GLADEWIND HEIGHTS HOMEOWNERS ASSOCIATON, INC.

c/o C R Property Management
14850 SW 26 Street, Suite 112, Miami, FL 33185
Office: (305) 225-1897 | E-mail: customerservice@crmanagementinc.com

INSTRUCTIONS FOR SALE OR LEASE APPLICATION

Please complete and sign all required forms. When application package is submitted, it must contain all the following:

____ 1. Screening fee of $100.00 for first applicant (or married couple; must provide marriage certificate) 18 years old or over. Each additional adult applicant will be $50.00. Payment must be only in the form of **Cashier's Check or Money Orders** written to **C R Property Management.**

____ 2. Driver's license for all applicants 18 years old or over.

____ 3. Copy of Purchase Contract or Lease agreement

____ 4. Fully answered Application for Occupancy

____ 5. Car Registration Form

____ 6. Copy of registration for **ALL vehicles**

____ 7. Pet Application Form **FULLY completed** (if applicable)

___ a. Veterinary Vaccination Records

___ b. Copy of Miami Dade County Tag & Tag Number

___ c. Picture of Pet

____ 8. Lease Addendum

____ 9. Disclosure and Authorization Agreement (**One per Each Adult)**

____ 10. Residential Screening Authorization (**One per Each Adult)**

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Please Note:

- Screening fee for non-US Citizens and international applicants may vary. Non-US Citizens/Residents should contact the management office before submitting the application so that we may provide you the correct screening fee. Please also provide a copy of the applicants' passports in order to conduct the screening.
- Processing an application takes time. We legally have 30 days to process. Applicant's criminal background is checked through a reporting agency. Once screening has taken place and all forms have been filled out, the application is sent to be approved by the BOARD OF DIRECTORS.
- All applicants will be required to attend an interview with the Board of Directors prior to Approval.
- **SHOULD A POTENTIAL OCCUPANT MOVE IN WITHOUT PRIOR APPROVAL THE ASSOCIATION WILL IMPOSE FINES ACCORDINGLY AND APPLICATION MAY BE DENIED**
- **LEASE APPLICATION WILL NOT BE PROCESSED IF OWNER'S ACCOUNT IS NOT CURRENT**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED &
APPLICATIONS MUST BE BROUGHT IN WITH APPOINTMENT

Hand-deliver the below to:
Gladewind Heights Homeowners Association
C R Property Management
14850 SW 26th Street, Suite 112, Miami, FL 33185
Phone: 305-225-1897

Application and documentation received on _____

By_____

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APPLICATION FOR OCCUPANCY

NOTE: All telephone numbers must be able to be reached between 9 A.M. and 5 P.M.

#1 Applicant's Name _____
Applicants Phone # _____
Applicant's Email _____
Social Security # _____ D.O.B. _____
Driver's License # _____ State _____
Vehicle Info: Make _____ Year _____ Tag # _____
Company Name _____
Company Address _____
Employer's Phone # _____

#2 Applicant's Name _____
Applicants Phone # _____
Applicant's Email _____
Social Security # _____ D.O.B. _____
Driver's License # _____ State _____
Vehicle Info: Make _____ Year _____ Tag # _____
Company Name _____
Company Address _____
Employer's Phone # _____

#3 Applicant's Name _____
Applicants Phone # _____
Applicant's Email _____
Social Security # _____ D.O.B. _____
Driver's License # _____ State _____
Vehicle Info: Make _____ Year _____ Tag # _____
Company Name _____
Company Address _____
Employer's Phone # _____

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#4 Applicant's Name _____

Applicants Phone # _____

Applicant's Email _____

Social Security # _____ D.O.B. _____

Driver's License # _____ State _____

Vehicle Info: Make _____ Year _____ Tag # _____

Company Name _____

Company Address _____

Employer's Phone # _____

EMERGENCY CONTACT

1. Name: _____ Cell Phone: _____

Address: _____ Home Phone: _____

2. Name: _____ Cell Phone: _____

Address: _____ Home Phone: _____

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APPLICATION FOR OCCUPANCY

CAR REGISTRATION FORM

Vehicle Owner Name: _____

Vehicle 1 Make:_____Model: _____

Year:_____Color: _____

Tag #:_____State: _____

Vehicle Owner Name: _____

Vehicle 2 Make:_____Model: _____

Year:_____Color: _____

Tag #:_____State: _____

Vehicle Owner Name: _____

Vehicle 3 Make:_____Model: _____

Year:_____Color: _____

Tag #:_____State: _____

Please submit copy of the registration for each vehicle.

Note: Vehicles must be parked in designated space(s) only. All unauthorized vehicles are subjectto tow restrictions.

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APPLICATION FOR OCCUPANCY

PET APPLICATION

Unit #: ____

Resident(s) Name(s): _____

Pet Species: _____ Pet Breed: _____ Pet Name: _____

Pet Weight: _____ Pet Height: _____ MDC Tag #: _____

Name of Veterinarian: _____Vet Phone #: _____

Address of Veterinarian: _____ Date of Last Vet Visit: _____

THE FOLLOWING MUST BE INCLUDED WITH APPLICATION & Re-submitted annually to the management company

1. Pictures (2-3) of Pet from different angles
2. Veterinary Records (no older than 3 months from application)
3. Current Vaccination Records
4. MDC Tag Registration MUST be Current

Note: Pets MUST be on leash at ALL times & Pet waste MUST be disposed of properly VIOLATIONS are subject to fines.

Owner/Resident Signature _____

LEASE ADDENDUM

PART ONE:

I (We) have been informed of the current HOA Rules and Regulations and I (We) agree to bebound by and to observe these Rules and Regulations upon the approval of this application.

I (We) further certify that I (We) have never been evicted from other rental units and that the information submitted with this application is true and correct.

PART TWO:

In the event the Lessor (Owner) is delinquent in the payment of any monthly maintenance assessmentdue the Homeowner Association, and if such delinquency continues for a period in excess of the (10) days, the Lessee upon receiving written notice of such delinquency from the Homeowner Association, shall pay the full amount of such delinquency as set forth in said notice to the Homeowner Association for the benefit of the Homeowner Association. Lessee may deduct from the rental payment due the Lessor the amount paid to cure the delinquency. It is understood that the Lessee shall continue to pay the monthly maintenance to the Homeowner Association until such timeas the Lessee is notified in writing by the Homeowner Association that the Lessor's delinquency has been cured.

The Lessor and the Lessee specifically acknowledge and agree that the Homeowner Association is hereby empowered to act as agent for the Lessor, with full power and authority to take such action as may be required to compel compliance by the Lessee and/or Lessee's family or guests with the provisions of the Declaration of Condominium and its Exhibits, the Florida Condominium Act and the Rules and Regulations of the Homeowner Association. The approval of the proposed Lease Agreement by the Homeowner Association is expressly conditioned upon the observance of the provisions contained in this Addendum. Any breach of the terms hereof shall give the Association the authority to take immediate steps to terminate the Lease Agreement. The Lessor acknowledges that he remains responsible for the acts of the Lessee and Lessee's family and guests. The Lessor agrees that he remains responsible for any costs, pre-litigation, at trial and any appeals, in remedying violations of this Addendum and/or violations of the HOA and its Exhibits and the Rules andRegulations of the Homeowner Association.

PART THREE:

The Lessor and Lessee agree with the fact that if anyone else besides the individuals listed in this application move into this property, the person will need to apply and be approved by the Board of Directors to legally reside in this community. Any person moving into this property without the authorization of the board of directors will be considered an illegal tenant and the Association will have the authorization to commence the eviction process. In this case any and all costs and fees incurred will be the Homeowner's responsibility.

IN WITNESS WEREOF, the parties hereto have set their hands this_____day of _____, _____.

Witness: Lessor(s)

_____ _____

Witness: Lessee(s)

_____ _____

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 and/or continued residence. **A consumer report and/or an investigative consumer report may be obtained at any time during the application 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, basedin 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 applicants only, if you would like to receive a copy of the report, if one is obtained, please check the box.

Gladewind Heights HOA / Ref# _____

RESIDENTIAL SCREENING AUTHORIZATION

First:_____Middle:_____Last: _____

Address: _____

City:_____St:_____and Zip: _____

SSN:_____DOB(MM/DD/YY):_____

Tel#:_____Cel#: _____

Mother's Maiden Name (international Applicants only): _____

I have read and signed the Disclosure and Authorization Agreement

SIGNATURE:_____**DATE:** _____