individual unit, and for any matters relating to the community, via Email to the following addresses. I agree that I shall notify the Management Company immediately upon any change in email address for communication by the Association or its Property Management Company. I understand that it is my duty to provide that correct email address, and that failure to do so may prevent my ability to obtain statutory or other formal notifications as set forth above.

Authorized Email address(es): \_\_\_\_\_

\_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Unit/Account Number: \_\_\_\_\_

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

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