



HAMMOCKS TRAIL CONDOMINIUM REGISTRATION FORM

DOCUMENTATION CHECKLIST

Please note that incomplete Registrations will NOT be accepted by the office.

1. **Complete and sign registration "14 pages".** (Complete and sign Residential Screening Request Form, Complete and signed Disclosure & Authorization Agreement Form, Complete and signed Parking Decals Form, Complete and sign the Fitness Center Waiver of liability (One per Adult) one per adult 18 years and older.
2. Copies of valid Driver's License or Passports.
3. Copies of Vehicles Registration and vehicle insurance. (Expired documents will delay application process)
4. Provide us with a police report for all registrants and occupants 18 years old and over. (Must be from no later than 90 days from Date of issuance)
5. Renters: Copy of the Lease Agreement (No lease should be for less than one (1) calendar year) and no more two (2) times per year.
6. Buyers: Copy of Sale Contract. If purchasing under a corporation name you must provide the Articles of Incorporation. Screening and disclosure must be completed by president/owner of the company
7. Non Refundable Money Order or Cashier's Check in the amount of **\$100.00** payable to **Hammock Trails Condominium Assoc. Inc.** to cover **Electronic Access Cards and Parking Decals.**
8. A Security Deposit for the amount of **\$200.00** is required to be given by the owner of the property. Please, make Money Order or Cashier's Check payable to **Hammock Trails Condominium Assoc. Inc.**
9. Pets must have proper tags of rabies vaccination from Dade County; this is a Dade County State Law. Also a photo of the pet is required and **\$200.00** security deposit non refundable. Dogs must weight less than 25 pounds. Failure to report a pet will result in a fine as well as our attorney fees if necessary.

Once the Registration has been received and processed, it will be turned over to the Board of Directors of the Association for revision. **Registration process could take up to 15 business days.** Please make sure you submit your Registration ahead of time so you **don't call the office to rush the process.**



HAMMOCKS TRAIL CONDOMINIUM ASSOC. INC.

NOTE: Print legibly or type all information. Complete all questions and fill in blanks.

Purchase: ☐ **Lease:** ☐ **For how long:** _____ **Date:** _____

Property Address: _____

Current Unit Owner Name (s) _____

Owner's alternative address: _____

Home telephone: _____ **Work:** _____ **Cell:** _____

Owner e-mail(s): _____

I give permission and authorization to the Board of Directors to communicate with me via email rather than regular mail, certified mail and/or hand delivery.

Owner Signature: _____

Email: _____

**REGISTRANT INFORMATION**

Registrant's Name: _____ Date of Birth _____

SS # _____ Police records _____ Yes _____ No.

Are you a military service member? _____ Yes _____ No.

“Service member” means any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces. 250.01.(19), Florida Statutes.

Current Address _____ City/ State _____ Zip Code _____

Home Telephone _____ Cell _____ E-mail _____

Employer _____ Position _____ Work Telephone _____

Address _____ City/ State _____ Zip Code _____

CO-REGISTRANT INFORMATION

Co-Registrant's Name _____ Date of Birth _____

Relationship _____ SS # _____ Police Records _____ Yes _____ No

Are you a military service member? _____ Yes _____ No.

“Service member” means any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces. 250.01.(19), Florida Statutes.

Current Address _____ City/ State _____ Zip Code _____

Home Telephone _____ Cell _____ E-mail _____

Employer _____ Position _____

Address _____ City/ State _____ Zip Code _____

Work Telephone _____

Marital Status: (_____) Single (_____) Married (_____) Divorced (_____) Widowed

No. Of adults (over age 18) who will live here: _____

Names & ages of children: _____

No. of pets (Breed, Color, Size, etc.): _____



VEHICLES (maximum of 2 vehicles per unit)

No. of cars you will park at this address: _____ Drivers Lic. No.'s: _____

Vehicle # 1 Make _____ Model _____ Year _____ Color _____ Tag # _____

Vehicle # 2 Make _____ Model _____ Year _____ Color _____ Tag # _____

CRIMINAL HISTORY - DO YOU HAVE ANY CRIMINAL RECORDS YES _____ NO _____
(IF YES, PLEASE PROVIDE DISPOSITION OF THE CASE(S) BEFORE THE INTERVIEW ALONG WITH
THE COMPLETE REGISTRATION TO THE MANAGEMENT COMPANY)

RESIDENCE HISTORY

1- Present Address: _____ How Long: _____

City: _____ State: _____ Zip code: _____ Phone No: _____

Landlord: _____ Phone No: _____

(Please specify if you are the owner)

2- Previous Address: _____ How Long: _____

City: _____ State: _____ Zip code: _____ Phone No: _____

EMPLOYMENT REFERENCE

Employer: _____ Phone No: _____

Address: _____

Position: _____ How long: _____ Monthly Income: _____

Spouse's Employer: _____ Phone No: _____

Address: _____

Position: _____ How Long: _____ Monthly Income: _____



PERSONAL REFERENCES

1- Name: _____ Home No. _____
City: _____ State: _____ Relation: _____ Work Phone No. _____

2- Name: _____ Home No. _____
City: _____ State: _____ Relation: _____ Work Phone No. _____

3- Name: _____ Home No. _____
City: _____ State: _____ Relation: _____ Work Phone No. _____

4- Name: _____ Home No. _____
City: _____ State: _____ Relation: _____ Work Phone No. _____

Have you ever had any legal conflict with a Landlord? _____

Have you ever had any legal conflict with a residence? _____

The Owner/Association /Landlord will authorize Renovations Property Management to act as their agent to investigate the information provided on this Registration Form, (And the owner/Association/Landlord) will not be liable or responsible for any inaccurate information in the report, caused by Illegibility or wrong information provided on this form, given by the registrant. The registrant agrees, not to hold Renovations Property Management and/or the Owner /Association/Landlord reliable for the reports received by their Investigators. All reports will be obtained under the regulations of the FCRA-FAIR Credit Reporting Act. The Registrant agrees to sign the Authorization Form, needed by Renovations Property Management to receive the requested Information concerning the banking, employment, credit and residence information in reference to this Registration. Renovations Property Management may investigate all given references as deemed necessary and may also require a credit report through a credit reporting agency. All investigation reports will be doled confidentially and only the results will be reported to the Owner/Association/ Landlord or authorized persons. By signing this Registration the Registrant authorizes the Owner/ Association/ Landlord and their agent Renovations Property Management, to investigate the information supplied

Attached is the Signed Authorization Form for Release of Information. DATE: _____.

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

Registrant

Co-Registrant



AUTHORIZATION FORM

REGISTRANT: *Most banks, financial institutions, mortgage companies and employers require your signature and name to verify information. Please complete the form below.*

You are hereby authorized to release information to Renovations PROPERTY MANAGEMENT. Any and all information they request with regards to verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references. This information is to be used for my/our credit report for my/our Registration 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.

I/We further state the Registration 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 proper signature.

I/We certify under penalty of perjury that the foregoing is true and correct.

Registrant's Signature

Registrant's Name Printed

Co-Registrant's Signature

Co-Registrant's Name Printed

Date Signed

Date Signed



AGREEMENT

By signing this letter you are confirming that you did receive the following documents:

- Rules and Regulations
- Florida Statute in reference to association payments.

Pursuant to Florida Statute Section 718.116(11), the association has the right to collect rents directly from a tenant when the unit owner has outstanding amounts owed to the Condominium Association. If the owner of the unit is delinquent in its payments the tenant will pay the monthly maintenance.

By signing this agreement, the unit owner and the tenant, agree:

Tenants must follow the Rules and Regulations of the condominium; otherwise he/she will be evicted within 15 days and subject to pay any penalties.

I _____ on _____, 20__ received the Rules and Regulations.

Owner

Tenant

Cordially,

The Administration.



HAMMOCKS TRAIL CONDOMINIUM ASSOC. INC.

RULES AND REGULATIONS RECEIPT

I'm here to confirm that I have received –and will read- a copy of the Rules and Regulations governing the use, responsibilities, safety, security, trash, architectural control, parking registration rules, pets, sales or lease, recreational facilities, swimming pool rules and burglar alarms of Homeowners Association. This Unit cannot be subleased or sublet partial or total. I understand that failure to comply with these Rules and Regulations and governing documents will result in fines, as prescribed by the law.

No. of adults (over age 18) who will live here: _____

Number of Children: _____

No. of Pets, If applicable (Breed, Color, Size, etc.) _____

Signature: _____

Please print your name: _____

Signature: _____

Please print your name: _____

Property Address: _____

Date: _____

Approved By: _____

Board Member Signature

Title

Date

Print your name

Property Manager: _____

Signature

Print Name

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 registration for and/or continued residence. **A consumer report and/or an investigative consumer report may be obtained at any time during the registration process or during your residence.** Upon timely written request of the management, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

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 AmeriCheckUSA 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 registrant's only, if you would like to receive a copy of the report, if one is obtained, please check the box.
(ONE PER ADULT)



DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CONSUMER REPORTS

DISCLOSURE

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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 AmeriCheckUSA 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 registrants only, if you would like to receive a copy of the report, if one is obtained, please check the box.
(ONE PER ADULT)

VEHICLE REGISTRATION FORM**Homeowner's Information**

Homeowner's Name(s): _____ Acct. #: _____

Property Address: _____

Mailing if Different: _____

Home#: _____ Work#: _____ Cell#: _____

Tenant Information (If applicable)

Tenant's Name(s): _____

Home#: _____ Work#: _____ Cell#: _____

REGISTERED VEHICLE INFORMATION**Homeowners are only entitled access of as many parking spaces as purchased by the unit owner.****DECAL #:** _____**INFORMATION FOR VEHICLE:**

Make: _____ Model: _____ Color: _____

Vehicle Identification Number: _____ Tag Number: _____

Make: _____ Model: _____ Color: _____

Vehicle Identification Number: _____ Tag Number: _____

NOTE TO ALL HOMEOWNERS MUST READ AND UNDERSTAND THE FOLLOWING:

All vehicles can be registered by the homeowner(s) only, unless tenant has a notarized letter of authorization from homeowner. Each unit is entitled as many parking decals as purchased by the owner of the property at transfer from the developer. Visitors' parking spaces are for such only! **NO HOMEOWNERS ARE ALLOWED TO PARK IN VISITORS PARKING. Towing will be enforced, at owner's expense.** All visitor vehicles parked in the same visitor's space for more than 12 hours will be towed at owner's expense. In addition, any residents not following the rules & regulations of the parking in the association will be towed. **NO COMMERCIAL VEHICLES ARE ALLOWED TO BE REGISTERED BY HOMEOWNERS.**

I have read the above mentioned, and understand fully.

Print

Tenant or Homeowner's Name Tenant or Homeowner's Signature Date



HAMMOCKS TRAIL CONDOMINIUM ASSOC. INC.

Fitness Center Waiver of Liability

I _____, Owner/Tenant of Unit# _____
Hammocks Trails Condominium, am fully responsible for any injuries to
myself/guest(s)/others using the fitness center, pool, or any other amenities of Hammocks Trails
Condominium.

If an occurrence of this nature takes place, I will hold Hammocks Trails Condominium
harmless and take full responsibility.

Signature

Print Name

Date

EACH REGISTRANT PERSON MUST SIGN A WAIVER!



HAMMOCKS TRAIL CONDOMINIUM ASSOC. INC.

Fitness Center Waiver of Liability

I _____, Owner/Tenant of Unit# _____
Hammocks Trails Condominium, am fully responsible for any injuries to
myself/guest(s)/others using the fitness center, pool, or any other amenities of Hammocks Trails
Condominium.

If an occurrence of this nature takes place, I will hold Hammocks Trails Condominium
harmless and take full responsibility.

Signature

Print Name

Date

EACH REGISTRANT PERSON MUST SIGN A WAIVER!



HAMMOCKS TRAIL CONDOMINIUM ASSOC. INC.

Pet Registration Form

Resident's Name: _____ Unit# _____ ☐ Owner ☐ Tenant

Phone # () _____ Alternate # () _____ Alternate # () _____

Breed:

(Give Complete Description, Color, ext.)

Age of pet: _____ Sex: Female___ Male _____

License Tag # (s) of pet: _____ Weight of pet (lbs): _____

Expected Weight of pet when fully grown (lbs.): _____

Height of pet: _____ Name of pet: _____

Please Note:

- If more than one pet is being registered, please fill out one form per pet.
- A Current picture of the pet must be attached to this registration form.
- A valid Health Certificate or Veterinarian Statement indicating that pet is current with all vaccines including Rabies, DHLPP and Bordetella must be attached to this registration form.
- All pets must wear a current Miami-Dade tag.

In consignment of being permitted to continue to maintain the pet registered above, the undersigned specifically agrees to the following terms and Conditions:

- No more than 1 pet weighing more than 25 pounds are permitted. Exotic animals may not be harbored at Hammocks Trails Condominium.
- The right to continue to maintain registered pet shall be personal to the resident(s) and such right shall not transfer upon sale, lease, or transfer of the unit.
- In accordance with Miami Dade City Ordinances, pet must be restrained on a leash while in the common areas of the condominium and resident(s) must use a pooper scooper to dispose of their pet waste.

Violations are subject to City/Condominium Fines.

Signature: _____

Date: _____

Print Name: _____