



*Courtesy Property
Management*

Experience the Difference

APPLICATION FOR LEASE OR SALE

CENTURY PARK WEST CAI

All application requests must be made to:

Courtesy Property Management, Inc.

13250 SW 135th Avenue, Miami, FL 33186 P: 305-254-3888 F: 305-254-3855

Visit our website at: www.courtesypropertymgmt.com

Fax: (305) 254-8965

WHAT TO BRING WITH YOUR APPLICATION:

- ORIGINAL COMPLETED APPLICATION. (FAXED OR E-MAILED COPIES WILL NOT BE ACCEPTED)
- COPY OF YOUR LEASE OR SALES CONTRACT. (WE WILL KEEP THIS COPY)
- COPY OF I.Ds OF ALL PROSPECTIVE OCCUPANTS 18 AND OLDER
- ORIGINAL COPY OF LOCAL POLICE BACKGROUND CHECK FOR APPLICANTS 18+ (IF ANYTHING OTHER THAN "NO LOCAL RECORD" PLEASE BRING ORIGINAL AFFIDAVIT AND DISPOSITION)
- CAR REGISTRATION
- FOUR SEPARATE MONEY ORDERS
 - \$100.00 PAYABLE TO: *CENTURY PARK WEST* (SCREENING FEE)
 - **EVERY PROSPECTIVE OCCUPANT OVER THE AGE OF 18 MUST PAY A SEPARATE APPLICATION FEE OF \$100.00 UNLESS LEGALLY MARRIED.**
 - \$50.00 PAYABLE TO: *CENTURY PARK WEST C.A.I.* (APPLICATION FEE)
 - \$35.00 PAYABLE TO: *CENTURY PARK WEST C.A.I.* (CALL BOX PROGRAMMING)
 - **FOR LEASE:** \$15.00 PAYABLE TO: *COURTESY PROPERTY MANAGEMENT* (NOTARY FEE)
 - **FOR SALE:** \$40.00 PAYABLE TO: *COURTESY PROPERTY MANAGEMENT* (COUPONS / NOTARY FEE)

INTERNATIONAL APPLICANTS:

- LOCAL POLICE REPORT WITH TRANSLATION FROM A CERTIFIED US COMPANY.
- FULL COPY OF PASSPORT WITH VISA.
- INTERNATIONAL BACKGROUND CHECK PAID FOR BY THE APPLICANT.

UNDER NO CIRCUMSTANCES WILL AN APPLICATION BE PROCESSED UNDER 15 BUSINESS DAYS!

PLEASE DO NOT CALL THE MANAGEMENT COMPANY PRIOR TO 15 BUSINESS DAYS. IF THE MANAGEMENT COMPANY NEEDS MORE INFORMATION, THE UNIT OWNER OR TENANT WILL BE CONTACTED.

WE WILL NOT ACCEPT INCOMPLETE APPLICATIONS!

ATTENTION UNIT OWNERS :

NO PETS OVER 25 POUNDS

NOTICE OF DEMAND FOR RENTS PURSUANT TO FLORIDA STATUTES SECTION 718, 116(11)

Attention: Owner and Tenant

Pursuant to Florida Statutes, Section 718.116 (11), if the Parcel is occupied by a tenant and the Unit Owner is delinquent in paying any monetary obligation due to the Association, the Association will make a demand to the tenant to pay to the association the future monetary obligations related to the Unit, and the tenant must make such Payment.

In accordance with the foregoing, the association hereby would demand what is owed of your next rent payment to the association (the "Required Payment"). To the extent that the required payment exceeds your monthly rent payment, the tenant will be required to remit the full amount of the rent payment. After the Required Payment has been paid in full, the amount of the monthly assessment is required to be paid to the Association each month thereafter. Please note that the tenant is still responsible to remit the remainder of the rent, if any directly to the Unit Owner.

This demand is continuing in nature, and upon this demand, the tenant must pay the monetary obligation described above to the Association until (1) the Association notifies in writing to pay a different amount, or (II) the Association releases the obligation, or (111) tenancy of the Unit is discontinued, whichever occurs first.

Payments to the Association must be made payable to CENTURY PARK WEST ASSOCIATION and mailed to the address below.

IF YOU FAIL TO MAKE ANY PAYMENTS TO THE ASSOCIATION AS SET FORTH ABOVE OR BY SUBSEQUENT NOTICE, YOUR RENTAL AGREEMENT MAY BE TERMINATED AND THE TENANT MAY BE TERMINATED FROM THE PARCEL BY THE ASSOCIATION.

Tenant Signature

Owner Signature

Print Tenant Name

Print Owner Name

Date: _____

Date: _____

PROPRIETOR AND TENANT RECOGNITION

To whom it concerns:

This letter is to certify that _____ tenants and/or occupants have applied and are moving into the property address of _____.

In signing this document and providing a copy of the driver's license the owner and tenant ensure the above information is truthful. Furthermore, the owner and tenant are fully aware if someone over the age of 18 moves in after the application has been submitted and approved the owner will be fined the sum of \$1500.00.

To avoid this penalty please ensure that everyone who will occupy the premises for more than 15 days has been approved by Courtesy Property Management, Inc.

Owner Signature

Tenant 's Signature

Owner Name

Tenant's Name

Date: _____

Date: _____

CENTURY PARK WEST
RESIDENTIAL SCREENING REQUEST

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

DOB (MM/DD/YYYY): _____ SSN: _____

Tel#: _____ Cell#: _____

Current Landlord

Company: _____ Telephone: _____

Landlord: _____ Rent: _____

Rented from Date: _____ To: _____

I have read and signed the Disclosure and Authorization Agreement.

SIGNATURE: _____ DATE: _____

I have been informed and understand this community requires a parking permit (decal) placed on my car by management. I understand I must contact management to obtain my decal prior to parking in the Association as the car will be towed otherwise.

Signature: _____ Date: _____

EACH APPLICANT MUST FILL OUT THIS PAGE INDIVIDUALLY
DISCLOSURE AND AUTHORIZATION AGREEMENT REGARDING CONSUMER
REPORTS



AUTHORIZATION FOR FILE DISCLOSURE

PLEASE ATTACH THE DRIVER'S LICENSE OR PHOTO ID TO THIS FORM

APPLICANT/TENANT CONSENT

I hereby consent to allow Verify Screening Solutions, Inc, through its designated agent/employee, to obtain and verify my consumer reports, including but not limited to, my credit report, criminal information, and eviction information for the purpose of determining my eligibility to lease/purchase a property. I further understand if I lease/purchase a property, I consent to allow Verify Screening Solutions, Inc and its designated agent/employee, for the duration of my lease to review the following list of information to assess risk, for analytics, for process improvement, and other uses: my consumer reports, including but not limited to my credit report, criminal information, eviction information, my rental payment history, and occupancy history, and other information. The facts set forth in my application for residency are true and complete. False, fraudulent or misleading information on an application may be grounds for denial of residency or subsequent eviction. Results will be provided to Courtesy Property Management, Inc. **Each applicant over the age of 18 must fill out this form.**

Full name – First, Middle, and Last name (Please Print)

Social Security Number

Date of Birth

Home Address (Unit # if applicable)

City

State

Zip Code

Contact Phone Number

Email address

x _____

Signature

Date

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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 residence.

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 Fidelity Data Service 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.

EACH APPLICANT MUST FILL OUT THIS PAGE INDIVIDUALLY

CENTURY PARK WEST

Resident decal information form

1. Full Name / Nombre _____
2. Address / Direccion _____
3. Unit # / # de Unidad _____
4. Phone # / # de telefono _____

* Please mark one: Owner/Dueño _____ Tenant/Inquilino _____

Must bring vehicle, valid car registration and your ID.

5. Vehicle Make _____ Model(o) _____
- Year/Año: _____ Color: _____
- TAG # _____

6. Vehicle Make _____ Model(o) _____
- Year/Año : _____ Color: _____
- TAG # _____

****Remove the following cars:**

7. Vehicle Make/Model _____ Year/Año _____ /Color _____ Tag# _____

I hereby acknowledge that the vehicle(s) I'm removing will no longer be parked in the premises of Century Park West C.A.I. and if the vehicle(s) is seen in the premises it will be towed at owner's expense.

Signature/Firma : _____ Date/Fecha : _____

CALL BOX INFORMATION

Name on Call Box : _____

Telephone number : _____