



DST PROPERTY MANAGEMENT
DEPENDABLE SERVICE YOU CAN TRUST

2300 W. Sample Road #310, Pompano Beach, FL 33073
* Office: 954-933-2353 * www.dstpm.net

IMPORTANT APPLICATION INFORMATION

If your application is incomplete, it will be returned to you by mail along with any fee you may have submitted, and a list of the missing items.

You may then complete the application and re-submit it together with the required fee.

Please provide the name and address which you would like us to use if the application is incomplete and must be returned to you.

Name: _____

Street Address: _____

City: _____ **State:** ____ **Zip:** _____

Telephone #: _____

Email Address: _____

If you do not fill in the information above, we will use the best address available in the application you submitted.



Lado del Rio Condominium Association, Inc. Application requirements & Association information

1. All applications must be original and filled out entirely by the applicant(s)
2. **Application fee in the amount of \$150** per person or married couple must be in the form of a money order or cashier's check. (Personal checks or cash not accepted) must be made payable to: Lado del Rio Condominium Association, Inc. If married, and have different last names, please include a copy of your marriage certificate.
3. Anyone 18 years of age or older, living in the unit must fill out a separate application and pay the screening fee.
4. A driver's license, passport or other state id must accompany application.
5. A sale contract or lease contract must accompany the application.
6. A credit score of 700 is required for approval, with no history of eviction.
7. Interview is required. Once approved, certificate of approval will be issued & move in scheduled.
8. All sales/rentals must have a home inspection report & all repairs must be completed before the interview.
9. All sales/rentals must have an insurance binder that must accompany the application.
 - a. The maximum lease is 365 days, and the minimum lease is 60 days.
10. All maintenance fees must be current for lease or sale, prior to acceptance.
11. Any application that is not filled out completely will cause a delay in processing.
12. After the Board interview, approved tenants can schedule move in. M-S 8am to 5pm.
 - a. Move in must be scheduled so elevator pads can be put up as well as move in over seen.
13. Parking is limited, each unit has one assigned spot and there are only 10 guest spots for the entire condo.
14. **One dog or cat, not to exceed twenty (20) lbs. Provide picture & vaccination records.**
 - a. **There is a one-time, non-refundable pet fee of \$150, made payable to: Lado del Rio Condominium Association, Inc.**
15. All guests must be registered, or your unit will be fined \$250.00 per occurrence.

The process could take up to **30 days** to fully process your application for approval. Be assured that we will contact you with the results. If you have questions, please call our office at 954-933-2353. The screening process will begin when ALL information required is fully submitted, including all fees.

If you have any questions regarding this matter, please do not hesitate to contact this office at: (954) 933-2353 or via e-mail: applications@dstpm.net.

Initials _____

READ FIRST: Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014

**** THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! ****

APPLICATION FOR OCCUPANCY

Association Name: _____

Purchase ☐ Lease ☐ Occupant ☐ Apt.# _____ Bldg.# _____ Address applied for: _____

Full Name _____ **Date of Birth** _____ **Social Security #** _____

Single ☐ Married ☐ Separated ☐ Divorced ☐ How Long? _____ Other legal or maiden name _____

Have you ever been convicted of a crime? _____ Date (s) _____ County/State Convicted in _____

Charge (s) _____

Applicant's Cell Number(s) _____ Applicant's Email Address _____

Spouse _____ **Date of Birth** _____ **Social Security #** _____

Other legal or maiden name _____ Have you ever been convicted of a crime? _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

Spouse's Cell Number(s) _____ Spouse's Email Address _____

No. of people who will occupy unit – Adults (over age 18) _____ Description of Pets _____

Names and ages of others who will occupy unit _____

In case of emergency notify _____ Address _____ Phone _____

PART I – RESIDENCE HISTORY

A. Present address _____ Phone _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Own Home ☐ Parent/Family Member ☐ Rented Home ☐ Rented Apt ☐ Other _____ Rent/Mtg Amount _____

Are you on the Lease? _____ If not, who is the leaseholder? _____ Are you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Is your Landlord the: Owner of the property ☐ Realtor ☐ Family Member ☐ Roommate ☐ Property Manager ☐ Other _____

B. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Own Home ☐ Parent/Family Member ☐ Rented Home ☐ Rented Apt ☐ Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Is your Landlord the: Owner of the property ☐ Realtor ☐ Family Member ☐ Roommate ☐ Property Manager ☐ Other _____

C. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Own Home ☐ Parent/Family Member ☐ Rented Home ☐ Rented Apt ☐ Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Is your Landlord the: Owner of the property ☐ Realtor ☐ Family Member ☐ Roommate ☐ Property Manager ☐ Other _____

PART II – EMPLOYMENT REFERENCES

Include a recent copy of an earnings statement to expedite processing

- A. Employed by _____ Phone _____
Dates of Employment: From: _____ To: _____ Position _____ Fax _____
Monthly Gross Income _____ Address _____
- B. Spouse Employed by _____ Phone _____
Dates of Employment: From: _____ To: _____ Position _____ Fax _____
Monthly Gross Income _____ Address _____

PART III – BANK REFERENCES

Include a recent copy of a bank statement to expedite processing

- A. Bank Name _____ Checking Acct. # _____ Phone _____
Address _____ Fax _____
- B. Bank Name _____ Savings Acct. # _____ Phone _____
Address _____ Fax _____

PART IV – CHARACTER REFERENCES (No Family Members)

1. Name _____ Home Phone _____
Address _____ Business Phone _____
Email Address _____ Cellular Phone _____
2. Name _____ Home Phone _____
Address _____ Business Phone _____
Email Address _____ Cellular Phone _____
3. Name _____ Home Phone _____
Address _____ Business Phone _____
Email Address _____ Cellular Phone _____
4. Name _____ Home Phone _____
Address _____ Business Phone _____
Email Address _____ Cellular Phone _____

Are you using a realtor? Yes _____ No _____ If yes: Realtor's name _____
Email Address _____ Cellular Phone _____

Driver's License Number (Primary Applicant). _____ State Issued _____

Driver's License Number (Secondary Applicant) _____ State Issued _____

Make _____ Type _____ Year _____ License Plate No. _____

Make _____ Type _____ Year _____ License Plate No. _____

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____



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Lado del Rio Condominium Association, Inc. Screening Application Package

Are you or any of the residents that will be living in the unit a member of the United States Armed Forces on active duty or state active duty, or a member of the Florida National Guard or United States Reserve Forces?

- ☐ YES
☐ NO

**** If yes, please provide a copy of the Military ID, State ID, and fill out following information:**

Signature of the resident: _____

Please provide the name of the resident: _____

Signature of the resident: _____

Please provide the name of the resident: _____

Initials _____



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Lado del Rio Condominium Association, Inc. Pet Registration Form

Resident name: _____

Property address: _____

Telephone Number: _____

Breed of Pet: _____ (Please refer to restriction above)

Approximate weight of pet (full-grown): _____ Lbs.: _____

Pets Name: _____ Age: _____

Please provide dog tag identification and current vaccination documents.

**** Please include color picture for identification purposes.**

Please remember all dogs are to be walked on a leash. No pet or animal shall be "tied out" of the Home or Common Areas or left unattended in a yard or on a balcony, porch, or patio.

All pets shall defecate and urinate only in the "pet walking" areas within Lado del Rio Condominium Association, Inc. designated for such purpose, if any, or on that owner's home.

The person walking the pet or the owner, shall clean up all matter created by the pet. Each owner is responsible for the activities of its pet.

By my signature below, I/We verify I/We have read and understood the above and will abide by the Declaration of the Lado del Rio Condominium Association, Inc. in this regard.

Signature: _____

Date: _____

Signature: _____

Date: _____

☐ I do not own a pet. (Check box and sign below)

Signature: _____

Date: _____

Signature: _____

Date: _____

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Lado del Rio Condominium Association, Inc.

Sale/Purchase Applicants Only – This form is to be completed by current owner(s).

Notice Of Intention to Sell

Date: _____

TO: Board of Directors

In compliance with the Association declaration of your association, Lado del Rio Condominium Association, Inc., I/we _____ serve notice that as owner(s) or agent(s) of address the undersigned intend to offer the unit for sale. This notification confirms your right of first refusal.

The closing for the property is scheduled on (date) _____.

Fees must be paid on any **DELINQUENT** account, and all **OUTSTANDING VIOLATIONS** must be resolved prior to the Board of Directors signing an approval.

The unit owner must give the Association written notice of the offer to purchase (this document). An offer to purchase is not bona fide unless accompanied by a deposit of at least ten percent (10%) of the purchase price.

**** Occupancy prior to final approval is prohibited. Any buyer who moves into a home/lot without the Association approval, will be subject to an immediate legal action, which can result in application denial.**

I/we agree to provide copies of the Homeowners Declarations and all governing documents, including the current Rules and Regulations to new buyer(s).

Seller Signature: _____

Seller Printed Name: _____

Seller Signature: _____

Seller Printed Name: _____

Initials _____

AUTHORIZATION FORM

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

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 authorized party designated on the Application for Occupancy, for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY. If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, 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 own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

(Applicant's Signature)

(Spouse's Signature)

(Applicant's Name Printed)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)