



APPLICATION FOR LEASE OR SALE

DEER CREEK SUBDIVISION HOA

All application requests must be made to:

Professional Management & Association Services, Inc

12905 SW 132nd Street # 5

Miami, FL 33186

Tel: (305) 254-8995

Fax: (305) 254-8965

**MINIMUM CREDIT SCORE OF 650 REQUIRED FOR EVERY
APPLICANT**

EMAIL: _____

WHAT TO BRING WITH YOUR APPLICATION:

- **ORIGINAL COMPLETED APPLICATION. (FAXED COPIES WILL NOT BE ACCEPTED)**
- **COPY OF YOUR LEASE OR SALES CONTRACT. (WE WILL KEEP THIS COPY)**
- **COPY OF I.D.S OF ALL PROSPECTIVE OCCUPANTS**
- **ORIGINAL COPY OF LOCAL POLICE BACKGROUND CHECK FOR APPLICANTS 18+ (IF ANYTHING OTHER THAN “NO LOCAL RECORD” PLEASE BRING ORIGINAL AFFIDAVIT AND DISPOSITION)**
- **DO NOT PRINT FRONT & BACK. DOUBLE-SIDED COPIES ARE NOT ALLOWED**
- **MONEY ORDERS OR CASHIER’S CHECKS ONLY**
 - **\$100.00 PAYABLE TO: *PROFESSIONAL MANAGEMENT* (APPLICATION FEE)**
 - **EVERY PROSPECTIVE OCCUPANT OVER THE AGE OF 18 MUST PAY A SEPARATE APPLICATION FEE OF \$100.00 UNLESS LEGALLY MARRIED.**
 - **\$50.00 PAYABLE TO: *DEER CREEK SUBDIVISION HOA***
 - **WE ONLY ACCEPT MONEY ORDERS OR CASHIER’S CHECKS.**

**UNDER NO CIRCUMSTANCES WILL AN
APPLICATION BE PROCESSED UNDER 15
BUSINESS DAYS!**

NO BUSINESS OPERATING ALLOWED WITHIN THE COMMUNITY.

NO COMMERCIAL VEHICLES ALLOWED. MUST HAVE A MINIMUM CREDIT SCORE OF 650.

PLEASE DO NOT CALL THE MANAGEMENT COMPANY PRIOR TO 15 BUSINESS DAYS.

**IF THE MANAGEMENT COMPANY NEEDS MORE INFORMATION, THE UNIT OWNER OR
TENANT WILL BE CONTACTED.**

WE WILL NOT ACCEPT INCOMPLETE APPLICATIONS!

MINIMUM CREDIT SCORE OF 650 REQUIRED!

ATTENTION UNIT OWNERS:

USE THIS FORM TO UPDATE MAILING ADDRESS:

ASSOCIATION UNIT ADDRESS: _____

NEW MAILING ADDRESS:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TENANT INFORMATION:

NAME OF OCCUPANT(S):

PHONE #: _____

PHONE #: _____

CHILDREN (IF ANY):

_____ AGE _____

_____ AGE _____

VEHICLE INFORMATION:

MAKE: _____ MODEL: _____ COLOR: _____ YEAR: _____

MAKE: _____ MODEL: _____ COLOR: _____ YEAR: _____

PETS: _____

KIND: _____ WEIGHT: _____

IN CASE OF EMERGENCY CONTACT:

PHONE #: _____

DEER CREEK SUBDIVISION HOA

NOTICE OF DEMAND FOR RENTS PURSUANT TO FLORIDA STATUTES SECTION 720, 116(11)

Attention: Owner and Tenant

Pursuant to Florida Statutes, Section 720,116 (11), if the Parcel is occupied by a tenant and the Unit Owner is delinquent in paying any monetary obligation due to the Association, the Association will make a demand to the tenant to pay to the association the future monetary obligations related to the Unit, and the tenant must make such Payment.

In accordance with the foregoing, the association hereby would demand what is owed \$(full amount due by the parcel owner plus late fees) of your next rent payment to the association (the "Required Payment"). To the extent that the required payment exceeds your monthly rent payment, the tenant will be required to remit the full amount of the rent payment. After the Required Payment has been paid in full, the amount of \$[monthly assessment] is required to be paid to the Association each month thereafter. Please note that the tenant is still responsible to remit the remainder of the rent, if any directly to the Unit Owner.

This demand is continuing in nature, and upon this demand, the tenant must pay the monetary obligation described above to the Association until (1) the Association notifies in writing to pay a different amount, or (II) the Association releases the obligation, or (111) tenancy of the Unit is discontinued, whichever occurs first.

Payments to the Association must be made payable to (make payable to the Association) and mailed to the address below.

IF YOU FAIL TO MAKE ANY PAYMENTS TO THE ASSOCIATION AS SET FORTH ABOVE OR BY SUBSEQUENT NOTICE, YOUR RENTAL AGREEMENT MAY BE TERMINATED AND THE TENANT MAY BE TERMINATED FROM THE PARCEL BY THE ASSOCIATION.

Tenant Signature

Owner Signature

Print Tenant Name

Print Owner Name

Date: _____

Date: _____

Professional Management & Association Services Inc.

12905 SW 132nd Street # 5

Miami, Fl. 33186

PROPRIETOR AND TENANT RECOGNITION

To whom it concerns:

This letter is to certify that _____ tenants and/or occupants have applied and are moving into the property address of _____.

In signing this document and providing a copy of the driver's license the owner and tenant ensure the above information is truthful. Furthermore, the owner and tenant are fully aware if someone over the age of 18 moves in after the application has been submitted and approved the owner will be fined the sum of \$1500.00.

To avoid this penalty please ensure that everyone who will occupy the premises for more than 15 days has been approved by Professional Management and Association Services.

Parcel Owner Signature

Parcel Owner Name

Date: _____

Tenant's Signature

Tenant's Name

Date: _____

Professional Management & Association Services

12905 SW 132 ST Suite 5 Miami, FL 33186

Phone: 305-254-8995 Fax: 305-254-8965

Professional Mgmt / Ref# _____

RESIDENTIAL SCREENING REQUEST

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

DOB (MM/DD/YYYY): _____ SSN: _____

Tel#: _____ Cel#: _____

Current Employer

Company: _____ Tel#: _____ Supervisor: _____

Salary: _____ Employed from: _____ Title: _____

Current Landlord

Company: _____ Tel: _____ Landlord: _____

Rent: _____ Rent From: _____ To: _____

I have read and signed the Disclosure and Authorization Agreement.

SIGNATURE: _____ DATE: _____

DISCLOSURE AND AUTHORIZATION AGREEMENT REGARDING CONSUMER
REPORTS

DISCLOSURE

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for residence.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish Fidelity Data Service with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

Print Name

Signature

Date

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check the box.