

Vista Trace Condominium

REQUEST FOR APPROVAL - PURCHASE

ALL of the following information must be submitted to the Board of Directors for consideration **BEFORE APPROVAL IS GRANTED** for the lease of your property.

- ☐ A **\$100.00 non-refundable screening fee PER APPLICANT** (Application fee will vary per international country) (husband and wife shall be considered to be one applicant) **from the prospective Buyer(s) in the form of a Money Order or Cashier's Check only.** Please make payable to "**Vista Trace Condominium**". **Personal checks or cash will not be accepted.**
- ☐ **Request for Approval Cover Page** (included in this packet)
- ☐ **If the prospective buyer is a corporation, trust, LLC, or Inc, you must provide the articles of incorporation and/or resolutions with the listed member applying on behalf of the entity.**
- ☐ **A copy of the fully executed Purchase Contract** (included in this packet. Please note that if there are any questions not answered or left blank on the application, the application will be returned and not processed
- ☐ **A copy of the Authorization for Release of Banking, Residence, Employment, Credit, and Police Information** (included in this packet)
- ☐ **A copy of Receipt for Rules and Regulations** (included in this packet)
- ☐ **Driver's License or Picture ID & Social Security Card of ALL applicants and occupants over 16 years of age.**
- ☐ **All Keys, gate cards, and "Rules and Regulations" are the responsibility of the landlord.**
- ☐ **Two consecutive months bank statements and tax returns (if self-employed)**

Applications must be submitted to the Board of Directors not less than **thirty (30) days** before the lease term. Please note that **Occupancy prior to Approval is prohibited.**

Applications along with the above requested information must be mailed to:

Alton Madison Property Management
381 N. Krome Avenue, Suite 205
Homestead, FL 33030

INCOMPLETE APPLICATION PACKAGES WILL NOT BE ACCEPTED

NO FAXES WILL BE ACCEPTED AND / OR PROCESSED

Please note that Alton Madison Property Management will not be able to RUSH the process. We ask that you not call us to request that the process be "rushed". We will reply to you via U.S. Postal Service and we may also contact you via telephone when the application has been processed by the Board of Directors.

We appreciate your cooperation in complying with Vista Trace Condominium Governing Documents. If you should have any questions or concerns, please feel free to call Alton Madison Property Management at 305-247-5085 or you may email your questions or concerns to vistatrace@altonmadison.com.

Vista Trace Condominium

REQUEST FOR APPROVAL OF PURCHASE COVER PAGE

The following information should be filled out by the **Prospective Buyer**. Please complete all parts of this page. Please mark "N/A" for all parts that are Non-Applicable.

Current Property Owner's (Seller) Information

Name of Property Owner: _____

Property Address: _____ (Homestead, FL 33033)

Property Owners Mailing Address: _____

Vista Trace Account #: _____ (if unknown, leave blank)

Property Owner's Phone #: _____

Realtor's Information (if applicable)

Name of Realtor: _____

Company Name: _____

Realtor's Phone #: _____

Mortgage Broker's Information (REQUIRED)

Name of Broker: _____

Company Name: _____

Broker's Phone #: _____

Prospective Buyer's Information

Prospective Buyer's Name(s) (as will appear on title): _____

Prospective Buyer's Email: _____

Name, Age, and Relationship of ALL other family members that will occupy the Unit:

Prospective Buyer's Phone No: _____

I am purchasing this unit as:

AS PERMANENT
RESIDENCE _____

AS SEASONAL
RESIDENCE _____

FOR
RENTAL (*) _____

OTHER
EXPLAIN: _____

Applicant's Signature

Co-Applicant's Signature

Applicant's Name (Please Print)

Co-Applicant's Name (Please Print)

Vista Trace Condominium

APPLICATION FOR PURCHASE

Applicant: _____
(Last) (First) (Middle)

Date of Birth: _____ Social Security No: _____

Personal Description: _____
Ht. Wt. Hair Color Driver's License # State

Present Address (NOT the address you are moving to): _____
(Street) (Apt)

(City) (State) (Zip Code) (Home telephone) ☐ Own ☐ Rent (Since)

Landlord/Mortgage Co.: _____
(Name) (Address)

(City) (State) (Zip Code) (Telephone) ☐ Own ☐ Rent (Since)

Previous Address _____
(Street) (Apt)

(City) (State) (Zip Code) (Telephone) ☐ Own ☐ Rent (Since)

Landlord/Mortgage Co.: _____
(Name) (Address)

(City) (State) (Zip Code) (Telephone) ☐ Own ☐ Rent (Since)

Total Number of people to occupy premises: _____

Have you ever been evicted from any leased premises? YES / NO

Rent Amount: _____

In case of Emergency, notify: _____ **Telephone:** _____

Vehicle 1: _____ **Tag Number:** _____
Year Make Model Color

Vehicle 2: _____ **Tag Number:** _____
Year Make Model Color

Present Employer: _____
(Name) (Business Address)

(City) (State) (Zip Code) (Telephone) (Supervisor) (Monthly Income) (Since)

Previous Employer: _____
(Name) (Business Address)

Date 08/07/19

Vista Trace Condominium

(City) (State) (Zip Code) (Telephone) (Supervisor) (Monthly Income) (Since)

Co-Applicant: _____
(Last) (First) (Middle)

Date of Birth: _____ Social Security No.: _____

Co-Applicant's
Description: _____
Ht. Wt. Hair Color Driver's License # State

Is Co-Applicant spouse? ☐ Yes ☐ No Specify Relationship: _____

Co-Applicant's Present Employer: _____
(Name) (Business Address)

(City) (State) (Zip Code) (Telephone) (Supervisor) (Monthly Income) (Since)

Co-Applicant's Previous Employer: _____
(Name) (Business Address)

(City) (State) (Zip Code) (Telephone) (Supervisor) (Monthly Income) (Since)

APPLICANT / CO-APPLICANT – Please fill out section below jointly

Children: _____

(How many and their ages)

Pets: _____
(How many, Breed, Approximate Weight, Age)

Have you ever been arrested for a misdemeanor or felony? **Applicant** **Co-Applicant**
Explain: _____ ☐ Yes ☐ No ☐ Yes ☐ No

Have you ever been convicted for a misdemeanor or felony? **Applicant** **Co-Applicant**
Explain: _____ ☐ Yes ☐ No ☐ Yes ☐ No

CORRECTION INFORMATION – Applicant represents that all of the above statements are true and complete, and hereby, authorizes verification of the above information, references and credit records in addition to the foregoing, applicant(s) has paid Vista Trace Condominium the sum of \$100.00 as a non refundable fee for Association's costs and right of occupancy and or forfeiture of deposits and may constitute a criminal offense under the laws of this State. Furthermore, I understand that an investigative consumer report including information about my character, general reputation, personal characteristics, mode of living, and all public record information including criminal records may be made. I understand that a written request for the nature and scope of the investigation if made within a reasonable period of time may be made. I understand that misrepresentation of the above information will void my lease/rental agreement and be grounds for immediate eviction with loss of all deposits. I authorize verification of this information by the Landlord or his agent
EQUAL CREDIT OPPORTUNITY ACT - The Federal ECOA prohibits from discriminating against credit applicants on the basis of sex or marital status. The Federal Agency which administers compliance with this law concerning this apartment community is Federal Trade Commission. 1718 Peachtree St. N.W. Room 10000, Atlanta, Georgia 30308

I HAVE READ AND AGREED TO THE PROVISIONS AS STATED.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Vista Trace Condominium

I (we) _____
Hereby authorize the release of information to the Credit Agency and their Attorneys or Representatives, and Sarma Screening Service Inc, as Agents, concerning my banking, credit, residence, employment or police records in reference to this application for housing with Vista Trace Condominium, hereinafter referred to as Condominium.

I/we understand that the Board of Directors of the Condo may cause to be instituted such an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors of the Condominium, or Sarma Screening Inc, as agents to make such investigation and agree that the information contained in the attached application may be used in such investigation.

Furthermore, I/we release the Board of Directors and Officers of the Condominium, Sarma Screening Service Inc, as Agent (to include: Employees, Officers, Directors, Brokers, Agents, and representatives of the foregoing) and all persons and firms providing or receiving information in this report, from any and all claims or liability which might arise from the release transmission, assembly, interpretation of information, denial or application or other adverse action.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Vista Trace Condominium

Receipt for Governing Documents, Rules and Regulations

All new residents (Purchasers & Lessees) must receive a copy of the Rules and Regulations of the Association and sign the following receipt, acknowledging that they will abide by them. This receipt must be returned to

Vista Trace Condominium
C/o Alton Madison Property Management
381 N. Krome Avenue, Suite 205
Homestead, FL 33030

I / we _____, am (are) in receipt of the Rules and Regulations of Vista Trace Condominium and agree to abide by them or any future changes or additions to them.

I (we) will also familiarize myself (ourselves) with the Condominium Association documents, and agree to be bound by them as well, including any future amendments.

I (we) agree that the Rules and regulations will be shared with all members of our household.

I (we) understand that parents will be responsible for minor children, and that host families will be responsible for all guests

Unit address: _____

Date: _____

Applicant Signature: _____

Print Name: _____

Co-applicant Signature: _____

Print Name: _____

Owner's Signature: _____