

# SPM GROUP, INC.

A Full Service Community Association Management Company

2520 NW 97<sup>th</sup> Ave., Suite 220  
Doral, FL 33172

Tel: (305) 468-1416  
Fax: (305) 468-1965

## **WINDSONG LAKES CONDOMINIUM ASSOCIATION, INC.**

The following applies to any real estate transaction involving the sale, rental or transfer of any condominium or homeowners association unit.

### **PLEASE READ CAREFULLY**

This application will not be processed unless the following items are attached:

1. **A money order or cashier's check payable to SPM Group, Inc. in the amount of \$100.00 for the application fee for each applicant adult over 18 years of age and \$50.00 for Condo Documents & By Laws. FOR PURCHASE ONLY A TRANSFER FEE OF \$175.00 Payable To: SPM Group, Inc. (NO PERSONAL CHECKS ARE ACCEPTED)**
2. All questions must be answered.
3. Copy of Lease Agreement or Sales Contract
4. Telephone number and name of present landlord.
5. Police Report for each adult ages 18 and over from the **Miami-Dade Police Department. If you live in another state or county, please provide us with one from your that state or county. (If you have any type of record, please provide us with a copy of the case).**
6. Three (3) personal reference letters.
7. Employment letter or copy of the two (2) most recent pay stubs.
8. Reference letter from the current landlord.
9. Copy of vehicle registration **(NO COMMERCIAL VEHICLES ARE ALLOWED)**
10. Copy of Driver's License or any form of ID
11. **Any incomplete application will not be accepted. (NO Exceptions)**  
**DO NOT PRINT FRONT& BACK. DOUBLE-SIDED COPIES ARE NOT ALLOWED.**

Please make sure that before you close on your unit the following information has been requested, if applicable.

ONCE THE SALE IS FINAL IT IS IMPERATIVE THAT YOU OR YOUR CLOSING AGENT FORWARDS A COPY OF THE WARRANTY DEED OR SETTLEMENT STATEMENT INDICATING DATE OF CLOSING AND NAME (S) OF NEW OWNER (S). **(Without this information we cannot update our system and in most cases no coupons will be issued.)**

### **PLEASE BE AWARE THAT THIS PROCESS CAN TAKE UP TO TWENTY-FIVE (25) BUSINESS DAYS AND NONE OF THE FEES INCURRED ARE REFUNDABLE.**

This process may take longer than expected due to the delay from the Board of Directors to give an approval. Please be advised that you must request your parking decals at the time of the receiver of the Certificate of Approval. Also, please be advised that some of the Board of Directors / Property managers may require an interview with the applicant.

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Date: \_\_\_\_\_

Association Name: \_\_\_\_\_

## Payment Method

## Application Check List

Please be advised that in order to process your application on a timely manner and within the 25 days from the day it was turned in, the following requirements must be met:

**\*\*\*This Application is to be filled out by SPM Group, Inc. representative only\*\*\***

- 1) \_\_\_\_\_ A money order or cashier's check payable to SPM Group, Inc. in the amount of \$100.00 for the application fee for each applicant adult over 18 years of age and \$50.00 for Condo Documents & By Laws. **FOR PURCHASE ONLY A TRANSFER FEE OF \$175.00 Payable To: SPM Group, Inc. (NO PERSONAL CHECKS ARE ACCEPTED)**
- 2) \_\_\_\_\_ All questions must be answered. (Social Security, Tag #, Date of birth, # of cars, full name, employment, telephone #, etc.)
- 3) \_\_\_\_\_ Copy of Lease Agreement or Sales Contract
- 4) \_\_\_\_\_ Telephone number and name of present landlord. If you are the owner of your current home, please specify on the line provided for this information.
- 5) \_\_\_\_\_ Police Report for each adult ages 18 and over from the Miami-Dade Police Department or if you live in another state or county, please provide us with one from your that state or county. (If you have any type of record, please provide us with a copy of the case).
- 6) \_\_\_\_\_ Three (3) personal reference letters.
- 7) \_\_\_\_\_ Employment letter or copy of the two (2) most recent pay stubs.
- 8) \_\_\_\_\_ Reference letter from the current landlord. **(IF YOU ARE CURRENTLY RENTING)**
- 9) \_\_\_\_\_ Copy of vehicle registration **(NO COMMERCIAL VEHICLES ARE ALLOWED)**
- 10) \_\_\_\_\_ Copy of Driver's License or any form of ID. **(Passport, state ID, Government issued ID)**
- 11) \_\_\_\_\_ **Any incomplete application will not be accepted. (NO Exceptions)**

**DO NOT PRINT FRONT& BACK. DOUBLE-SIDED COPIES ARE NOT ALLOWED.**

|                         |             |
|-------------------------|-------------|
| APPLICANT'S NAME: _____ | PHONE _____ |
| CURRENT ADDRESS: _____  | PHONE _____ |
| OWNERS NAME _____       | PHONE _____ |
| CURRENT ADDRESS _____   |             |

**If realtor please provide Phone # \_\_\_\_\_**

**\*\*\*If these requirements are not met the application will be returned to you unprocessed\*\*\***

Application and documents were received by: \_\_\_\_\_  
SPM Group, Inc. – Representative

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**NOTE: Print legibly or type. Answer all questions on this application. If not completed this application may be returned or not approved.**

## APPLICATION FOR PURCHASE/RENTAL

*(Please circle one)*

Community Name: \_\_\_\_\_ Apt. No. \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Owner Acct. #: \_\_\_\_\_ Desired date of occupancy: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
Spouse/ Other: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
Emergency Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: ☐ Single ☐ Divorced ☐ Widowed ☐ Married

Number of adults (18 and over) who will be living in the unit: \_\_\_\_\_

Name and ages of children:

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_
2. Name: \_\_\_\_\_ Age: \_\_\_\_\_

Number of pet's \_\_\_\_\_ breed \_\_\_\_\_ color \_\_\_\_\_ weight: \_\_\_\_\_

Number of vehicles would be parked at this address: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate No: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Plate No: \_\_\_\_\_ State: \_\_\_\_\_

## **RESIDENCE HISTORY**

1. Present Address: \_\_\_\_\_ How long: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cellular: \_\_\_\_\_

(Please specify if you are the owner or if it is a rental)

☐ Rental ☐ Owned

\*\*Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Previous Address: \_\_\_\_\_ How long: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cellular: \_\_\_\_\_

(Please specify if you are the owner or if it is a rental)

☐ Rental ☐ Owned

\*\*Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **EMPLOYMENT REFERENCE**

1. Employer: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ How long: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

2. Spouse's Employer: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ How long: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

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## **BANK REFERENCES**

1. Bank Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_ Officer's Name: \_\_\_\_\_  
Account No. \_\_\_\_\_ ☐ checking ☐ savings how long: \_\_\_\_\_

2. Bank Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_ Officer's Name: \_\_\_\_\_  
Account No. \_\_\_\_\_ ☐ checking ☐ savings how long: \_\_\_\_\_

## **PERSONAL REFERENCES**

1. Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Have you ever applied to SPM Group, Inc. before? If yes, when? \_\_\_\_\_

Have you ever had any legal conflict with a landlord? If yes, explain. \_\_\_\_\_

Have you ever been evicted from a previous residence? \_\_\_\_\_

This application is subject to acceptance by the Owner/Association/Landlord. The applicant understands that the Owner/Association/Landlord will authorize SPM Group, Inc. to act as their agent to investigate the information supplied to the applicant on this application from SPM Group, Inc. (and the Owner/Association/Landlord) will not be liable or responsible for any inaccurate information in their report, caused by illegibility or wrong information on this application, given by the applicant. The applicant agrees, not to hold SPM Group, Inc. and/or the Owner/Association/Landlord reliable for the report received by their investigators. All reports will be obtained under the regulations of the FCRA-Fair Credit Reporting Act. The applicant agrees to sign the Authorization Form, needed by SPM Group, Inc. to receive the requested information concerning the banking, employment, credit and residential information in reference to this application. SPM Group, Inc. may investigate all given references as deemed necessary and may also require a credit report through a credit agency. All investigation reports will be handled confidentially and only the results will be reported to the Owner/ Association/Landlord or Authorized person. By signing this application, the application authorizes the Owner/ Association/Landlord and their agent SPM Group, Inc. To investigate the information supplied.

Attached is the signed Authorization Form for release of the information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Primary Applicant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Secondary Application/Spouse

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## **APPLICANT:**

This authorization form will be used only to obtain and verify information with your employers, banks and financial institutions and credit organizations, which require your signature and name printed. You gave this information in connection with your purchase or lease agreement attached.

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## **AUTHORIZATION TO RELEASE INFORMATION ABOUT MY: EMPLOYMENT, BANKING, CREDIT, & RESIDENCE**

The requested information will be used in reference to my purchase/rental/lease application. I hereby authorize you to release any and all information concerning my employment, banking, credit, and residence and give this information to:

### **SPM Group, Inc.**

I hereby authorize SPM Group, Inc. to instigate all statements contained in my application as may be necessary. I understand that I hereby waive any privileges I may have regarding the requested information to release it to the above-named party.

A copy of this form may be used in lieu of the original.

Sincerely,

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

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The requested information will be used in reference to my purchase/rental/lease application. I hereby authorize you to release any and all information concerning my employment, banking, credit, and residence and give this information to:

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A copy of this form may be used in lieu of the original.

Sincerely,

Secondary Applicant:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_