

PARKWOOD V HOMEOWNERS ASSOCIATION, INC.

C/O M&M Property Management, LLC

1280 SW 36th Ave. #305 * Pompano Beach, FL 33069 * Phone: (954) 582-4400 * Web: MMPM.us

APPLICATION FOR SALE OR LEASE

INSTRUCTIONS:

1. This application and credit authorization form must be completed in detail by each proposed owner/ tenant, other than husband/wife or dependent child (which is considered one applicant). All individuals over the age of 18 must complete their own application including appropriate fee. Married couples with different last names must provide marriage certificate.
2. Attach a copy of the contract to this application.
3. The Association has 30 days to complete its processing from the date of receipt of the fully completed application, all fees and any supplemental information required. If a question is not answered adequately or left blank, this application may be returned, not processed, and not approved and a resubmittal fee of \$100 will be required.
4. Credit Score minimum: 650; Submit proof of income in the form of: most tax returns, W-2s, 1099, Retirement – Pension and two (2) most recent pay stubs.
5. A legible copy of your driver's license, passport or state/federal ID must be included with application for all adult occupants.
6. The owner must provide the lessee/ buyer with a copy of the Master Declaration.
7. All applicants must make themselves available for a personal interview prior to final Board of Directors approval. Occupancy prior to Board approval is prohibited.
8. All maintenance fees and assessment must be paid up to date prior to receipt and processing of if using as a tenant application.
9. Provide copies of all car registrations. (If a car is registered under different name other than the applicants, this person must as well undergo background and credit check)

FEES REQUIRED: Money Orders/Cashier's Check only:

1. \$100.00 non-refundable fee for processing of new applicant's records made payable to M&M Property Management, LLC.
2. \$100.00 non-refundable fee made payable to Parkwood V Homeowners Association, Inc. per person over the age of 18.

ACCEPTANCE OF THE PROCESSING FEE DOES NOT IN ANY WAY CONSTITUTE APPROVAL OF THIS TRANSACTION

OCCUPENCY RESTRICTIONS:

1. No commercial vehicles, trailers, motor homes, mobile homes, campers, recreational vehicles, etc. permitted on the premises.
2. Use of this unit is for single family residence only. A single family is a single person or domestic partnership/husband and wife and their children.

Applicant(s) sign to acknowledge X _____ X_____

AGREEMENT:

1. I hereby agree for myself and on behalf of all persons who may use the unit which I seek to purchase or lease:
 - a. I will abide by all the restrictions contained in the By-Laws, Rules and Regulations and Restrictions, Association Documents and restrictions which are or may in the future be imposed by PARKWOOD V HOMEOWNERS ASSOCIATION, INC.
 - b. I understand that sub-leasing or occupancy of this unit in my absence is prohibited.
 - c. I understand that any violation of the term, provisions, conditions, and covenants of the PARKWOOD V HOMEOWNERS ASSOCIATION, INC. Documents provide cause for immediate action as therein provided, or termination of the leasehold under appropriate circumstances.
2. Leases cannot be less than six (6) months, including but not limited to Airbnb, Verbo or other forms of short-term leasing/occupancy.
3. Two (2) pets are permitted.
4. I have received a copy of the Association Documents: YES _____ NO _____
 - a. They are accessible on www.parkwoodv.com.
5. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. I understand that the Association has 30 days from the date of this application and any supplemental information required by the Association is received in which to approve or deny this application.
6. If leasing I understand I may not have guests/ visitors for 30 days or more in a calendar year when I am not present.
7. Any misrepresentation or falsification of the information on these forms will result in the automatic disqualification of my application.
8. Occupancy prior to Board of Directors approval is prohibited.
9. I understand that the board of Directors of PARKWOOD V HOMEOWNERS ASSOCIATION, INC. may cause to be instituted an investigation of my background, as the Board may deem necessary. Accordingly, I specially authorize the Board of Directors, Management and the investigative company to make such investigation, and agree that the information contained in the attached application may be used in such investigation, and that the Board of Directors, Officers and Management of PARKWOOD V HOMEOWNERS ASSOCIATION, INC. itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors. In making the foregoing application, I am aware that the decision of PARKWOOD V HOMEOWNERS ASSOCIATION, INC. will be final, and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

PRINT NAME _____ SIGNATURE _____

PRINT NAME _____ SIGNATURE _____

MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Date _____ Closing Date _____

Property Address _____

Current Owners Name _____ Phone: _____

Owners Realtor _____ Phone: _____

New Owner (s) _____ Phone: _____

Buyer's/ Lessee's Realtor _____ Phone: _____

Other Persons who will occupy the home with you:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

PERSONAL HISTORY:

Present Address: _____

Employer: _____ Department: _____

Employer Contact: _____ Phone: _____

Co-Tenant Employer: _____ Department: _____

Co-Employer Contact: _____ Phone: _____

Will this be your first experience living in a Homeowners Association? YES (____) NO (____)

RESIDENCE HISTORY: (Include city, state and zip)

A. Present Address _____ City _____ State _____ Zip _____

Resided From: _____ To: _____

(If renting) Landlord/Management Agent & Phone No. _____

B. Previous Address: _____ City _____ State _____ Zip _____

Resided From: _____ To: _____

(If renting) Landlord/Management Agent & Phone No. _____

CHARACTER REFERENCES:

(NO FAMILY MEMBERS OR RELATIVES)

(ALL WORK PHONES ARE REQUIRED)

1. Name _____ Cell #: _____

City & State _____ Work #: _____

2. Name _____ Cell #: _____

City & State _____ Work #: _____

EMPLOYMENT:

1. Employer _____ Length of time _____

Address _____ Supervisor _____

Phone # _____ Dept/ Position _____ Approx. Mo. Income \$ _____

2. Spouse- Employer _____ Length of time _____

Address _____ Supervisor _____

Phone # _____ Dept/Position _____ Approx. Mo. Income \$ _____

VEHICLE REGISTRATION

Unit: _____ Date: _____

Property Address: _____

Owner(s)/Tenant(s): _____

Owner(s)/Tenant(s): _____

Vehicle 1:

Year: _____ Make: _____ Model: _____ Color: _____

Tag #: _____ State: _____

Driver's License #: _____ Insurance Company: _____

Vehicle 2:

Year: _____ Make: _____ Model: _____ Color: _____

Tag #: _____ State: _____

Driver's License #: _____ Insurance Company: _____

PET REGISTRATION FORM

Please attached current vaccine records and a photo of the pet.

Owner: _____ Phone #: _____

Address: _____

PET ONE:

Name: _____ Breed: _____ Weight (at full growth): _____(lbs.)

Age: _____ Spayed/Neutered: _____ Color: _____
(As of date of this application)

Date of Last rabies vaccine: _____ County Tag I.D. _____

PET TWO:

Name: _____ Breed: _____ Weight (at full growth): _____(lbs.)

Age: _____ Spayed/Neutered: _____ Color: _____
(As of date of this application)

Date of Last rabies vaccine: _____ County Tag I.D. _____

I/We understand and agree that the above pet(s) is/are the only pet(s) approved to be kept at Parkwood V Homeowner's Association, Inc.

I/We are fully responsible for the actions for my/our pet(s) and understand and agree to abide by the Rules and Regulations regarding pet ownership.

I/We understand and agree that if I/we are found in violation of Rules and Regulations that the Association may take all necessary actions to enforce the Rules and Regulations including but not limited to levying fines, requiring removal or expulsion of pet and legal actions for damages and injunctive relief.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

Credit and/or Criminal Authorization Form

Please complete, date, and sign the release authorization form below

You are hereby authorized to release information to Todays Properties, LLC and M&M Property Management, LLC, any and all information they request with regards to verification of my bank account(s), credit history, residential history, criminal record history, and employment verification and character references. This information is to be used for my/our Application for Occupancy.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the Association for their exclusive use only. **PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE and SOCIAL SECURITY CARD TO CONFIRM IDENTITY.** If you do not have a Social Security Card, please include a copy of your Passport or current identification card.

I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper signature.

Applicant Signature

Applicant Signature

Print Name

Print Name

Social Security #

Social Security #

Date of Birth

Date of Birth

Current Address

Current Address

Contact Phone Number

Contact Phone Number

Email Address

Email Address

DATE: _____

DATE: _____

NAME OF ASSOCIATION

STREET ADDRESS