



17670 NW 78TH AVE, SUITE 202
HIALEAH FL, 33015 PHONE: 786-401-6727

APPROVAL/SCREENING APPLICATION PROCEDURES

SUNSHINE MANAGEMENT SVS 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 t h e original Certificate of Approval must therefore be picked up.

****PLEASE BE AWARE THAT NONE OF THE APPLICATION FEES ARE REFUNDABLE****

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.

"PLEASE READ CAREFULLY"

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

- **PAYMENT IN THE AMOUNT OF \$150.00 PER APPLICANT. MARRIED COUPLES WITH PROOF OF MARRIAGE CERTIFICATE PAY \$200.00.**
 - **PAYMENT IN THE AMOUNT OF \$100.00 FOR ADDITIONAL OCUPPANTS APPLICATION.**
- PAYABLE TO: Sunshine Management Services, LLC (Money Orders Only)**

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THE APPLICATION:

- COPY OF THE REAL ESTATE PURCHASE AGREEMENT (IF A PURCHASE) OR A COPY OF THE LEASE AGREEMENT (IF RENTAL).
- TWO LETTERS OF RECOMMENDATION FOR EACH APPLICANT.
- FLORIDA DRIVER'S LICENSE FOR EACH APPLICANT.
- EMPLOYMENT LETTER STATING POSITION, SALARY, AND LENGTH OF EMPLOYMENT.
- TWO MOST RECENT PAY STUBS (ORIGINALS).
- POLICE RECORDS REPORT FOR EACH APPLICANT.
- IF APPLICANT IS SELF-EMPLOYED: COPIES OF LAST TWO YEARS INCOME TAX RETURNS AND LAST TWO MONTHS BANK STATEMENTS.
- IF UNIT IS REPRESENTED BY A REALTOR, POWER OF ATTORNEY OR REPRESENTATION LETTER MUST BE PROVIDED

I hereby acknowledge that I have understood all the requirements and application procedures. I am aware that after application is submitted none of the fees are refundable under no circumstances.

Applicant Signature

Applicant Signature



APPLICATION FOR OCCUPANCY/ APPROVAL

OWNER / AGENT'S NAME: _____

Address : _____ Phone # _____

PRINT OR TYPE Purchase _____ or Lease _____ How Long? _____

Apt. No. _____ Address _____ Date: _____

Community Name _____ Anticipated Closing Date (if sale) _____

Name: _____ Birth date : _____ Social Security # _____

(If No SS, Passport, Alien Green Card)

Spouse _____ Birth date _____ Social Security # _____

(If No SS, Passport, Alien Green Card)

Maiden Name _____

[] single [] married () widow [] significant
other [] sep. _____

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

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

Name _____ 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 _____

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 _____

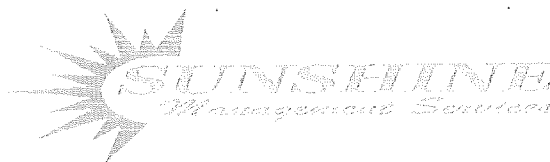
Make _____ Model _____ Year _____ Color _____ Plate # _____ State _____

IN CASE OF EMERGENCY, PERSON TO BE NOTIFIED: _____

Address _____ Phone # _____

Alt. Phone # _____

City _____ State _____ Zip _____

**RESIDENTIAL HISTORY:**

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 _____

How you ever seasonally resided in Florida before? [] Yes [] No. If yes, please state name, address, and dates of residency.

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	_____	Home Phone _____
	Address _____	Office Phone _____
2	_____	Home Phone _____
	Address _____	Office Phone _____
3	_____	Home Phone _____
	Address _____	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 residents may have only one cat or dog per unit, weighing no more than 20 pounds at its maturity.
 - 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 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 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.**
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 RENTERES REFERENCE OF FLORIDA, 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

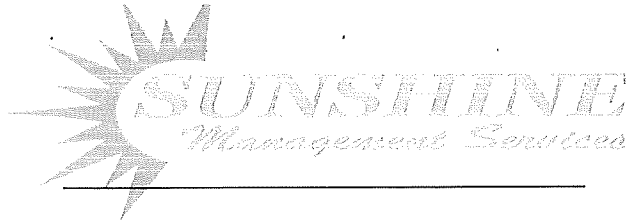
In making the forgoing application, I am aware that the decision of **THE ASSOCIATION** will be final and no reasons will be given for any action taken by the Association. I agree to be governed by the determination of the Association.

Applicant

Applicant

REAL ESTATE AGENTS INVOLVED IN TRANSACTION:

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____



RESIDENTIAL SCREENING AUTHORIZATION

Print Name: _____

Address: _____

City, State, and Zip: _____

SSN: _____ DOB: _____

CURRENT EMPLOYER

Company: _____ N/A _____ Tel#: _____ N/A _____

Position: _____ N/A _____ Salary: _____ N/A _____

Dates of Employment from: _____ N/A _____ To: _____ N/A _____

CURRENT AND PREVIOUS LANDLORDS

Current Landlord: _____ N/A _____ Tel#: _____ N/A _____

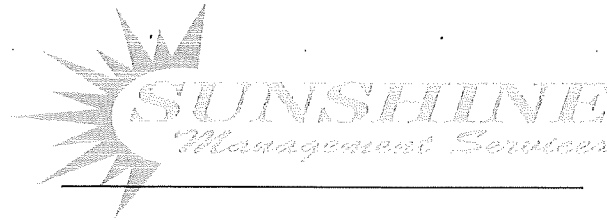
Lived there from: _____ N/A _____ To: _____ N/A _____

Current Landlord: _____ N/A _____ Tel#: _____ N/A _____

Lived there from: _____ N/A _____ To: _____ N/A _____

I give my full authorization to obtain my Credit Report, Criminal History Record and Eviction Record and to verify the above information.

SIGNATURE: _____ DATE: _____



RESIDENTIAL SCREENING AUTHORIZATION

Print Name: _____

Address: _____

City, State, and Zip: _____

SSN: _____ DOB: _____

CURRENT EMPLOYER

Company: _____ N/A _____ Tel#: _____ N/A _____

Salary: _____ N/A _____

Dates of Employment: _____ N/A _____ To: _____ N/A _____

CURRENT AND PREVIOUS LANDLORDS

Current Landlord: _____ N/A _____ Tel#: _____ N/A _____

Lived there from: _____ N/A _____ To: _____ N/A _____

Current Landlord: _____ N/A _____ Tel#: _____ N/A _____

Lived there from: _____ N/A _____ To: _____ N/A _____

I give my full authorization to obtain my Credit Report, Criminal History Record and Eviction Record and to verify the above information.

SIGNATURE: _____ DATE: _____