

ELLINGTON COUNTY LINE II CONDOMINIUM ASSOCIATION

Package Checklist SALE / LEASE / OR TRANSFER

THE APPLICATION PROCESS TAKES 15 WORKING DAYS

Please do not contact our office for an update prior to the 15 working days

ALL ASSESSMENTS MUST BE PAID UP TO DATE FOR APPROVAL

Applications without original signatures or missing any of the documents below

WILL NOT BE ACCEPTED - NO EXCEPTIONS

ALL PAGES NEED TO BE ONE SIDED (FRONT AND BACK DOCUMENTS NOT ACCEPTED)

1. Complete application with ORIGINAL SIGNATURE(S) leaving no empty spaces
"REQUEST FOR APPROVAL OF LEASE" FORM MUST BE SIGNED BY THE OWNER AND INCLUDED FOR ALL RENTALS
(Electronic signatures MUST have e-signature certificate) _____
2. "Character References" section in application (page 2 of 4) must be completed
(ALL 3 REFERENCES MUST INCLUDE NAME, TELEPHONE & ADDRESS) _____
3. Copy of Driver's license or picture ID for each applicant over the age of 18 _____
4. Current copy of Vehicle registration(s).
If not registered under the applicant's name, submit a SIGNED letter from the owner
authorizing the applicant to drive the vehicle and have it in their possession & copy of owner's license _____
5. Lease Agreement or Purchase Contract/ plus Addendum if Applicable
(If the property is being purchased/rented by a Corporation or LLC, attach
a copy of the corporation documents or LLC documents stating the person that
signed the application and/or agreement/contract is an authorized officer to sign)
(Electronic signatures MUST have e-signature certificate) _____
6. Cash, money order, or cashier check (NO PERSONAL CHECKS) payable to
"The Capin Group" for the application fee: **EFFECTIVE 8-1-25** _____
 - \$225.00 per adult 18 years or older
(Includes \$150.00 application & \$75 for credit & criminal background)
 - \$300.00 married couple with marriage certificate attached
(Includes \$150 application & \$75 each for credit & criminal background)
 - \$300.00 for a Corporation or LLC.
 - \$150.00 per adult for International application (\$ Fee for credit & background to be determined)
(International Applications could take up to 30 working days for processing)**Application fee is NON-REFUNDABLE**
7. Rental Deposit (If Applicable) _____

Submit the original application with ORIGINAL SIGNATURES and all the above documents to:

The Capin Group
7787 NW 146th Street
Miami Lakes, FL 33016
786-433-3700

ELLINGTON COUNTY LINE II CONDOMINIUM ASSOCIATION

OCCUPANCY APPLICATION

Unless all the requested information is provided, this application cannot be processed.

Please print legibly or type all information. **APPLICATION TAKES 15 WORKING DAYS FOR PROCESSING!!**

Property Address: _____

Application for: Rent () or Purchase () Expected move-in date/closing date: _____

If this is a purchase, will you be occupying the property? _____ (if NO, provide your mailing address below)

City: _____ State: _____ Zip code: _____

Telephone to be programed in the entry box system (if applicable): _____

Corporation Name (if applicable): _____

APPLICANT 1:

Name: _____ SS#: _____ DOB _____

Marital Status: _____ Phone #: _____

Email: _____

APPLICANT 2:

Name: _____ SS#: _____ DOB _____

Marital Status: _____ Phone: _____

Email: _____

List Names, Relationships, Social Security, Date of Birth & Age of **ALL** persons who will occupy the residence
(Do not include applicant 1 and 2)

NAME	RELATIONSHIP	SS # (Adults only)	DOB	Age
1.				
2.				
3.				
4.				

PETS: See Rules & Regulations for number of pets allowed and weight limit

1. Species: _____ Weight _____ lbs.

2. Species: _____ Weight _____ lbs.

EMERGENCY CONTACT:

Name: _____ Address: _____

Relationship: _____ Cellular #: _____ Other #: _____

List ALL cars that will be parked on the premises: **No Commercial Vehicles allowed in the Community**

YEAR / MAKE	COLOR	TAG NUMBER	OWNER
1.			
2.			
3.			
4.			

RESIDENCE HISTORY

Current Address: _____
City: _____ State: _____ Zip Code _____
Phone: _____ Owned () Rented () How Long? _____
Name of Landlord or Mortgagee: _____
Address: _____ Phone: _____

Previous Address: _____ Zip Code: _____
Phone: _____ Owned () Rented () How Long? _____
Name of Landlord or Mortgagee: _____
Address: _____ Phone: _____

EMPLOYMENT HISTORY

Applicant 1:

Current Position _____ Employer: _____
Address: _____ Phone: _____
Supervisor: _____ Length of Employment: _____
Yearly Income: _____

Applicant 2:

Current Position _____ Employer: _____
Address: _____ Phone: _____
Supervisor: _____ Length of Employment: _____
Yearly Income: _____

CHARACTER REFERENCES

Please list three (3) unrelated persons who have known you for at least 1 year.

1. Name: _____ Phone: _____
Address: _____
2. Name: _____ Phone: _____
Address: _____
3. Name: _____ Phone: _____
Address: _____

I/We authorize the Association or its agent, The Capin Group, to obtain such information as may be required to substantiate the information on this application. An investigation may be made of the applicant 1's and/or applicant 2's, and any adults over 18 years of age including character, credit, residence, employment, and criminal records. *All fees assessed are part of this application and are NON-REFUNDABLE.*

Applicant 1 Signature

Date

Applicant 2 Signature

Date

Signature of Additional Adult (over 18 years of age)

Date

Signature of Additional Adult (over 18 years of age)

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, etc. 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 and 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 Global Background Analysis, Inc. with any and all background information in their possession regarding you, in order that your qualifications may be evaluated. You authorize The Capin Group to release a copy of all the background findings to the owner of the unit and the Board of Directors. You also agree that a fax or photocopy of this authorization with your signature will be accepted with the same authority as the original.

READ, ACKNOWLEDGE, AND AUTHORIZED

Applicant 1 Signature

Date

Applicant 2 Signature

Date

Signature of Additional Adult (over 18 years of age)

Date

Signature of Additional Adult (over 18 years of age)

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.

Applicant's Acknowledgement - Application for Lease, Sale/Transfer Approval

1. I understand that any violation of the terms, provisions, conditions, and covenants of the Ellington County Line II Condominium Association documents may provide cause for immediate action as provided or termination of the leasehold (when/if applicable) under appropriate circumstances.
2. I understand that the acceptance for Lease of a Home at Ellington County Line II Condominium Association is conditioned upon the truth and accuracy of this Application and upon the approval by the Board of Directors. **OCCUPANCY PRIOR TO APPROVAL IS PROHIBITED.** Any misrepresentation(s) or false information on these forms may result in the automatic rejection of this application.
3. I understand that under the Rules and Regulations of Ellington County Line II Condominium Association an investigation of the background may occur regarding the tenant/purchaser. Therefore, I authorize the Association through their agents to make such investigations and I also agree that the information contained will be kept confidential in this and the attached Application, and that the information herein may be used in said investigations. I also authorize that a copy of the report and all the findings regarding this application may be given to the Owner of the unit if requested or necessary. The Association, its agents, or representatives shall not be held responsible to keep all records regarding the background information confidential and no action or claim by me in connection with the use of the information for the purposes of this Lease or Purchase or any investigations conducted will be made.
4. If this is an application for rent, Ellington County Line II Condominium Association strongly suggests that you obtain rental insurance.

I hereby certify that I have read and understand this Application. I also certify that I have been informed by the Owner of the property of the governing documents and rules & regulations related to Ellington County Line II Condominium Association. A copy of these documents may also be obtained via email upon request to info@thecapingroup.com. I further covenant to abide by the terms and conditions of said documents, rules and regulations.

Applicant 1 Signature

Date

Applicant 2 Signature

Date

Signature of Additional Adult (over 18 years of age)

Date

Signature of Additional Adult (over 18 years of age)

Date

REQUEST FOR APPROVAL OF LEASE

OWNER MUST COMPLETE THIS FORM. IT MUST BE SUBMITTED TO THE ASSOCIATION AND APPROVED BEFORE TENANT OCCUPIES THE UNIT. INCOMPLETE FORMS WILL BE RETURNED TO THE OWNER FOR COMPLETION BEFORE BEING CONSIDERED

FILL OUT THIS PAGE ONLY IF THIS IS A RENTAL APPLICATION

Unit Address _____

Owner Name (S) _____

Owner Mailing Address _____

Owner Telephone Number (s) _____

Owner Email _____

Tenant Name (s) _____

Tenant Present address _____

Tenant Telephone Number (s) _____

Tenant Email _____

A copy of the Rental / Lease Agreement must be attached and ***Must be for a minimum of 12 months.***

Number of adults to occupy unit _____ Number of children _____ Ages _____

Number of bedrooms in unit _____

NOTE: NO COMMERCIAL VEHICLES, BOATS, TRAILERS, TRUCKS, OR RECREATIONAL VEHICLES ARE PERMITTED IN THE COMMUNITY.

OWNER AGREES TO:

1. Submit a copy of the Rental / Lease Agreement to the Association.
2. Provide tenant with all rules and regulations pertaining to the unit and to the community, and advise them of the penalty for non-compliance.
3. Owner will remain responsible for all obligations of ownership as set forth under the terms and conditions of the Declaration of Condominium, Articles of Incorporation, and By-Laws of the Association.
4. Owner gives the renter authorization to purchase (non-refundable to tenant) extra keys, remotes, pool passes, pool keys, and any other items necessary to obtain access to the community and its amenities.
5. Owner will be responsible for any and all actions of the individual(s) renting the unit.

Signature of Owner

Date

Print Name of Owner