



HOLLYWOOD GARDENS
Condominium Association

SCREENING APPLICATION PACKAGE

Thank you for your interest in our community. We look forward to assisting you in the process of your application. The items listed below are required to be submitted along with this application. Make sure to submit a completed application and package. If the package is not complete, the process will be delayed. **Please allow 15 to 20 business days for the screening process.**

If you have any questions or require additional assistance, please do not hesitate to reach 954-989-6969 or 305-763-7186 or via email at management@hollywoodgardenscondo.com.

Items that must be submitted (please check off):

- This Application must be completed in detail by the proposed buyer and/or tenant. Application will not be processed without signature of both owner and lessee.
- Include a copy of the lease agreement or sales contract. No lease shall be for less than one (1) calendar year.
- Include a Police Report for all occupants 18 years & older.
- A copy of tag registration for all permanent vehicles.
- Copy of valid photo identification for each occupant residing in the unit that is 18 years or older.
- A \$100.00 screening fee per applicant/per adult 18 years and over made payable to Hollywood Gardens Condominium I in the form of a money order or cashier's check.
- A \$500.00 (re-fundable) Security Deposit made via Hollywood Gardens Condominium I website. A deposit must be placed on **ALL RENTALS**. Security Deposits must be from the current unit owner only. Refundable at end of lease.
- A \$50.00 processing fee Must be payable online at www.hollywoodgardenscondo.com.
- The completed application MUST be submitted to the Association at least 15 working days prior to the desired date of occupancy. Please do not call the management company to rush.**
- All maintenance assessment dues to the Association must be paid in full prior to application process.
 - Occupancy prior to final approval is prohibited. Any owner who moves a tenant into a home/lot without the Associations approval will be subject to an immediate legal action, which can result in eviction.
 - No lessee shall sublet or assign his interest in an apartment unit.
 - If there are any questions not answered, or left blank, this application will be returned to you unprocessed.
 - Move in date is required as well as move in hour. The hours permitted to move are 9:00 AM through 6:00 PM Monday through Saturday.

Applicant Name

Current Owner Name

Applicant Signature

Current Owner Signature

Date Application Received: ____/____/____



Estoppel Requirements

Effective January 1st, 2012, when requesting an Estoppel, we only require you to provide:

- A. Payment in full. Your payment must be made payable to Hollywood Gardens Condominium Association I via payment via community website at [www. hollywoodgardenscondo.com](http://www.hollywoodgardenscondo.com).
- B. Current owner’s name:
- C. Prospective buyer’s name :
- D. Property address :
- E. Association name :
- F. Copy of **Recorded Certificate of Title** if the property has been foreclosed upon. A **MUST**
- G. Your request must be provided to us in writing, on the closing agent’s letterhead, and must include the company
- H. contact information (phone number, fax number, address, e-mail, etc.).

Please be sure to include the **e-mail address** of where you want the Estoppel(s) sent to.

Please use the following as guidelines when requesting an Estoppel:

- 1. Please e-mail the Estoppel to management@hollywoodgardenscondo.com.
- 2. One update within a 30-day period is free of charge, no exceptions.
- 3. Subsequent updates within those 30 days are \$50.00 each.
- 4. Updates 31-60 days after original issue date are \$75.00.
- 5. After 60 days, an original Estoppel must be requested.
- 6. If you require an original document, you must include a self-addressed stamped envelope; otherwise, you will only receive the document via e-mail.

Turn Around	Fee	Note(s)
5 days	\$250.00	
48 hours “RUSH”	\$300.00	a. Request must be received before 12:00 PM (noon) b.If a property inspection is required, this service is not applicable.

Weekend and holidays are excluded in the turnaround time

*ONLINE PAYMENT: Go to www.Hollywoodgardenscondo.com estoppel request.

Thank you,

Hollywood Gardens Condominium I



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ATTENTION HOMEOWNERS ONLY

If homeowner will be Leasing/Renting unit please complete this form.

Building Number and Unit Number: _____

Unit owner(s) Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Please provide us with a mailing address where you would like to receive all correspondence.

Mailing Address: _____

C/O: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number(s):

1) _____ 2) _____ 3) _____

Email: 1) _____ 2) _____

If you have someone taking care of your unit and would like all correspondence to be mailed to them, please attach a letter giving us (Hollywood Gardens Condominium I) authorization to forward all correspondence to the person or company.

Signature of Unit Owner

Date



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PLEASE CIRCLE: SALE LEASE

Community Name: _____

Unit Owner Name: _____

Unit Address: _____

Owner(s) Mailing Address: _____

Owner(s) Phone Number: _____

Realtor Information (if any): Name _____ Number: _____

Applicants Name(s): _____

Present Address: _____

Home Phone #: _____ Cell Phone #: _____ Email: _____

The term of lease if \$ _____ per month. The term of the lease is from _____ to _____.

Number of adults to occupy home _____ Number of children _____

List all names, ages and relationship of all proposed occupants to the unit.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Vehicle Information:

Make/Model _____ Color _____ Tag _____ Year _____

Make/Model _____ Color _____ Tag _____ Year _____

Make/Model _____ Color _____ Tag _____ Year _____

Make/Model _____ Color _____ Tag _____ Year _____

Attention Buyer(s): Have you received a copy of the Association Documents? **YES** ___ **NO** ___ (*Please initial*)

Attention Renter(s): Have you received a copy of the Rules & Regulations? **YES** ___ **NO** ___ (*Please initial*)

Purpose for Purchase: LIVE _____ RENT OUT _____ OR VACATION HOME _____

I hereby agree for myself and on behalf of all persons who may use the unit which I seek to purchase/lease that I have read and will abide by the Rules and Regulations of the Association. Also, I will abide by restrictions which are or may in the future be imposed by the Association.

Unit Owner Signature

Buyer/Renter Signature

Date

Date



DOCUMENTS REQUIRED CHECKLIST

Thank You for choosing our company as your screening service. Hollywood Gardens Condominium I will verify the information that the applicant provides on the application. To facilitate the processing of the application, the following information is required:

- Complete legal name, address (*including zip code*) and birth date.
- Copy of Social Security and drivers license or passport (*if applicable*).
- Daytime phone number for both current and previous landlord.
- Daytime phone number for both current and previous employer
- Proof of employment (*Letter from employer, paystub, copy of recent W-2*)
- If self-employed, retired or disabled, proof of income is required (*Copy of resent 1099 or 1040, letter from Social Security Administration and/or bank statement*)
- Copy of resent bank statement with correct name and address of applicant
- Daytime phone number where applicant can be reached

ALL COPIES PROVIDED MUST BE LEGIBLE

If any of this information is not provided when application is submitted, it can cause a delay in the processing of the application.



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AUTHORIZATION TO THIRD PARTIES

I hereby authorize all persons, educational institutions, bank and other financial institutions, current and former employers, current and former landlords, credit reporting agencies, governmental agencies and other organizations, agencies and entities to provide Hollywood Gardens Condominium I with any information which it may deem necessary may request.

Applicate Signature

Co-Applicant Signature

Printed Name

Printed Name

Social Security Number

Social Security Number

Date

Date

AUTHORIZATION AND ACKNOWLEDGMENT

In connection with my Application for Occupancy to _____, I hereby authorize Hollywood Gardens Condominium I, to perform an investigation of my credit worthiness, credit standing, character, general reputation, personal characteristics, mode of living and employment/work history, and to provide a report of the investigation to _____. I hereby release and discharge Hollywood Gardens Condominium I and _____ from and and all claims, damages, liabilities, costs and expenses arising from the retrieving and reporting of such information.

I acknowledge receipt of "A Summary of Your Rights Under the Fair Credit Reporting Act" provided to me in accordance with the provisions of the Fair Credit Reporting Act.

Applicate Signature

Co-Applicant Signature

Printed Name

Printed Name

Date

Date



HOLLYWOOD GARDENS
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APPLICATION FOR OCCUPANCY

- CREDIT ONLY
- CREDIT & CRIMINAL
- EXTENDED (National)
- PURCHASE
- LEASE

Association _____

Property Address _____ Bldg# _____ Unit# _____

Desired date of occupancy _____ Management Company _____

Applicant _____ Date of Birth _____ Social Security _____

Marital Status: Single () Married () Separated () Divorced () Sex: Male ()
Female ()

Phone _____ Cell Phone _____

Drivers License _____ E-mail _____

Have you ever been convicted of a crime? YES NO Charge(s) _____

Date(s) _____ County/State Convicted in _____

Co-Applicant _____ Date of Birth _____ Social Security _____

Marital Status: Single () Married () Separated () Divorced () Sex: Male ()
Female ()

Phone _____ Cell Phone _____

Drivers License _____ E-mail _____

Have you ever been convicted of a crime? YES NO Charge(s) _____

Date(s) _____ County/State Convicted in _____

Total # of adults who will occupy the unit (18 yrs or older) _____

Total # of children _____ Number & type of pets _____



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RESIDENCE HISTORY

1) Present Address _____

City, State & Zip _____

Association _____ Dates of residency: From/To _____

Landlord/ Mortgagee _____ Rent/Mtg. amt _____ Phone No. _____

2) Present Address _____

City, State & Zip _____

Association _____ Dates of residency: From/To _____

Landlord/ Mortgagee _____ Rent/Mtg. amt _____ Phone No. _____

EMPLOYMENT

Employer _____ Phone No. _____

Address _____ Supervisor: _____

Position _____ Annual Income _____

Dates of Employment From: _____ To: _____

BANK REFERENCES

Bank Name _____

Phone No. _____ Account No. _____

Bank Name (Co-Applicant) _____

Phone No. _____ Account No. _____



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CHARACTER REFERENCES – DO NOT INCLUDE FAMILY MEMBERS

1) Name _____ Home Phone No. _____

Known how long: _____ Cell Phone No. _____ Work Phone No. _____

Email Address: _____

2) Name _____ Home Phone No. _____

Known how long: _____ Cell Phone No. _____ Work Phone No. _____

Email Address: _____

3) Name _____ Home Phone No. _____

Known how long: _____ Cell Phone No. _____ Work Phone No. _____

Email Address: _____

VEHICLES

Make _____ Model _____ Year _____ Plate No. _____

Electric vehicle Yes No

Make _____ Model _____ Year _____ Plate No. _____

Electric vehicle Yes No

Make _____ Model _____ Year _____ Plate No. _____

Electric vehicle Yes No

Make _____ Model _____ Year _____ Plate No. _____

Electric vehicle Yes No

The Applicant acknowledges that _____ and/or its agents, Hollywood Gardens Condominium I may verify the information supplied by the Application, may obtain credit reports and may investigate the Applicant's credit worthiness, credit standing, character, general reputation, personal characteristics and mode of living. The investigation may include a verification of bank accounts, character references and others. The Applicant hereby authorizes and consents to _____ and /or its agent, Hollywood Gardens Condominium I to preform such verification and instigation.

Applicant
Signature _____

Co-Applicant
Signature _____



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Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free.

You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if



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you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

PE OF BUSINESS: CONTACT:	TYPE OF BUSINESS: CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108- 2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250



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•Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

	202-720-7051
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States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

IMPORTANT

Applicants Name: _____

Property Unit Address: _____



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I hereby acknowledge receipt of the Association Rules and Regulations for **HOLLYWOOD GARDENS CONDOMINIUM I.**

If the application to lease is approved I hereby agree for myself and on behalf of all persons who may occupy/visit my unit that I have read, understand, and will abide by said rules and regulations.

I understand that the full set of Bylaws is to be provided to me by the property owner. In case the property owner fails to provide the full set of rules and regulations, I have been informed that the documents are available from the Management Company for a fee.

Applicant's Name (Print)

Co-Applicant's Name (Print)

Applicant's Signature

Co-Applicant's Signature

Date: _____

Date: _____

CURRENT HOME OWNER

I understand that I will be responsible for any charges, fines and/or legal fees assessed to my Building and Unit Number by the Association for non-compliance of the Association Rules and Regulations by myself, my tenants, and/or any occupant resident/visiting my home.

Homeowner's Name (Print)

Homeowner's Name (Print)

Homeowner's Signature

Homeowner's Signature

Date: _____

Date: _____



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HOLLYWOOD GARDENS CONDOMINIUM I
Owner/Tenant – Security Information Sheet

Date: _____ Received on: _____ Processed on: _____ Building/Unit No.: _____

Resident's Name: _____

Address: _____

Phone Number: _____

Email: _____

Name of other adults/children residing in the home:

1) _____ 5) _____

2) _____ 6) _____

3) _____ 7) _____

4) _____ 8) _____

Emergency Contact 1:

Name: _____

Phone Number: _____

Emergency Contact 2:

Name: _____

Phone Number: _____

If you are a new owner, please provide former owner's name: _____

Former Owner's Telephones: _____

If the Unit is rented, please provide the current Owner and/or Representative information as follows:

Name: _____

Address: _____

Phone Numbers: _____

	VEHICLE YEAR, MAKE & MODEL	COLOR	TAG NUMBER
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____

All members of my family, my guests and I will abide by the Rules and Regulations of Hollywood Gardens Condominium I, which are contained in the Association Documents. * One vehicle Decal will be issued to per each car that is registered in this form and should be display at all times.

Signature: _____ Print Name: _____ Date: _____



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HOLLYWOOD GARDENS CONDOMINIUM I

**I/WE ACKNOWLEDGE RECEIPT OF SOME OF THE RULES
AND REGULATIONS OF HOLLYWOOD GARDENS
CONDOMINIUM I.**

Signature _____

Signature _____

Date _____

Date _____

For a complete set of please refer to the HOLLYWOOD GARDENS
CONDOMINIUM I bylaws.

Returned signed for, with your application package.