

FLAMINGO GARDENS HOMEOWNERS ASSOCIATION, INC

C/o GABLES PROFESSIONAL MANAGEMENT CO.
3934 SW 8th Street • Suite # 303 • Coral Gables, FL 33134
PH (305) 441-0904 • FAX (305) 441-7982

APPLICATION FOR OCCUPANCY

Date: _____

Name: _____

Address: _____

To Whom It May Concern:

Enclosed please find the application for occupancy by the **buyer or tenant (new resident)** of the unit.

Please have the applicant attach the following information to the Application:

1. **Copy of Driver's License for every person in this Application over the age of 18 years old.**
2. **Certificate of Good Conduct from Dade County's Police Department for every person in the unit over the age of 18 years old.**
3. **Copy of Lease / Purchase Contract, or Letter of Authorization from unit owner.**
4. **Fee of \$50.00 Payable to: GABLES PROFESSIONAL MANAGEMENT CO. (Money Order Only).**

Once all of the above is received, the current homeowner will receive an acknowledgement letter.

❖ IF INTERVIEW IS REQUIRED, A LETTER WILL BE SUBMITTED AFTER INTERVIEW

NOTE: The Processing of this application will begin after all required forms have been completed, signed and returned to the Management's Office.

Sincerely,

BY ORDER OF THE BOARD OF DIRECTORS.
Gables Professional Management Co.

APPLICATION FOR OCCUPANCY / APPROVAL

Date: _____ Purchase _____ Lease _____ (Term: From _____ To _____)

❖ **USUALLY, NO UNIT MAY BE LEASED FOR LESS THAN ONE (1) YEAR.
PLEASE CONSULT YOUR ASSOCIATION DOCUMENTS FOR SPECIFIC
INFORMATION.**

Owner's Name: _____

Unit Address: _____

Owner's Mailing Address (if Applicable): _____

City: _____ State: _____ Zip Code: _____

Owner's Home Telephone: _____ Cell: _____

Owner's Office Telephone: _____

APPLICANT INFORMATION

Applicant's Name: _____

Date of Birth: _____ SS# _____

() Single () Married () Widow(er) () Divorced () Maiden Name: _____

Applicant's Spouse: _____

Date of Birth: _____ SS# _____

Current Address: _____

Contact Phone Number: _____

Number of people who will occupy: Adult (over age 18) _____ Children _____

Name, Date of Birth and Relationship of **ALL** proposed occupants of the Unit:

NAME	DOB	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IN CASE OF EMERGENCY NOTIFY:

Name: _____ Relationship: _____

Phone Number: _____

PETS:

Breed: _____ Size: _____ Weight: _____ Color: _____

EMPLOYMENT INFORMATION:

(Applicant's Employer) (Employer's Address)

(Position) (Employment Date) (Verifiable Salary)

(Co-Applicant's Employer) (Employer's Address)

(Position) (Employment Date) (Verifiable Salary)

CHARACTER REFERENCES (OTHER THAN RELATIVES)

Please give 3 personal references of non-relatives that know you at least for 1 year.

1) Name: _____

Address: _____

Home Phone: _____ Office Ph # _____

2) Name: _____

Address: _____

Home Phone: _____ Office Ph # _____

3) Name: _____

Address: _____

Home Phone: _____ Office Ph # _____

NUMBER OF CARS

Number of cars parking in the Property: _____

VEHICLE 1

Make/ Model: _____ Year: _____ Color: _____

Plate: _____

VEHICLE 2

Make/ Model: _____ Year: _____ Color: _____

Plate: _____

VEHICLE 3

Make/ Model: _____ Year: _____ Color: _____

Plate: _____

- 1) I hereby agree for myself and on behalf of all persons who may use the unit that I seek to purchase and lease:
 - a) I will abide by all the restrictions contained in the By-laws, Rules and Regulations, Homeowners Documents and Restrictions which are or may in the future be imposed by the Board of Directors of the HOMEOWNERS or CONDOMINIUM ASSOCIATION.
 - b) I understand that sub-leasing or occupancy of the unit in my absence is not permitted.
 - c) I understand that I will be present when guests, visitors, relatives or children who are not permanent residents occupy the unit.
 - d) I understand that any violation of this term, provisions, conditions and covenants of the Homeowners Association's documents provide cause for immediate action as therein provided.
- 2) I agree the information furnished herein is true and correct.
- 3) The information gathered from background check will be not be provided to third parties.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____