### **CUTLER CREEK VILLAGE TOWNHOME ASSOCIATION INC.**

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

### <u>DESIGNED PARTY: Cutler Creek Village Townhome Association, Inc. and Harbor Management Services, Inc.</u>

	hereby authorize the release of their Attorneys or Representatives concerning my criminal background in reference with my/our
application for residency.	
hereby waive any privileges I may have with release to the aforesaid parties.	respect to said information in reference to its
-	e to facilitate multiple inquires. In the event you ould be treated as an original and the requested /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 PURCHASE APPLICATION- UPDATED AUGUST 2019

#### **CHECK LIST:**

Applicant Name(s):	Property Address:

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

Please complete <u>ALL</u> 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 <a href="www.harbormanagement.us">www.harbormanagement.us</a>. 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.
- 5. A copy of the property Hazard and Liability insurance. This must be provided on or before closing. Final approval is contingent upon applicant providing proof of insurance.

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 will be done on the 2<sup>nd</sup> and the 4<sup>th</sup>

Thursday of each month.

Please be sure to make arrangements to be there in order to complete the application approval process.

If a translator is needed, please notify the management office when submitting the application.

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

Date:	Desired date of occupancy:		
APPLICANT #	<u>1:</u>		
Name:			
Date of birth:		_	
Social Security Number:			
Contact Number(s):			
Email Address:			
APPLICANT #	<u>2:</u>		
Name:			
Date of birth:			
Social Security Number:			
Contact Number(s):			
Email address:			
CHILDREN/MINOR(S) (under the age of 18 that will occupy):			
Name:	Ag	e:	

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

Pet (ex: dog/cat)		Description:
IN CASE OF EM	IERGENCY, NOTIFY:	
Name:		
Contact Number:		
RESIDENCE HI	STORY:	
TESTEE (CE III)		
Present Address:		
Name of		
Landlord:		
Phone number for landlord:		
Rent Amount:		
Date of	From:	То:
residency:		
Previous		
Address:		
Name of		
Landlord:		
Phone number		
for landlord:		
Rent Amount:		
Date of residency:	From:	 To:

### **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 REFERE	NCES:
APPLICANT #1:	
Bank Name:	
Phone Number:	
Address:	
Length of time	
using bank:	
Checking	
Account or	
Savings	
A coount:	

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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' INF Vehicle #1:	ORMATION:
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 DRIV	TERS:		
Applicant #1:	T		
Name:			
Driver License Number:			
runioci.			

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State:		
Applicant #2:		
Name:		
Driver License		
Number:		
State:		
Applicant #3:		
Name:		
Driver License		
Number:		
State:		
Applicant #4:	,	
Name:		
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.  Date:		
	Date:	
Signature of applic	cant #2	
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-		

For Purchase Only

# CUTLER CREEK VILLAGE TOWNHOME ASSOCIATION, INC.

### FOR PURCHASE ONLY

Date:	Unit #/Address:
Purchaser/Buyer Name:	
Contact Number:	
Mailing Address:	
Purchaser/Buyer Agent Name:	
Contact Number:	
Seller Name:	
Contact Number:	
	er/buyer live in the unit? Yes No er/buyer rent the unit? Yes No

\*\*If the new purchaser/buyer will be renting the unit, please contact the management office to request tenant application and forms required.\*\*

Expected date of C	Closing:
Title Company:	
Contact Person:	
Contact Number:	
Lender Name:	
Contact Person:	
Contact Number:	
Purchase price:	
Amount of Mortgage:	
Type of Mortgage (ex: VA, FHA, if other please describe):	

Please return this form to the office of Harbor Management Services, Inc. with a copy of the sales contract prior to closing and the application fee (money order or cashier's check ONLY)

If any questions are not answered or any questions are left blank, this application may be returned, not processed, and not approved. Print legibly or type all information.

## **CUTLER CREEK VILLAGE TOWNHOME** ASSOCIATION, INC. FOR PURCHASE ONLY

1.		in Cutler Creek Village Townhome (Black e Cutler Creek Village Townhome Association,		
	Inc.			
2.	Membership in the Association cannot be avoided, it is mandatory.			
3.	The property address is:			
4.	You will be personally obligated to pay assessments to the Association. These assessments are subject to periodic change.			
5.	5. Failure to pay these assessments can result in a lien on your property.			
6.	Restrictive Covenants and By-Laws have been recorded that govern the use and			
7	occupancy of all properties in the Cutler	•		
7.		•		
8.		nould review all of the community's governing		
Q	documents. Compliance will be your pers			
<i>)</i> .	I/We Have received and reviewed the documents cited above and agree to the condition(s) and			
	restriction(s) contained therein.	5		
10	. You are required to carry your own Ho	omeowner's Hazard and Liability insurance.		
	There is no HOA Master Policy covering	ng your Hazard and Individual Property		
	Liability insurance.			
		D .		
<u>G:4</u>		Date:		
Signat	ture of Applicant #1			
		Date:		
Signat	ture of Applicant #2			
		who after being		
		worn and subscribed before me this		
day of	, 20	•		
Signat	ture of Notary Public, State of Florida	Print Name of Notary		
Digital	tare of from fraction, state of from a	Time (value of 1) outly		
Comm	nission seal or expiration 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.

	Date:
Signature of applicant #1	
	Date:
Signature of applicant #2	

## CUTLER CREEK VILLAGE TOWNHOME ASSOCIATION

### **COMMUNICATION AUTHORIZATION**

By signing hereunder, I hereby authorize <u>Cutler Creek Village Townhome Association/Harbor Management Services (Management Company)</u> 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);			
Tunie(5),			 
Address:			
Unit/Account Number:		_	
a			
Signature:	<del></del>		
Signature:			
0			