



Epic Management Solutions LLC
10544 NW 26th Street, Suite E-201
Doral, FL 33172
P: (305)-592-8918
epic@epicmgmts.com

APPROVAL/SCREENING APPLICATION PROCEDURES

Epic Management Solutions LLC is the 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 process the information you provided. We encompass 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. Processing time can take up to 15 business days from the date a COMPLETE package is submitted

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.

These are the items the Association requires from you in order to approve the lease or purchase of the unit. Fill out this package in its entirety and make sure to submit the following:

- A copy of the Contract of Sale (if a purchase) or a copy of the Contract of Lease (if rental).
- Copy of All I.D.'s for all applicants over 18 years of age.
- Employment Letter for each person **or** a copy of the two most recent pay stubs **or** a copy of the two most recent bank statements
- Application Fees: \$150.00 per applicant (each adult) **15 business day processing**. Married couple: \$150.00 per application (proof of marriage is required). Payable to ***Epic Management Solutions***, **Money Order or Cashier Check only, non-refundable**.
- Application for Approval (original copy) needs to be filled out and signed by all adult applicants. **An extra application form is needed if there are more adults than a married couple**.
- Anyone over the age of 18 years old must pay and pass the screening process.
- Money Order in the amount of \$50.00 for expedited fees **7 business day processing** payable to ***Epic Management Solutions*** (optional). **Money Order or Cashier Check only, non-refundable**.

OCCUPANCY PRIOR TO APPROVAL OF THE BOARD OF DIRECTORS IS PROHIBITED AND MAY BE CAUSE FOR THE NON-APPROVAL OF YOUR PETITION TO BE ALLOWED OCCUPANCY.

Be advised that this Association has the Right of First Refusal.



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APPLICATION FOR OCCUPANCY / APPROVAL

PRINT OR TYPE

Purchase _____ or Lease _____ How Long? _____

Apt. No. _____ Address _____ Date: _____

Community Name _____ Anticipated Closing Date (if sale) _____

Name _____ Birth date _____ Social Security # _____
(Passport, Alien Green Card, Social Security #)

Spouse _____ Birth date _____ Social Security # _____
(Passport, Alien Green Card, Social Security #)

[] single [] married [] significant other [] sep. _____ [] div. _____ [] widowed _____ Maiden Name _____
(how long) (how long)

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

Other Persons who will occupy the apartment with you _____ Contact Ph. Number _____

Email _____

Name	Age	Relationship/Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will this be your year-round address? [] Yes [] No If no, please provide alternative address and estimated periods of residency.

Street Address	Apt	City	State	Zip	From _____ to _____
					Residency Period

Description of Pets	Breed	Color	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 #
_____	_____
_____	Alt. Phone # _____
City _____ State _____ Zip _____	



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RESIDENTIAL HISTORY:

PRINT OR TYPE

1	Present address	_____	How long	_____
		_____ zip _____	Phone #	_____
	Landlord/Lender	_____	Phone #	_____
	Address	_____	Mortgage #	_____
2	Prior address #1	_____	How long	_____
		_____ zip _____	Phone #	_____
	Landlord/Lender	_____	Phone #	_____
	Address	_____	Mortgage #	_____
3	Prior address #2	_____	How long	_____
		_____ zip _____	Phone #	_____
	Landlord/Lender	_____	Phone #	_____
	Address	_____	Mortgage #	_____

EMPLOYMENT REFERENCES

1	Employed by (or retired from)	_____	Phone #	_____
	Address	_____		
	Position	_____	How long	_____
			Monthly Income	_____
2	Previous Employer	_____	Phone #	_____
	Address	_____		
	Position	_____	How long	_____
			Monthly Income	_____
3	Spouse's Employed or retired from)	_____	Phone #	_____
	Address	_____		
	Position	_____	How long	_____
			Monthly Income	_____
4	Spouse's Prev. Employer	_____	Phone #	_____
	Address	_____		
	Position	_____	How long	_____
			Monthly Income	_____

Have you or any proposed occupant ever had a case in Court? [] Yes [] No. If yes, please provide a description.

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) _____



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CHARACTER REFERENCES

1	_____	Home Phone	_____
	Name	Office Phone	_____
2	_____	Home Phone	_____
	Name	Office Phone	_____

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 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.
 - c. I understand that leasing, subleasing, or occupancy of this apartment in my absence and without Association approval is prohibited.
 - d. 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 have received from the owner a copy of:
- | | | |
|--|------------------------------|-----------------------------|
| a. All Association documents and Rules & Regulations | ☐ Yes | ☐ No |
|--|------------------------------|-----------------------------|
- PURCHASERS ONLY**
- | | | |
|--|------------------------------|-----------------------------|
| b. Frequently Asked Questions & Answers | ☐ Yes | ☐ No |
| c. Most recent annual financial statements | ☐ Yes | ☐ No |
3. I understand that the Association has 15 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.**
4. 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.
5. 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 UNITED SCREENING SERVICES, CORP. 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

****Please provide a mailing address where you would like to receive any documentation in regards to this application:**

Name: _____

Address: _____

City, State and Zip Code: _____

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



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TO BE COMPLETED BY THE OWNER(S) OR PROSPECTIVE OWNER(S) OF THE SUBJECT UNIT

Please provide a mailing address within the US territory and contact information where you would like to receive any documentation in regards to this association:

Name: _____

Address: _____

City, State and Zip Code: _____

Email: _____ Add. Email: _____

Phone: _____ Add. Phone: _____

This information has been provided by:

Name: _____ Signature: _____ Date: _____



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LEASE RIDER

In the event the Lessor (owner) becomes delinquent in the payment of any monthly maintenance or assessment due to the Association for a period in excess of ten (10) days, the Lessee (tenant), upon receiving written notice from the Association or Managing Agent for the benefit of said notice to the Association's Lessee may deduct from the rental payment due to the Lessor the amount owed to cure the delinquency. It is understood and agreed that the Lessee shall continue to pay the monthly payment to the Association or Managing Agent until the Lessor's delinquency and default has been cured.

The Lessor and Lessee specifically acknowledge and agree that the Association is hereby empowered to act as agent for the Lessor, with full power and authority to take such action as may be required to compel compliance of the Association with its supportive exhibits, Florida Statutes for Condominiums and

Homeowners, and the Rules and Regulations of the observance of the provision contained in this addendum. Any breach of the terms hereof shall give the Association the authority to take immediate steps to terminate the lease agreement. The Lessor acknowledges that he remains responsible for the acts of the Lessee and the Lessee's family and guests. Lessor agrees that they remain responsible for any costs incurred by the Association, attorney's fees and costs, pre-litigation at trials and for any appeals, in remedying violation of the Addendum and/or violations of the Association's documents.

I/We have been informed of the current Rules and Regulations of the Association and I/we agree to be bound by the terms thereof, as a condition for the approval of this application. I/We further certify that the information submitted with this application is true and correct.

_____ Owner/Lessor – Print Name	_____ Owner/Lessor - Signature	_____ Date
_____ Applicant #1 - Print Name	_____ Applicant #1 - Signature	_____ Date
_____ Applicant #2 - Print Name	_____ Applicant #2 - Signature	_____ Date

Corporation or LLC-Owned Unit

*If the owner is a corporation or LLC, a POA (Power of Attorney) or proof of being a hired property manager for the unit must be provided stating as such for the address to be leased.

_____ POA/Property Manager – Print Name	_____ POA/Property Manager - Signature	_____ Date
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***NOTE — If you are NOT the Owner of Record signing the lease rider, you WILL need to submit proof from the owner authorizing you to sign in their absence.**



AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize, **EPIC MANAGEMENT SOLUTIONS LLC** herein referred to as **Association** and/or its assigns to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for occupancy. Said report may contain information about me from consumer reporting agencies including but not limited to indebtedness, mode of living, present and previous employers and/or employment contracts, driving record/license, validity of social security number, personal references, criminal records, credit history through a consumer credit report, and any information that I have disclosed on my applications and/or any attachments, exhibits.

I authorize the **Association** may contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by the **Association** to furnish the above mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and/or resumes are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed affect my application.

This authorization and consent shall be valid in original, fax or photocopy form.

I authorize the ongoing procurement of the above-mentioned information/reports by the **Association** at any time during my occupancy with the **Association**.

The nature and scope of the consumer report and/or investigative consumer report along with the name, address and telephone number of the agency providing the report will be disclosed to you upon timely written request, and within 5 days of the request.

A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your Rights Under FCRA along with the name, address and telephone number of the agency furnishing the information will be provided before any adverse action is taken by the **Association** based on information contained in the report.

Upon proper identification and payment permissible by law, you have the right to request from the **Association** a copy of any information in its file on you at the time of your request.

By signing below, I acknowledge understanding of the purpose of this Authorization Form and its intended use.

Applicant Information

Print Name: _____ Social Security Number: _____

Street Address: _____ City: _____ State: ____ Zip: _____

Driver License Number: _____ Driver's License State _____

IMPORTANT: The following information will be used by United Screening Services Corporation for identification purposes only to perform a background check. This information will not be used as part of the decision process of your prospective Association.

Maiden, Other and/or Former Name(s) _____

Race/National Origin: _____ Gender: Male Female Date of Birth: _____

Signature: _____ Date: _____



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