



THE COMPANY THAT TAKES CARE OF YOU
NETHERLANDS NEIGHBORHOOD ASSOCIATION, INC.

APPLICATION FOR LEASE/ PURCHASE

INSTRUCTIONS

1. Non Refundable Application Fee of 150.00 "Husband & Wife and or Parent/Dependent Child". Any applicant applying as a dependent and/or married couple must provide proof of such status (Valid Proofs: Marriage Certificate, Tax Returns, Unemployment Application, and Full-Time Student); any other adult must pay an additional \$150.00 (per adult). Payable with Money Order or Cashier's Check to: RENOVATIONS PROPERTY MANAGEMENT.
2. Copies of Driver's License, Identification Card, or a copy of passport for each applicant.
3. Copies of the Vehicles Registration and Insurance (Up to Date).
4. Provide us with a police report for all applicants and occupants 18 years old and over.
5. A copy of the **SALES CONTRACT or LEASE AGREEMENT** must be included within application package.
6. **Purchase Only:** Capital Contribution Fee of \$500.00 payable to NETHERLANDS NEIGHBORHOOD ASSOCIATION, INC. with Money Order or Cashier's Check only.
7. New owners are responsible for providing the certificate of title or warranty deed to be updated within the community database and request a coupon book. – **PURCHASE ONLY**
8. You are advised to obtain Estoppel Letter **before** the closing takes place, as the new owner is responsible for any unpaid assessments and/or legal fines that may have been incurred.
9. No lease shall be for less than 1 (one) year.
10. Rules and Regulations, Condo Docs, mail box and common area keys must be provided to new resident by the current unit owner.
11. Please return the completed application to the management office at least 20 days prior moving into the association, incomplete applications will not be accepted. The approval process can take **up to 15 business days to be completed.**
12. No rental or sale will be completed without the certificate of approval from the Association. This certificate will be given within 48 hours of the interview. You will be contacted as soon as the certificate of approval is ready for pick up, it will be valid for 30 days.
13. If the person who is applying does not live in the country or city of the property we require notarized power of attorney that appoints who is authorized to represent you in the rental of your property and in case of an emergency.

DO NOT MOVE IN WITHOUT THE BOARD OF DIRECTOR'S APPROVAL

Received by administration: _____



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Application for Occupancy / Approval

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:** _____



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APPLICANT INFORMATION

Applicant'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: _____ Email: _____

Employer: _____ Position: _____ Work Ph: _____

Current Address: _____ City/ State: _____ Zip Code: _____

CO-APPLICANT INFORMATION

Co-Applicant'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: _____ Email: _____

Employer: _____ Position: _____ Work Ph: _____

Address: _____ City/ State / Zip Code: _____ Salary: _____

REALTOR INFORMATION:

Are you using a realtor? Yes _____ No _____

If yes: Realtor Name: _____ Phone Number: _____



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INFORMATION ON HOUSEHOLD MEMBERS

Name for all household members:

1. _____ Age _____ Relationship _____
2. _____ Age _____ Relationship _____
3. _____ Age _____ Relationship _____
4. _____ Age _____ Relationship _____

VEHICLES -

Vehicle # 1 Make _____ Model _____ Year _____ Color _____ Tag # _____
Vehicle # 2 Make _____ Model _____ Year _____ Color _____ Tag # _____

PETS

Type of Pet _____ Color _____ Weight _____

REFERENCES – NON-RELATED CHARACTER REFERENCES

REF # 1 Name _____ Home Telephone _____ Work/ Cell Telephone _____
Current Address _____ City/ State _____ Zip Code _____
REF # 2 Name _____ Home Telephone _____ Work/ Cell Telephone _____
Current Address _____ City/ State _____ Zip Code _____
REF # 3 Name _____ Home Telephone _____ Work/ Cell Telephone _____
Current Address _____ City/ State _____ Zip Code _____

CONTACT PERSON IN CASE OF AN EMERGENCY SUCH AS A FIRE OR FLOOD

Name _____ Relationship _____
Home Telephone _____ Work _____ Cell _____



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AUTHORIZATION RELEASE

I/We hereby authorize **NETHERLANDS NEIGHBORHOOD ASSOCIATION, INC..** to make any investigation to confirm the information contained on this application for occupancy. I/WE understand that this investigation may include, but not limited to: credit report, verification of employment and background check. I/WE consent to the investigations and authorize and direct any employer, past or present, credit reporting agencies, banking institutions and law enforcement agencies to release to **NETHERLANDS NEIGHBORHOOD ASSOCIATION, INC..** this information without any liability. I/WE further agree that **NETHERLANDS NEIGHBORHOOD ASSOCIATION, INC..** Shall be held harmless from any action or claim by me/us in connection with the use of the information contained herein.

_____ Applicant's Name	_____ Applicant's Signature	_____ Date
_____ Co-Applicant's Name	_____ Co-Applicant's Signature	_____ Date

Please include a copy of a photo ID. Please provide a copy of the "Warranty Deed" to the Association's Manager if the transaction is a purchase once closing is made.

NETHERLANDS NEIGHBORHOOD ASSOCIATION, INC. Board Official Use Only:

Received by: _____ Date _____



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AUTHORIZATION FORM

APPLICANTS: 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 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.

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 proper signature.

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

Applicant's Signature

Applicant's Name Printed

Co-Applicant's Signature

Co-Applicant's Name Printed

Date Signed

Date Signed



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VEHICLE(S) REGISTRRTION FORM / REGISTRACION DE VEHICULO(S)
TWO VEHICLES PERMITTED PER UNIT / DOS PARQUEOS PERMITIDO POR UNIDAD

Address / Direccion: _____ **Unit:** _____

Phone / Telefono: _____

Name / Nombre: _____

Florida Driver Lic / Licencia de Conducir: _____

Vehicle Make / Marca del Vehículo: _____

Color: _____ **Tag No / No. De Placa / Chapa:** _____

STICKER NO. _____

Name / Nombre: _____

Florida Driver Lic. / Licencia de Conducir: _____

Vehicle Make / Marca del Vehículo : _____

Color: _____ **Tag No / No. De Placa / Chapa:** _____

STICKER NO. _____

Please, you MUST provide a copy (ies) of your driver license and vehicle (s) registration.

Por favor, TIENEN que proveer copia (s) de su licencia de conducir y de la registracion de su vehiculo (s).

NO TRUCKS, PICK-UPS, COMMERCIAL VEHICLES, RV'S, CAMPERS, ETC. ARE ALLOWED TO PARK INSIDE THE COMMUNITY AT ANY TIME AS PER THE CONDO DOC'S OF THE COMMUNITY.

Applicant's Name Applicant's Signature Date

Co-Applicant's Name Co-Applicant's Signature Date



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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 720.3085(8)(a) 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.