



Trust Management Service Group Corp.
Community Associations
Condo Conversions
Commercial and Residential Properties

6043 NW 167th St. Suite A9, Hialeah 33015. Phone: 305-827-7666

EL CID CONDOMINIUM ASSOCIATION
PURCHASE APPLICATION

Applications Generally: The following applies to any real estate transaction involving the sale or transfer to any condominium or homeowners' association unit.

PLEASE READ CAREFULLY AS THE SCREENING APPLICATION WILL NOT BE PROCESSED UNLESS THE FOLLOWING ITEMS ARE ATTACHED:

- NON-REFUNDABLE APPLICATION **FEE \$150.00** "HUSBAND & WIFE OR PARENT/DEPENDENT CHILD" ANY OTHER ADULT MUST PAY AN ADDITIONAL \$50.00 (EACH) PAYABLE TO: TRUST MANAGEMENT SERVICES (MONEY ORDERS, CASHIER CHECKS, FOR ALL TRUST MANAGEMENT PAYMENTS)
- THE ASSOCIATION REQUIRED AN ADMINISTRATIVE CONDO **FEE FOR \$150.00** PAYABLE TO THE CONDOMINIUM NON-REFUNDABLE (MONEY ORDERS OR CASHIER CHECKS only).
- VEHICLE REGISTRATION (ALL)
- A COPY OF THE PURCHASE CONTRACT
- COPY OF DRIVER LICENSE FOR EACH PERSON OVER THE AGE OF 18.
- EMPLOYMENT LETTER FOR EACH PERSON OR A COPY OF THE TWO MOST RECENT PAY STUBS.
- TWO REFERENCE LETTERS FOR EACH PERSON OVER THE AGE OF 18.
- THE ASSOCIATION MAY REQUIRED A UNIFORM LEASE TO BE UTILIZED FOR THE TRANSFER OF PROPERTY

NOTE Applications will be received Monday -Friday from 9:00am to 1:00pm**

PURCHASERS ONLY: Please make sure that before you close on your unit, the following information has been requested:

- All estoppels and Condo Questionnaire must include the billing name, property address, and unit number (if applicable). You must also include contact information (phone, fax, and/or email) in order for our office to return the completed form.
- Estoppel And Questionnaire Fees Are as Follows: The fees are payable by company check or money order
- Estoppel & Quest. Up to 10 Business Days \$299.00 Each
- Rush Estoppel & Quest. Up to 3 Business days \$418.00Each
- *If a delinquent amount is owed to the association for the applicable unit, an additional fee of \$179.00 will be charged for the Estoppel Certificate.

It is the seller's responsibility to provide you a copy of the Declaration of Condominium and gate control, mailbox keys and. **If the seller does not have a copy of the Declaration of the Condominium, we can provide you with a copy at the cost of \$100.00 (ONLY MONEY ORDERS OR CASHIER CHECK OR CASH ACCEPTED).** The Declaration of Condominium encompasses all of the association's rules and regulations, as well as other important specifics regarding your community.

***APPLICANT:** This authorization form will be used to obtain and verify information with your employers, banks, and financial institutions and credit organizations; thus, a consensus signature is required.

***Suggested Approval Criteria: Approval** – No felony or misdemeanor convictions within 10 years of application, unless sealed or expunged, with full restoration of civil rights. Instances in which the applicant pled nolo contendere maybe treated as a conviction if the applicant was required to perform community services, pay restitution or court cost, or serve supervised probation, credit score of 650 or higher. All of the above but credit score of between 550 and 649 will be or not approval with conditions. (Can be the requirements to prepay a specific period of maintenance payments, etc...)

AUTOMATIC DENIAL: Felony or misdemeanor convictions, within 10 years of application unless sealed or expunged with full restoration of civil rights, required to register as a sex offender under Florida law. Credit score of less than 550.

Trust Management Service Group Corp. is a management company for the community association you are applying for. We receive and process all information with regards to the sale, transfer or lease of a unit. Once we receive the complete application (including payment and necessary documentation) we investigate the information you provided. We comprise the findings on a report, which is given to the Board of Directors along with your application package. If all requirements are met, the Board of Directors will sign a Certificate of Approval. The Certificate of Approval needs to be recorded with your corresponding County and the original Certificate of Approval must therefore be picked up.**PLEASE BE AWARE THAT THIS PROCESS CAN TAKE 15 BUSINESS DAYS AND THAT NONE OF THE FEES ARE REFUNDABLE AFTER PRESENTING APPLICATION**



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EL CID CONDOMINIUM ASSOCIATION
APPLICATION FOR OCCUPANCY / PURCHASE

ALL PROSPECTIVE RESIDENTS MUST COMPLETE AN APPLICATION AND BE APPROVED BY THE ASSOCIATION BEFORE MOVING INTO THE PROPERTY. ANY APPLICANTS WHO VIOLATE THIS AGREEMENT WILL BE IMMEDIATELY GROUNDS FOR DENIAL. LEGALLY MARRIED COUPLES PAY \$ 150.00 FOR BOTH, IF THE HUSBAND AND WIFE DOES NOT HAVE THE SAME LAST NAME, YOU MUST PROVIDE A COPY OF THE MARRIAGE CERTIFICATE, IF NOT WILL BE CONSIDERED 2 APPLICANTS. ONCE YOUR APPLICATION HAS BEEN SUBMITTED AND REVIEWED BY OUR TEAM, WE WILL EMAIL YOU WITH MORE INSTRUCTIONS INCLUDING PETS REGULATIONS ADDITIONAL FEES IF APPLY

Apt. No. _____ Address _____ Date: _____

Name _____ Birth date _____ Social Security # _____

Spouse _____ Birth date _____ Social Security # _____

[] single [] married [] significant other Investment property _____ Tenant Phone # _____ Unit-Owner Phone# _____

No. of people who will live here _____ Adults (over 18) _____ Children (under 18) _____

Other Persons who will occupy the apartment with you

Name	Age	Relationship/Occupation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Description of Pets _____ Breed _____ Color _____ Vaccines _____ Weight _____

Driver's License#1 _____ Driver's License #2 _____ Driver's License #3 _____

No. of cars you will park at this address: _____ Are any of these commercial vehicles? [] Yes [] No

Make _____	Model _____	Year _____	Color _____	Plate # _____	State _____
Make _____	Model _____	Year _____	Color _____	Plate # _____	State _____

IN CASE OF EMERGENCY, PERSON TO BE NOTIFIED:

Address _____ Phone # _____

RESIDENTIAL HISTORY:

PRINT OR TYPE

1 Present address _____	How long _____
Landlord/Lender Name _____	Phone # _____
2 Prior address #1 _____	How long _____

APPLICATION FOR OCCUPANCY/APPROV

Landlord/Lender Name _____

Phone # _____

EMPLOYMENT REFERENCES

1 Employed by (or retired from) _____ Phone # _____

Address _____

Position _____ How long _____ Monthly Income _____

2 Spouse's Employed or retired from) _____ Phone # _____

Address _____

Position _____ How long _____ Monthly Income _____

Have you or any proposed occupant ever been convicted of or pled to a crime? ☐ Yes ☐ No. If yes, please state date(s), charge(s),

Disposition(s) and location(s) _____

CHARACTER REFERENCES

1 Name & Address _____ Telephone # _____

2 Name & Address _____ Telephone # _____

3 Name & Address _____ Telephone # _____

1. I hereby agree for myself and on behalf of all persons who may use the apartment that I seek to lease or purchase:
 - a. I will abide by all of the restrictions contained in the Bylaws, Declaration of Condominium Rules & Regulations, and restrictions that are or may in the future be imposed by **THE ASSOCIATION**
 - b. I understand that residents may have only one cat or dog per unit, weighing no more than pounds at its maturity if the bylaw permitted.
 - c. I understand that I must be present when any guests, relatives, visitors, contractors, or children who are not permanent residents occupy the apartment, perform work on the apartment, or use the recreational facilities of the Association.
 - d. I understand that leasing, subleasing, or occupancy of this apartment in my absence and without Association, approval is prohibited.
 - e. I understand that any violation of the terms, provisions, conditions, and covenants of **THE ASSOCIATION** documents provides cause for immediate action as therein provided or termination of the leasehold under appropriate circumstances.
2. I understand that the Association has 30 days from the receipt of a completed application to approve or deny the application. I understand that the Association's representative of either acceptance or denial of this application in writing will advise me. **Occupancy prior to Association approval is strictly prohibited.**
3. I understand that the acceptance of a sale or lease at **THE ASSOCIATION** is conditioned in part upon the truth and accuracy of this application and upon the Association of the Association. Any misrepresentation, falsification, or omission of information on these forms will result in the automatic disqualification of my application.
4. I understand that **THE ASSOCIATION** may cause to be instituted an investigation of my background as the Association may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management, and RENTERES REFERENCE OF LFLORIDA, INC. to make such investigation and agree that the information contained in this application be by used in such investigation and that the Board of Directors, Officers and Management of **THE ASSOCIATION** itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Association

In making the forgoing application, I am aware that the decision of **THE ASSOCIATION** will be final and no reasons will be given for any action taken by the Association. I agree to be governed by the determination of the Association.

Applicant_____
Applicant

- INSTRUCTIONS:
1. Print legibly or type all information. Account, telephone numbers, and complete addresses are required.
 2. If any question is not answered, this application may be returned, not processed, or not approved.
 3. Missing information will cause delays in processing your application.
 4. Only the applicants are authorized to sign all forms.
 5. Any misrepresentation or falsification of information may result in your disqualification

RESIDENTIAL SCREENING AUTHORIZATION

PRINT NAME: _____

ADDRESS: _____

CITY, STATE, AND ZIP: _____

SSN: _____ DOB: _____

Telephone #: _____ Email: _____

I give my full authorization to obtain my criminal history record and eviction record and to verify the above information.

Signature _____ Date _____

Disclosure and Authorization Agreement Regarding Consumer Reports

Disclosure:

A consumer report and/or investigative report including information concerning your character, employment history, general reputation, criminal record, education, motor vehicle record, mode of living, 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. Before any 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 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 Background Checks System, Inc. 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, ACKNOWLEDGE AND AUTHORIZED

Print Name_____
Signature_____
Date

RESIDENTIAL SCREENING AUTHORIZATION

PRINT NAME: _____

ADDRESS: _____

CITY, STATE, AND ZIP: _____

SSN: _____ DOB: _____

Telephone #: _____ Email: _____

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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 Background Checks System, Inc. 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, ACKNOWLEDGE AND AUTHORIZED

Print Name

Signature

Date

Florida Law- Florida Statute 718.116**718.116 Assessments; liability; lien and priority; interest; collection.**

11) If the unit is occupied by a tenant and the unit owner is delinquent in paying any monetary obligation due to the association, the association may make a written demand that the tenant pay the future monetary obligations related to the condominium unit to the association, and the tenant must make such payment. The demand is continuing in nature and, upon demand, the tenant must pay the monetary obligations to the association until the association releases the tenant or the tenant discontinues tenancy in the unit. The association must mail written notice to the unit owner of the association's demand that the tenant make payments to the association. The association shall, upon request, provide the tenant with written receipts for payments made. A tenant who acts in good faith in response to a written demand from an association is immune from any claim from the unit owner.

(a) If the tenant prepaid rent to the unit owner before receiving the demand from the association and provides written evidence of paying the rent to the association within 14 days after receiving the demand, the tenant shall receive credit for the prepaid rent for the applicable period and must make any subsequent rental payments to the association to be credited against the monetary obligations of the unit owner to the association.

(b) The tenant is not liable for increases in the amount of the monetary obligations due unless the tenant was notified in writing of the increase at least 10 days before the date the rent is due. The liability of the tenant may not exceed the amount due from the tenant to the tenant's landlord. The tenant's landlord shall provide the tenant a credit against rents due to the unit owner in the amount of monies paid to the association under this section.

(c) The association may issue notices under s. 83.56 and may sue for eviction under ss. 83.59-83.625 as if the association were a landlord under part II of chapter 83 if the tenant fails to pay a required payment to the association. However, the association is not otherwise considered a landlord under chapter 83 and specifically has no duties under s. 83.51.

Property Owner - Buyer

Date: _____

GENERAL AFFIDAVIT

Condominium Name: _____

STATE OF FLORIDA

COUNTY OF MIAMI- DADE

PERSONALLY, came and appeared before me, the undersigned Notary, the within

Named _____ who will be a Tenant of Property
Located at _____

Miami Dade County, State of Florida, and makes this his/her statement and General Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge:

With this document I certify that in the above unit will be only have two (2) vehicles, failure to comply will result being towed at owner's expense. The association will not be responsible for any damage.

I acknowledge and confirm that committing a violation of the condominium's regulations and regulations may result in me having to leave the property within 30 days of written notice or the non-renewal of the rental contract at the expiration time

This represents my full and complete statement of the events of _____20____

Signature of Affiant

Signature of Affiant

THE FOREGOING INSTRUMENT WAS SWORN TO AND THEN ACKNOWLEDGED BEFORE ME THIS _____
DAY OF _____20____, BY THE ABOVE-NAMED INDIVIDUAL, A PERSON TO ME WHO IS _____
WELL KNOWN _____ PROVIDED _____ AS IDENTIFICATION.

Notary Signature

Date

**EL CID CONDOMINIUM ASSOCIATION
PURCHASE**

1. I certify that I have received a copy of the Condominium's rules and regulations. The owner will assume all obligations and responsibilities of the condominium under the terms and conditions of the Condominium Declaration and Bylaws, including the rules and regulations provided by the management office during the application process.
2. I certify and understand that the **ONLY** people permitted to live in the unit are those specified in the submitted application. (All residents over 18 years of age must register in addition to the buyer.)

Note: Approval is granted only to applicants whose information was received in the original application. Everyone must complete the form and pass the screening process before residing on the premises.

SIGNATURE

**EL CID CONDOMINIUM ASSOCIATION
COMPRADORES**

1. Certifico que he recibido una copia de las reglas y regulaciones del Condominio. El propietario asumirá todas las obligaciones y responsabilidades del condominio bajo los términos y condiciones de la declaración del Condominio y los estatutos, (ByLaws) esto incluye las reglas y regulaciones proporcionados por el funcionario de la Oficina de Administración en el proceso de solicitud.
2. Certifico y entiendo que las **ÚNICAS** personas a las que se les permite vivir en la unidad son las especificadas en la solicitud presentada. (Todos los residentes mayores de 18 años tienen que registrarse además del comprador).

Nota: La aprobación se otorga solo a los solicitantes cuya información se recibió en la solicitud original. Todos deben completar el formulario y pasar el proceso antes de residir en dicho lugar.

FIRMA