



A Community Association Management Company

2520 NW 97th Avenue
Suite 220
Doral, Florida 33172
Tel.: (305) 468-1416
Fax.: (305) 468-1965

Documentation Release Form & Acknowledgement

Association: Westland Gardens Condominiun Association, Inc. **Date:** _____

To: Board of Directors

From: _____ **Account:** _____

This is to inform you that I _____ *Address* _____ **Unit:** _____
have received the following documents and fully understand their importance and shall comply with said regulations:

- 1. No pets allowed. If emotional pets, a monthly fee of \$50.00 will be paid.
- 2. Move In Fee Required in the amount of \$200.00 prior to move in date and or Approval. Payment must be made to the Westland Gardens Condominium Association, Inc. NO EXCEPTIONS.
- 3. Lease contact will be for a 1-year period. If any rules and regulation violation occur by the tenant, the association will not approve the lease contract renewal.
- 4. Information of rules & regulations / By Laws must be provided to you by the unit owner before you purchase or rent the unit. Our office has copies of all by-laws and can make you copies. The by-laws have a charge of \$0.25 per copy. Three consecutive violations will constitute grounds for eviction procedure by the Association.
- 5. The monthly pet fee payment is due the first day of the monthly in the amount of **\$50.00**. **If the property owner does not make monthly payments, then YOU the tenant will be required to make the monthly payment to the association as provided by Law.**

This account has a balance in the amount of: \$_____.

NOTE:

We will not change ownership records till we receive a copy of the warranty deed. Purchaser must send Management the new Deed. Once received, we will send payment booklets to you if applicable.

Print Name _____
Signature _____
Date

WESTLAND GARDENS CONDOMINIUM ASSOCIATION, INC.

The following applies to any real estate transaction involving the sale, rental or transfer of any condominium or homeowner's association unit.

PLEASE READ CAREFULLY

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

1. **A money order or cashier's check payable to SPM Group, Inc. in the amount of \$100.00 for each applicant adult over 18 years of age and \$50.00 for Condo Documents & By Laws. A \$200.00 money order or cashier check payable to Westland Gardens Condominium for Move In Fee (Non Refundable). ALL ACCOUNTS HAVE TO BE CURRENT PRIOR TO SUMMITTING APPLICATION. FOR PURCHASES a Transfer Fee of \$175.00 IS payable to SPM Group, Inc. (NO PERSONAL CHECKS ARE ACCEPTED) NO PETS ALLOWED. ONLY A SERVICE DOG WITH PROPER CERTIFICATES AND VACCINATION RECORDS WILL BE CONSIDERED. A MONTHLY FEE OF \$50.00 WILL HAVE TO BE PAID TO THE ASSOCIATION.**
2. All questions must be answered.
3. Copy of Lease Agreement or Sales Contract – Lease contract will be for 1 year period. If any rules and Regulation violations occur by the tenant, the association will not approve the lease contract renewal.
4. Telephone number and name of present landlord.
5. Police Report for each adult ages 18 and over from the Miami-Dade Police Department. *If you live in another state or county, please provide us with one from your that state or county. (If you have any type of record, please provide us with a copy of the case).*
6. Three (3) personal reference letters.
7. Employment letter or copy of the two (2) most recent pay stubs.
8. Reference letter from the current landlord.
9. Copy of vehicle registration
10. Copy of Driver License or any form of ID

Please make sure that before you close on your unit the following information has been requested, if applicable.

- ☞ Estoppel Letter, \$250.00 fee 5-7 Day Process Updates over 30 days, \$175.00 fee
- ☞ Refinance, \$250.00 fee 5-7 Day Process Condo PUD Letter, \$250.00 fee 5-7 Day Process
- ☞ Rush Fee, \$100.00 Next Day
- ☞ In order to receive your Certificate of Approval you must have received and reviewed the By-Laws of the Association.

ONCE THE SALE IS FINAL IT IS IMPERATIVE THAT YOU OR YOUR CLOSING AGENT FORWARDS A COPY OF THE WARRANTY DEED OR SETTLEMENT STATEMENT INDICATING DATE OF CLOSING AND NAME (S) OF NEW OWNER (S). (Without this information we cannot update our system and in most cases no coupons will be issued or updates to the account will be made.)

PLEASE BE AWARE THAT THIS PROCESS CAN TAKE UP TO TWENTY-FIVE (25) BUSINESS DAYS AND NONE OF THE FEES INCURRED ARE Non-Refundable.

This process may take longer than expected due to the delay from the Board of Directors to give an approval OR lack of documentation on your behalf. Please be advised that you must request your parking decals at the time you receive your Certificate of Approval. Also, please be advised that some applications may require an interview with the applicant.

Date: _____

Payment Method

Association Name: _____

Application Check List

Please be advised that in order to process your application on a timely manner and within the (25) business days from the day it was turned in, the following requirements must be met:

*****This Application is to be filled out by SPM Group, Inc. representative only*****

1) _____ **A money order or cashier's check payable to SPM Group, Inc. in the amount of \$100.00 for each applicant adult over 18 years of age and \$50.00 for Condo Documents & By Laws. A \$200.00 money order or cashier check payable to Westland Gardens Condominium for Move In Fee (Non Refundable). ALL ACCOUNTS HAVE TO BE CURRENT PRIOR TO SUMMITTING APPLICATION. FOR PURCHASE ONLY a Transfer Fee of \$175.00 payable to SPM Group, Inc. (NO PERSONAL CHECKS ARE ACCEPTED) NO PETS ALLOWED. ONLY IF IT IS AN EMOTIONAL PET / SERVICE DOG WITH CERTIFICATES AND VACCINATION. A MONTHLY FEE OF \$50.00 WILL BE CHARGED TO YOU.**

2) _____ All questions must be answered. (Social Security, Tag #, Date of birth, # of cars, full name, employment, telephone #, email, etc.)

3) _____ Copy of Lease Agreement or Sales Contract - Lease contract will be for 1 year period. If any rules and regulation violations occur by the tenant, the association will not approve the lease contract renewal.

4) _____ Telephone number and name of present landlord. If you are the owner of your current home, please specify on the line provided for this information.

5) _____ Police Report for each adult ages 18 and over from the Miami-Dade Police Department or if you live in another state or county, please provide us with one from your that state or county. **(If you have any type of record, please provide us with a copy of the case).**

6) _____ Three (3) personal reference letters.

7) _____ Employment letter or copy of the two (2) most recent pay stubs.

8) _____ Reference letter from the current landlord. **(IF YOU ARE CURRENTLY RENTING)**

9) _____ Copy of vehicle registration.

10) _____ Copy of Driver License or any form of ID. **(Passport, state ID, Government issued ID)**

| | |
|-------------------------|-------------------|
| APPLICANT'S NAME: _____ | EMAIL: _____ |
| CURRENT ADDRESS: _____ | PHONE: _____ |
| OWNERS NAME: _____ | PHONE: _____ |
| CURRENT ADDRESS: _____ | |
| OWNERS EMAIL: _____ | EMERGENCY#: _____ |

If realtor, please provide Phone # _____

*****If these requirements are not met the application will be returned to you unprocessed*****

Application and documents were received by: _____

SPM Group, Inc. – Representative

NOTE: Print legibly or type. Answer all questions on this application. If not completed this application may be returned or not approved.

APPLICATION FOR PURCHASE/RENTAL

(Please circle one)

Community Name: _____ Apt. No. _____ Address: _____ Parking Space _____
City: _____ Owner Acct. #: _____ Desired date of occupancy: _____

Applicants Name(s):

Name: _____ DOB: ___/___/___ Soc. Sec. #: _____

Spouse / Other: _____ DOB: ___/___/___ Soc. Sec. #: _____

Phone Number: _____ **Email:** _____, **Other:** _____

Marital Status: Single Divorced Widowed Married

Number of adults (18 and over) who will be living in the unit: _____

Name and ages of children:

1. Name: _____ Age: _____

2. Name: _____ Age: _____

Number of pets ____ (If emotional pets) **Breed** _____ **Color** _____ **Weight** _____

Cop of Pet Vaccination Certificate _____ **Cop of service dog certificate** _____

Number of vehicles would be parked at this address: _____

Driver's License No. _____ Driver's License No. _____

Make: _____ Model: _____ Plate No: _____ State: _____

Make: _____ Model: _____ Plate No: _____ State: _____

RESIDENCE HISTORY

1. Present Address: _____ How long: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Landlord Name: _____ Phone: _____

Rental

Owned

2. Previous Address: _____ How long: _____

City: _____ State: _____ Zip Code: _____

**Landlord Name: _____ Phone: _____

Rental

Owned

EMPLOYMENT REFERENCE

1. Employer: _____ Phone No. _____

Address: _____

Position: _____ How long: _____ Monthly Income: \$ _____

2. Spouse's Employer: _____ Phone No. _____

Address: _____

Position: _____ How long: _____ Monthly Income: \$ _____

BANK REFERENCES

1. Bank Name: _____ Phone No. _____
Address: _____ Officer's Name: _____
Account No. _____ checking savings how long: _____

2. Bank Name: _____ Phone No. _____
Address: _____ Officer's Name: _____
Account No. _____ checking savings how long: _____

PERSONAL REFERENCES

1. Name: _____ Phone No. _____
Address: _____ City: _____ State: _____ Zip Code: _____

2. Name: _____ Phone No. _____
Address: _____ City: _____ State: _____ Zip Code: _____

Have you ever applied in SPM Group, Inc. before? If yes, when? _____

Have you ever had any legal conflict with a landlord? If yes, explain. _____

Have you ever been evicted from a previous residence? _____

This application is subject to acceptance by the Owner/Association/Landlord. The applicant understands that the Owner/Association/Landlord will authorize SPM Group, Inc. to act as their agent to investigate the information supplied to the applicant on this application from SPM Group, Inc. (and the Owner/Association/Landlord) will not be liable or responsible for any inaccurate information in their report, caused by illegibility or wrong information on this application, given by the applicant. The applicant agrees, not to hold SPM Group, Inc. and/or the Owner/Association/Landlord reliable for the report received by their investigators. All reports will be obtained under the regulations of the FCRA-Fair Credit Reporting Act. The applicant agrees to sign the Authorization Form, needed by SPM Group, Inc. to receive the requested information concerning the banking, employment, credit and residential information in reference to this application. SPM Group, Inc. may investigate all given references as deemed necessary and may also require a credit report through a credit agency. All investigation reports will be handled confidentially and only the results will be reported to the Owner/ Association/Landlord or Authorized person. By signing this application the application authorizes the Owner/ Association/Landlord and their agent SPM Group, Inc. To investigate the information supplied.

Attached is the signed Authorization Form for release of the information.

Signature: _____ Date: _____
Primary Applicant

Signature: _____ Date: _____
Secondary Application/Spouse

APPLICANT:

This authorization form will be used only to obtain and verify information with your employers, banks and financial institutions and credit organizations, which require your signature and name printed. You gave this information in connection with your purchase or lease agreement attached.

**AUTHORIZATION TO RELEASE INFORMATION ABOUT MY:
EMPLOYEMENT, BANKING, CREDIT, & RESIDENCE**

The requested information will be used in reference to my purchase/rental/lease application. I hereby authorize you to release any and all information concerning my employment, banking, credit, and residence and give this information to:

SPM Group, Inc.

I hereby authorize SPM Group, Inc. to instigate all statements contained in my application as may be necessary. I understand that I hereby waive any privileges I 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.

Sincerely,

Signature: _____ Date: _____

Name (Please Print): _____

**AUTHORIZATION TO RELEASE INFORMATION ABOUT MY:
EMPLOYEMENT, BANKING, CREDIT, & RESIDENCE**

The requested information will be used in reference to my purchase/rental/lease application. I hereby authorize you to release any and all information concerning my employment, banking, credit, and residence and give this information to:

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I hereby authorize SPM Group, Inc. to instigate all statements contained in my application as may be necessary. I understand that I hereby waive any privileges I 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.

Sincerely,

Secondary Applicant:

Signature: _____ Date: _____

Name (Please Print): _____