



Sun City Condo Solutions, Inc. P. O. Box 526342 Miami, FL. 33152
 Phone: (305) 406-1325 Fax (305) 406-1326 Email: admin@suncitycondosolutions.com

VILLAS OF GOLFVIEW CONDOMINIUM ASSOCIATION, INC.

SCREENING & REGISTRATION PACKAGE

Application for: ☐ Purchase

☐ Lease

☐ Additional Occupant/ Ownership Transfer

Property Address/ Bldg. & Unit #

Please complete the attached application & return by hand to:

**Sun City Condo Solutions Inc.
 1301 NW 89TH CT, Suite 200
 Doral, FL 33172**

Make sure all items are included at delivery time.

1. Application package (Tenant No Pets Allowed)
2. Copy of complete signed SALES CONTRACT or LEASE AGREEMENT.
3. Copies of Driver's License (all persons over 16) (Valid Passport or other legal ID permitted if above is not available)
4. Copies of valid, unexpired Vehicles Registration and Insurance for all vehicles.
5. Original police report for all applicants and occupants 18 years old and over. (If you have any type of record, please provide us with a copy of the case).
6. Non-Refundable Application Fee of \$150.00 "Husband & Wife or Parent/Dependent Child". Any applicant applying as Dependent must provide proof of such status (Valid Proofs: Tax Returns, Unemployment Application, and Full-Time Student); any other adult must pay an additional \$150.00 (per adult). Payable with Money Order or Cashier's Check to: Sun City Condo Solutions Inc. Application will not be processed unless payment is received at the time the application is turned in. (NO EXCEPTIONS)
7. Interview with Board of Director will be scheduled, If the person who is applying does not live in the country or city of the property, we require notarized power of attorney that appoints who is authorized to represent you in the rental of your property and in case of an emergency.
8. For Purchase, you are advised to obtain Estoppel Letter **before** the closing takes place, as the new owner is responsible for any unpaid assessments and/or legal/fines that may have been incurred.
9. **IF YOU MOVE BEFORE BEING APPROVED YOU WILL HAVE A PENALTY OF \$500.00.**
For not complying with a Rules & Regulations

New owners are responsible for providing the certificate of title or warranty deed to be updated within the community database and request a coupon book.

Received by administration: _____

1301 NW 89TH CT, Suite 202, MIAMI, FL. 33172. PH : (305)406-1325 FAX: (305)406-1326



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Property Address: _____ Acc. _____

Applicant's Name: _____ Date of Birth _____

Last 4 digits of the SS # _____ Are you a military service member? _____ Yes _____ No.

"Service member" means any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces. [250.01.\(19\), Florida Statutes.](#)

Current Address: _____ City/ State: _____ Zip Code: _____

Home Telephone: _____ Cell: _____ Email: _____

Employer: _____ Position: _____ Work Ph: _____

Current Address: _____ City/ State: _____ Zip Code: _____

Landlord Name: _____ Phone: _____

Co-Applicant's Name _____ Date of Birth _____ Last 4 digits of

The SS # _____. Relationship _____ Are you a military service member? ____ Yes ____ No.

Current Address: _____ City/ State: _____ Zip Code: _____

Home Telephone: _____ Cell: _____ Email: _____

Employer: _____ Position: _____ Work Ph: _____

Current Address: _____ City/ State: _____ Zip Code: _____

Landlord Name: _____ Phone: _____

INFORMATION ON HOUSEHOLD MEMBERS

Name for all household members (maximum of 4 members including children):

1. _____ Age _____ Relationship _____

2. _____ Age _____ Relationship _____

3. _____ Age _____ Relationship _____

4. _____ Age _____ Relationship _____



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VEHICLES

Vehicle # 1 Make _____ Model _____ Year _____ Color _____

Tag # _____

Vehicle # 2 Make _____ Model _____ Year _____ Color _____

Tag # _____

REFERENCES

REF # 1 Name _____ Work/ Cell Telephone _____

Current Address _____ City/ State _____ Zip Code _____

REF # 2 Name _____ Work/ Cell Telephone _____

Current Address _____ City/ State _____ Zip Code _____

CONTACT PERSON IN CASE OF AN EMERGENCY SUCH AS A FIRE OR FLOOD

Name _____ Relationship _____

Work _____ Cell _____



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DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS

In connection with my application for occupancy for a dwelling and or Residential with _____, I understand consumer reports will be requested by **Sun City Condo Solutions Inc.** These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records. In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: **United Screening Services, Corp.**(name) ("Agency"), **P.O. Box 55-9046, Miami, FL. 33255-9046** (address), telephone number **(305) 774-1711 or (800) 731-2139**, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: **www.unitedscreening.com**.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here: ☐

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.



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2. Are you a service member as defined by s. 250.01, Florida Statutes? Yes ___ No ___

The term "service member" is defined by s.250.01, Florida Statute to include any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

Printed Name: _____

Signature: _____

Date: _____

For identification purposes:

Social Security No.: _____; Date of Birth: _____.

Driver's License No.: _____; State of Issue: _____.

Street Address: _____; City: _____ State: _____ Zip: _____.



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VILLAS OF GOLFVIEW CONDOMINIUM ASSOCIATION, INC.

Rules & Regulations

I/WE _____,

The Purchasers/ or Lessees are in receipt of the Rules & Regulations of Villas of Golfview Condominium Association, Inc. and agree to abide by them or any future changes or additions to them.

I/We will also familiarize myself/ourselves with the Association Documents and agree to be bound by them as well, including any future amendments.

_____ (BLDG/UNIT#)	_____ (DATE)
_____ (PRINT NAME)	_____ (SIGNATURE)
_____ (PRINT NAME)	_____ (SIGNATURE)

Florida Statute SS720.3085(8) provides:

If the parcel is occupied by a tenant and the parcel owner is delinquent in paying any monetary obligation due to the association, the association may demand that the tenant pay to the association the future monetary obligations related to the parcel. The demand is continuing in nature, and upon demand, the tenant must continue to pay the monetary obligations until the association releases the tenant or the tenant discontinues tenancy in the parcel. A tenant who acts in good faith in response to a written demand from an association from an association is immune from any claim from the parcel owner.