

Townhomes at Villas Del Campo Homeowners Association, Inc.



Innovative Property Management
Services of South Florida

CAM Firm License # CAB 4083

18901 SW 106th Ave Suite 210 Cuttler Bay FL 33157

Tel: 305-242-7174 www.ipmsmiami.com ApplicationsDept@ipmsmiami.com

OWNER / TENANT REGISTRATION

Listed below are the procedures and documents required by the Association for lease and purchase registration:

1. A non-refundable processing fee payable to Innovative Property Management in the amount of \$130 per applicant, can be paid via online and money order only. (Legally married couples counts as one applicant. Must provide marriage certificate.)
 2. All applicant(s) are required to complete a secure background check. A non-refundable fee payable to Innovative Property Management in the amount of \$25.00 must be provided per each applicant 18 years and older, can be paid via online and money order only. *Individuals with criminal records will not be approved, clean records only.*
 3. Unit Owner form must be completed by the current buyer for purchases, or by the current owner and perspective tenants for leases.
 4. Copy of unexpired driver's license for all applicant(s).
 5. Copy of unexpired Vehicle Registration Form.
 6. Copy of unexpired car insurance for each vehicle. (Not applicable for Investors)
 7. Pet registration form.
 8. Copy of pet vaccination records.
 9. Acknowledgement confirming receipt of the Association Rules and Regulations. All prospective applicant(s) must sign and notarize the Addendum to Purchase/Lease.
 10. Copy of the Executive Purchase or Lease Agreement.
 11. Copy of Section 8 voucher if applicable for renters.
- Premature occupancy (before approval) is a failure to comply with the Townhomes at Villas Del Campo Homeowners Association Governing Documents and the Rules and Regulations, and legal action might be taken.

For Purchases

Title Company must contact the Management Company to obtain an Estoppel letter. The application will not be approved without a completed Estoppel. Estoppel must be requested by email to applicationsdept@ipmsmiami.com. The turnaround for the Estoppel is as follows: \$250.00 for (10) business days, or \$350.00 for (3) business days (RUSH) plus taxes and third-party service fee. If the account is delinquent a fee of \$150.00 may apply.

Application process may take up to ten (10) business days from the time the completed application is received in our office to receive an approval or a disapproval letter from the BOD.

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UNIT OWNER FORM

FOR USE BY THE MANAGEMENT COMPANY

Application for occupancy Purchase Lease

Property Address _____

Owner's Information: (Must be completed by the buyer for purchase and by the current owner for lease)

Name: _____

Mailing Address: _____

Phone Number _____

Email Address _____

Person(s) who will normally occupy the unit:

<u>Full Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Email</u>	<u>Phone #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

For tenants:

Lease term is from _____ to _____.

** Copy of Section 8 voucher if applicable.

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PERSONAL RELEASE FORM AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

IMPORTANT: Please read carefully before signing.

A consumer report and/or investigative consumer report including information concerning your character, employment history, rental history, personal characteristics, police record, credit and indebtedness may be obtained in connection with your rental application. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process.** If adverse action is taken, based in whole or in part on the information contained in the consumer report, you are entitled to receive a denial letter. The name, address and telephone number of Western Reporting, and a summary of your rights under the Fair Credit Reporting Act will be included. You may contact Western Reporting for a copy of the consumer report.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, landlord, police department, financial institution, consumer reporting agencies, credit bureaus or other persons or agencies having knowledge about you to furnish Western Reporting with any and all background information in their possession regarding you, in order that your suitability as a potential tenant may be determined.

By signing below, you hereby authorize without reservation, any party or agency contacted by Western Reporting to furnish the above-mentioned information. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

Please print legibly to speed up processing time.

Applicant #1 Full Name _____

Applicant SSN _____ -- _____ -- _____ Applicant DOB _____

Email Address (Required): _____

Read, acknowledge, and authorized

Signature Applicant #1 Date

Applicant #2 Full Name _____

Applicant SSN _____ -- _____ -- _____ Applicant DOB _____

Email Address (Required): _____

Read, acknowledge, and authorized

Signature Applicant #2 Date

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VEHICLE REGISTRATION FORM

(No commercial vehicle(s) allowed)

Section I: General Information

Applicant(s) Name: _____

Property Address: _____

Phone #: _____ Email: _____

Section II: Vehicle Information

	Vehicle One (1)	Vehicle Two (2)	Vehicle Three (3)
Make			
Model			
Year			
Color			
Tag number			
State			
Expiration date			
Insurance Name			
Policy Number			
Expiration date			

*** If the vehicle is no registered by the applicant, a notarized authorization letter is required.

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PET REGISTRATION FORM

Applicant(s)
Name _____

Property
Address _____

Dog's information

Breed of
Dog _____ Color _____

Weight _____ Rabies Tag # _____ State _____

Breed of
Dog _____ Color _____

Weight _____ Rabies Tag # _____ State _____

Copy of pet vaccination records, must be submitted

Pets are not allowed outside unattended in yard or on patios. Pets must be kept inside unless their owner is with them. They are to be kept on a leash and must be picked up after.

X _____

Applicant(s) signature

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ADDENDUM TO PURCHASE / LEASE

This signed document acknowledges that the resident was provided a copy of Rules and Regulations of Townhomes at Villas Del Campo Homeowners Association, Inc., and that the resident has read said Rules and Regulations. All residents and guests must abide by these Rules and Regulations, if:

- a. The owner fails to adhere, the owner will be subjected to fines and/or injunctive relief legal action.
- b. The tenant fails to adhere, tenant will be subject to eviction.

Name _____ Signature _____ Date _____
Applicant #1

Name _____ Signature _____ Date _____
Applicant #2

State of Florida

Sworn to and subscribed before me this _____ day of _____ 20 _____, by

Please print Applicant's name

() Personally, known to me () Produced Identification Type of Identification _____

() Did Take Oath () Did not Take Oath

Signature of notary public _____

Printed name of notary public _____

My commission expires _____

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EMERGENCY CONTACT

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____