



**Your Neighborhood Management Group, Inc**

**12901W. Okeechobee Rd. # F11 Hialeah Gardens Fl. 33018 Ph: 786-247-4100**

**Email : nancyfont@gmail.com**

## **PALM SPRING VILLAS SOUTH**

### **Requirements**

### **Application for the Association of Condominiums/HOA**

According to the chapter 7.20 of the Condominium's Florida Statutes, and in order to protect all Community Association members; all new residents (new tenants or new owners) at the Association must complete an application process and an interview.

**ALL PROSPECTIVE RESIDENTS must complete an application and be approved by the Association before moving into the property. Any APLICANT who violates this agreement will be grounds for DENIAL immediately.**

For this procedure, the new residents must present the following documents:

- Driver License of all occupants** over 18 yrs old
- Copy of the Selling /Rental contract
- Police Records from all resident older than 18 years.** (You can obtain this document from: Miami-Dade Police: 9105 NW 25 St, Doral, FL Ph: 305-471-2085 from 8:00 am – 6:00 pm, you do not need appointment).  
**Inform the officer that approval is for a Purchase /Rental of a home**
- Two (2) recommendation letters.

**The cost of the application process and the interview is \$150.00 (not reimbursable) payable in form of cash or money order to: Your Neighborhood Management Group, Inc.**

The Contract's titular must call the Property Management Office at: 786-247-4100 when the application is been completed, you will receive instructions where to take the application, after receiving the application the Management office will call you with date and time for the interview to discuss all characteristics and regulations of the Community. **The Approval Certificate will be available in 10 to 15 days from the date the application is submitted.**

**Every time, that the property changes tenant/owner, a new application must be filed. No sub-leasing is permitted**

I \_\_\_\_\_ (Applicant), on \_\_\_ of \_\_\_\_\_, 20\_\_ understand and agree with all the above conditions.

**Name of the Applicant**

\_\_\_\_\_  
**Signature of the Applicant**

Neighborhood Management Group on behalf the Board of Directors.

(REV Jan 2021)



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## Application Form for PURCHASE/RENTAL of a HOA Home

### 1- General Information.

1.1. Name of Community: **Palm Spring Villas South**

1.2. Addresses of property: \_\_\_\_\_

1.3. Name of applicant: \_\_\_\_\_ Telf: \_\_\_\_\_ Email: \_\_\_\_\_

1.4. Other: \_\_\_\_\_ Telf: \_\_\_\_\_ Email: \_\_\_\_\_

1.5 Other: \_\_\_\_\_ Telf: \_\_\_\_\_ Email: \_\_\_\_\_

1.6 Other. adults (over age 18): \_\_\_\_\_

b) No. and names of children: \_\_\_\_\_

c) No. pets (Breed, color, and size) \_\_\_\_\_

### 2- Residence History.

2.1 Present Addresses: \_\_\_\_\_.

2.2  Lease  Own 2.3 Time of occupancy: \_\_\_\_\_.

2.4 If lease, name of landlord: \_\_\_\_\_

2.5 Landlord phone: \_\_\_\_\_.

2.1 Previous Addresses: \_\_\_\_\_.

2.2  Lease  Own 2.3 Time of occupancy: \_\_\_\_\_.

2.4 If lease, name of landlord: \_\_\_\_\_

2.5 Landlord phone: \_\_\_\_\_.

### 3- Employment information.

3.1 Name of Company: \_\_\_\_\_.

3.2 Addresses: \_\_\_\_\_.

3.3 Position: \_\_\_\_\_ Name of contact: \_\_\_\_\_.

3.4 Telephone of contact: \_\_\_\_\_ 3.5 Income monthly: \_\_\_\_\_

3.1 Name of Company: \_\_\_\_\_.

3.2 Addresses: \_\_\_\_\_.

3.3 Position: \_\_\_\_\_ Name of contact: \_\_\_\_\_.

3.4 Telephone of contact: \_\_\_\_\_ 3.5 Income monthly: \_\_\_\_\_

### 4- References.

4.1 Name: \_\_\_\_\_ 4.2 Relationship: \_\_\_\_\_.

4.3 Telephone of contact: \_\_\_\_\_.

4.1 Name: \_\_\_\_\_ 4.2 Relationship: \_\_\_\_\_.

4.3 Telephone of contact: \_\_\_\_\_.



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## 5- Vehicle information.

5.1 How many vehicles: \_\_\_\_\_.

5.2 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag: \_\_\_\_\_

5.3 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag: \_\_\_\_\_

5.4 Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year \_\_\_\_\_ Tag \_\_\_\_\_

## 6- Bank References:

a) Bank Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Type of Account: ( ) Checking ( ) Saving. How long: \_\_\_\_\_

a) Bank Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Type of Account: ( ) Checking ( ) Saving. How long: \_\_\_\_\_

## 7- Background Information:

7.1 Have you ever filed an application here before, if yes when? \_\_\_\_\_

7.2 Have you ever had any legal conflict as eviction? \_\_\_\_\_ or filed bankruptcy? \_\_\_\_\_

7.3 Have you ever been convicted of a crime or felony? \_\_\_\_\_ Any other Legal conflicts? \_\_\_\_\_

7.4 If yes, please include description of legal charges and a detailed explanation of occurrence on a separate page.

**\*\*Please be aware that any false information provided on this application will result in an automatic denial.\*\***

### Authorization to release information about my: Employment, Residence, Banking and Credit.

The requested information will be used in reference to my purchase application. The applicant hereby authorizes you to release all information concerning my employment, residence, and banking and to give this information to:

#### **Your Neighborhood Management Group, Inc.**

The applicant hereby authorizes Your Neighborhood Management Group to investigate all statements contained in my application as may be necessary. The applicant understands that the applicant hereby waives privileges that he/she may have regarding the requested information to release it to the above-named party. A copy of this form may be used in lieu of the original. The cost of the application process and the interview is \$150.00 (not reimbursable) payable in form of cash or money order to: Your Neighborhood Management Group, Inc. If for any reason the board of directors do not approve the application, the fee payable to the management will be non-reimbursable. Please note a new application must be completed by all potential applicants each time a unit changes resident. The Approval Certificate will be delivered to applicant and must retain it for the living time on the property.

X  
Applicant's **name** and **signature** \_\_\_\_\_ Date \_\_\_\_\_

X  
Applicant's **name** and **signature** \_\_\_\_\_ Date \_\_\_\_\_

**USE SEPERATE PAGE IF NEEDED**

# PALM SPRING VILLAS SOUTH

## Pet Registration Form

- Please complete the entire Pet Registration form, sign and date.
- Attach a recent photo of your pet and a copy of the pet license (if applicable).

Type of Pet: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Color: \_\_\_\_\_

Weight: \_\_\_\_\_ Breed: \_\_\_\_\_

Distinctive Markings: \_\_\_\_\_

\_\_\_\_\_

Please be aware that all dogs four are required by Florida State Law to be licensed and vaccinated for rabies.

Is your pet licensed?                       Yes                       No                       Not Applicable  
Is your pet vaccinated for rabies?    Yes                       No                       Not Applicable

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: Zip Code: Unit #: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Office/Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_