

CYPRESS CHASE NORTH CONDOMINIUMS
SALES/LEASING PROCEDURES
OFFICE: 954/484-8719 FAX: 954/484-8722

EFFECTIVE MAY 2021:

NOTE: Copies of documents by office are not permitted including Driver License. The Application Packet must be complete, or it will be returned.

An Application must be filled out by the applicant, signed, and dated. Should there be more than one applicant, then each applicant must complete an application, sign, and date it.

There is a fee of **\$100** per couple. Individual applicants must pay **\$100 per person**. A **Money Order** payable to the Association must accompany the application(s) at the time of submission. **THIS FEE IS NON-REFUNDABLE**. A **copy** of applicant(s) Driver's License **MUST** be attached and submitted along with the application(s).

The application must be answered truthfully; otherwise, it will be invalid, and approval will not be granted for purchasing and/or leasing.

An application for purchasing and/or leasing will not be processed if we are unable to obtain relevant information as a result of statements made or questions left unanswered on the application and the payment(s) or an additional \$100 maybe required and non-refundable.

A copy of the Good Faith Estimate (commitment) must be submitted before a screening will be scheduled.

A copy of the **Contract/Lease** must be attached to the application.

A six (6) months Maintenance Security Deposit to the Building Association must be paid at the office prior to the screening meeting (Purchasing). This money must be in the form of a Cashier's Check or Money Order (no personal or business checks). The Security Deposit will be refunded in full if you are not approved for the purchase by the committee. (**This Security Deposit will be held for the length of time you are in residence and refunded at the time your unit is sold**).

The Rental Security Deposit Amount of \$500.00 is payable to the Association to be made by the Applicant or Owner. Deposit is refundable when unit becomes vacant.

Buyers, rental restrictions apply per Association.

***BUILDINGS 2 & 4 BACKGROUND REPORTS ARE RETURNED WITHIN 3-4 WEEKS**

***BUILDING 1 BACKGROUND REPORTS ARE RETURNED WITHIN 1.5 – 2 WEEKS**

***ALL RESIDENTS OF CYPRESS CHASE NORTH CONDOMINIUMS ARE REQUIRED TO PURCHASE A TRANSPONDER – CHECK OR MONEY ORDER @ \$50/VEHICLE AT OR BEFORE SCREENING.**

***BUILDING 4 RESIDENTS ARE REQUIRED TO PAY A \$50.00 CHECK OR MONEY ORDER MOVE-IN FEE AT OR BEFORE THE SCREENING.**

INSTRUCTIONS:

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

APPLICATION FOR OCCUPANCY/APPROVAL

PRINT OR TYPE (Use Black Ink)

Purchase _____ or Lease _____ (How long)

Apt. No. _____ Bldg No. _____ Special Address or Unit _____
 Date _____ 20____ Desired date of occupancy _____
 Name (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____
 (mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)
 Spouse (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____
 (mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)
☐ Sngl. ☐ Married ☐ Widow(er) ☐ Sep. _____ ☐ Div. _____ Maiden Name _____
 (How long) (How long)
 Number of people who will occupy. Adults (over age 18) _____ Children (over 18) _____ Children (under 18) _____
 Names & ages of children who will occupy: _____
 Description of Pets (Breed, Size, Color, Weight, Etc.) _____
 In case of emergency notify: _____ Name _____ Address _____ Telephone _____

PRINT OR TYPE (Use Black Ink)

RESIDENCE HISTORY

A. Present Address _____ Phone (____) _____
 (Street Address, Apt No., City, State, Zip)
 Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____
 Name of Landlord or Mortgage Co. _____ Phone (____) _____
 Address _____ Mtg. No. _____
 Your Apt No. _____
 B. Previous Address _____
 (Street Address, Apt No., City, State, Zip)
 Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____
 Name of Landlord or Mortgage Co. _____ Phone (____) _____
 Address _____ Mtg. No. _____
 Your Apt No. _____
 C. Prior Address _____
 (Street Address, Apt No., City, State, Zip)
 Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____
 Name of Landlord or Mortgage Co. _____ Phone (____) _____
 Address _____ Mtg. No. _____

PRINT OR TYPE (Use Black Ink)

EMPLOYMENT & BANK REFERENCES

A. Employed By (Business Name) _____ Phone (____) _____
 (or retired from) _____ Mo. Income _____
 How long _____ Dept. or Position _____ Zip _____
 Address _____
 B. Spouse's Employment (Business Name) _____ Phone (____) _____
 (or retired from) _____ Mo. Income _____
 How long _____ Dept. or Position _____ Zip _____
 Address _____
 C. Bank Reference _____ Phone (____) _____
 How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____
 Address _____ Zip _____
 D. Bank Reference _____ Phone (____) _____
 How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____
 Address _____ Zip _____

(Continued on Back)

PRINT OR TYPE (Use Black Ink)

CHARACTER REFERENCES

1.	Name _____	Address _____	Phone (Residential & Office) _____
2.	Name _____	Address _____	Phone (Residential & Office) _____
3.	Name _____	Address _____	Phone (Residential & Office) _____

Driver's Lic. No. #1 _____ #2 _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

If this application is NOT legible or is not completely and accurately filled out, Applicant Information (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 or their agent, Applicant Information may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature _____ Applicant Signature _____ Applicant's Spouse

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure Authorization Form is completed as indicated.

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND CRIMINAL BACKGROUND

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my /our application made for residency.

DESIGNATED PARTY: APPLICANT INFORMATION

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

(Applicant's Signature)

(Applicant's Name Printed)

(Spouse's Signature)

(Spouse's Name Printed)

DATE _____

REQUEST FOR DISCLOSURE

I request disclosure of the nature and substance of all information on me in the agency's files, including the identification of the recipients of all reports furnished within the last six months.

REASON FOR DISCLOSURE

____ Not qualified for residency within the past 60 days (no charge for this disclosure)

Mail this request to:

APPLICANT INFORMATION
ATTN: CONSUMER DEPARTMENT
PO BOX 223547
HOLLYWOOD, FL 33022-3547

CAREFULLY PRINT ALL INFORMATION REQUESTED BELOW (FAILURE TO DO SO MAY RESULT IN THIS FORM BEING RETURNED TO YOU):

1. NAME _____ SPOUSE _____
DATE OF BIRTH _____ DATE OF BIRTH _____
SOC. SEC. NO. _____ SOC. SEC. NO. _____
2. PRESENT ADDRESS _____
HOW LONG HERE? _____ TELEPHONE NO. (____) _____ APT. NO. _____
NAME OF LANDLORD/MORTGAGE CO. _____
ADDRESS _____ TELE. NO. _____
3. PREVIOUS ADDRESS _____
HOW LONG HERE? _____ TELEPHONE NO. (____) _____ APT. NO. _____
NAME OF LANDLORD/MORTGAGE CO. _____
ADDRESS _____ TELE. NO. _____
4. EMPLOYED BY _____
ADDRESS _____
TELE. NO. _____ POSITION _____ HOW LONG HERE? _____

I understand that APPLICANT INFORMATION will inform me in advance of any charges resulting from this disclosure for which I am properly responsible to pay under the Federal Fair Credit Reporting Act law.

I hereby state that I am the person named above and I understand that Federal Law provides that a person who obtains information from a consumer reporting agency under false pretenses shall be fined not more than \$5,000 or imprisoned not more than one year or both.

I hereby state that I am the person named above and that I authorize the APPLICANT INFORMATION to release my file information to me.

Signed _____ Spouse _____

Date _____ Date _____

(FOR CUSTOMER COMPLETION)

Issued to Applicant (Print Name) _____ DATE _____

Name of Customer (Association/Residential Name) _____

Applicant Information, Consumer Department, PO Box 223547, Hollywood, FL 33022-3547
(DO NOT HAND DELIVER OR FAX THIS FORM TO OUR OFFICE - MAIL THIS FORM TO ABOVE ADDRESS)