



**PROCEDURES ON SELLING OR RENTING  
PROPERTY AT CARIBE LAKES H.O.A.**

**CLOSING DATE:** \_\_\_\_\_

**Account No:** \_\_\_\_\_

**Name of Buyer/Renter:** \_\_\_\_\_

**Property Address** \_\_\_\_\_

CHECK		
\$250.00 APPLICATION FEE. (PER PERSON UNLESS MARRIED)	TENANT/BUYER	
A COPY OF DRIVERS LICENSE (if married copy of both)	TENANT/BUYER	
PROOF OF EMPLOYMENT (WITH LETTERHEAD FROM CO.)	TENANT/BUYER	
LETTER OF REFERENCE FROM PREVIOUS LANDLORD	TENANT/BUYER	
INTENT TO SELL OR LEASE CONTRACT	TENANT/BUYER	
TENANT SCREENING AUTHORIZATION	TENANT/BUYER	
APPLICATION TO PURCHASE OR LEASE	TENANT/BUYER	
RESIDENTIAL LEASE OR PURCHASE CONTRACT	SELLER/LANDLORD	
CERTIFICATE OF APPROVAL	C.L. ADMIN	
STATEMENT OF ASSESSMENT (ESTOPPEL LEDER)	C.L. ADMIN	
FINANCIAL LEDGER	C.L.ADMIN	
MOVE-IN APPROVAL NOTE	C.L. ADMIN	
RULES AND REGULATIONS PACKAGE	C.L.ADMIN	

**COMPANY NAME:** Caribe Lakes Homeowners Association, Inc.  
**CONTACT:** Monika Alvarez/Ruth Caamano. **PH:** (305)551-1881/**FAX:** (305) 551-9220  
**TENANT SCREENING:** Package 1, plus DMV report

**SCREENING AUTHORIZATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

DL#: \_\_\_\_\_ SEX: \_\_\_\_\_

**CURRENT AND PREVIOUS LANDLORDS**

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ YEAR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT#: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ YEAR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT#: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**CURRENT EMPLOYER**

COMPANY: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ POSITION: \_\_\_\_\_ SALARY: \_\_\_\_\_

I give my authorization to verify the above information, obtain a credit report, criminal history report, drivers license report, and verify employment information (including salary) on myself.

APPLICANT  
SIGNATURE: \_\_\_\_\_

**Fax completed form to: (305) 551-9220**

CARIBE LAKES HOMEOWNERS ASSOCIATION  
15381 SW 36 ST.  
MIAMI, FL 33185  
OFFICE (305)551-1881 \*(305) 551-9220

INTENT TO SELL OR LEASE  
(TO BE FILLED OUT BY HOMEOWNER)

Application to (Check One)                      \_\_\_\_\_Sell    \_\_\_\_\_Lease

To: Board of Directors

In accordance with provisions of the Declaration of Caribe Lakes Homeowner Association, Inc., I/we hereby serve notice that I/we desire to accept a bonafide offer made to me/us by \_\_\_\_\_ to purchase/lease my property located at \_\_\_\_\_.

I/we agree to provide to the purchaser a copy of the Association's Declaration, By-Laws, Articles of Incorporation, and Rules and Regulation, or to lessee a copy of the Rules and Regulation, prior to the first day of occupancy of the Association. All access cards and remotes will be turned over to the buyers or renters.

THE ASSOCIATION AND/OR ITS AGENT, IN THE EVENT IT CONSENTS TO A LEASE, IS HEREBY AUTHORIZED TO ACT AS OUR AGENT WITH FULL POWER AND AUTHORITY TO TAKE SUCH ACTION AS MAY BE REQUIRED, IF NECESSARY, TO COMPEL COMPLIANCE BY OUR LESSEE(S) AND/OR THEIR GUEST, WITH PROVISIONS OF THE DECLARATION OF THE CONDOMINIUM/HOMEOWNERS ACT, AND RULES AND REGULATION OF THE ASSOCIATION, OR IN THE INSTANCE OF VIOLATION OF ANY OF THE ABOVE BY THE LESSE(S) AND/OR THEIR GUESTS, IF THIS APPLICATION IS FOR A LEASEE, THE LESSOR AGREES TO REIMBURSE THE ASSOCIATION FOR ANY REASONABLE ATTORNEY'S FEES AND COST INCURRED AS LESSOR'S AGENT IN SUCH ENFORCEMENT OR LEASE TERMINATION WHETHER PRE-LITIGATION OR PRE-ARBITRATION OR IN CONNECTION WITH LITIGATION OR ARBITRATION, OR IN CONNECTION WITH LITIGATION OR ARBITRATION, OR ANY APPELLATE PROCEEDINGS.

I/we understand that I/we remain fully responsible if my/our unit is being leased, for the conduct of my/our tenants their family members or guest. I/we understand that I/we am/are fully responsible for any damages to the common areas or other property caused by my/our tenants their family or guest. Further I/we understand that if the unit is being leased Caribe Lakes Homeowners Association, has the power to collect rental payments from my/our tenant(s) to the extent we are delinquent in the payment of any assessments to the Association, including related collections costs and reasonable attorneys fees.

In order for you to facilitate consideration of my/our Application for the sale/ lease of the above designated unit, I/we have caused the proposed purchaser/ lessee to complete the attached Application to Sell or Lease. I/we consent that you may make further inquiry concerning this Application particularly of the references given below.

I/we have attached hereto a copy of the Purchase contract or Lease, which truly accurately sets forth the terms of the offer, which I/we wish to accept. The completed forms should be returned to Caribe Lakes H.O.A. at the address listed above.

DATED: This\_\_\_\_\_day of\_\_\_\_\_

Property Owner(s):

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

APPLICATION FOR PROPOSED PURCHASER OR LESSEE

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

I/we intend to purchase/lease\_\_\_\_\_, if a lease, it is for the period beginning\_\_\_\_\_and ending\_\_\_\_\_. In order for you to facilitate consideration of my/our application for the purchase/lease in Caribe Lakes Homeowners Association I/we represent that the following information is factual and true. I/we are aware that any falsification or misrepresentation of the facts in this application will result in automatic rejection of this application, particularly of the references given below.

I/we will be bound by the Association's Declaration, By-Laws, Articles of Incorporation and the Rules and Regulations of the Association.

If I/we are leasing, I/we will not sublet the unit. If I/we are purchasing, I/we will, upon closing, provide to the Association, within 10 days, a copy of the Closing Statement and a copy of the recorded Deed.

**NOTE: Two unrelated people must each fill out their own form, and pay separate application fee.**

(PLEASE PRINT-COMplete ALL QUESTIONS & FILL IN ALL BLANKS)

Address\_\_\_\_\_Purchase or Lease

Desired date of Occupancy\_\_\_\_\_

Name\_\_\_\_\_

DOB\_\_\_\_\_SOCIAL SECURITY\_\_\_\_\_

Spouse's Name\_\_\_\_\_

DOB\_\_\_\_\_SOCIAL SECURITY\_\_\_\_\_

☐Single

☐Married

☐Separated

☐Divorced

Number of people who will occupy: Adults (over 18)\_\_\_\_\_

Children (under 18)\_\_\_\_\_

Name and ages of children who will occupy\_\_\_\_\_

\_\_\_\_\_

Driver's License\_\_\_\_\_

In case of an emergency contact\_\_\_\_\_

### **CURRENT EMPLOYMENT**

Employed by (business name if self-employed)\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ How Long: \_\_\_\_\_

Department (if applicable): \_\_\_\_\_

Job Title or Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Spouse employed by: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ How Long: \_\_\_\_\_

Department (if applicable): \_\_\_\_\_

Job Title or Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

### **PREVIOUS EMPLOYMENT**

Employed by (business name if self-employed)\_\_\_\_\_

Phone:( ) \_\_\_\_\_ How Long: \_\_\_\_\_

Department (if applicable): \_\_\_\_\_

Job Title or Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Spouse employed by: \_\_\_\_\_

Phone:( ) \_\_\_\_\_ How Long: \_\_\_\_\_

Department (if applicable): \_\_\_\_\_

Job Title or Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

### **BANK REFERENCES**

Name of Bank: \_\_\_\_\_ Phone:( ) \_\_\_\_\_

Checking Account# \_\_\_\_\_ How Long: \_\_\_\_\_

Savings Account# \_\_\_\_\_ How Long: \_\_\_\_\_

### **CHARACTER REFERENCES (NOTE: DO NOT LIST RELATIVES)**

1. \_\_\_\_\_ Relationship \_\_\_\_\_

Home#:( ) \_\_\_\_\_ Office: ( ) \_\_\_\_\_

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

2. \_\_\_\_\_ Relationship \_\_\_\_\_

Home#:( ) \_\_\_\_\_ Office: ( ) \_\_\_\_\_

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

3. \_\_\_\_\_ Relationship \_\_\_\_\_

Home#:(\_\_\_\_) \_\_\_\_\_ Office: (\_\_\_\_) \_\_\_\_\_

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

### **MISCELLANEOUS**

Has your driver's license ever been revoked? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, specify reason \_\_\_\_\_

What is your intended use for the property: \_\_\_\_\_

List information about the vehicle(s) you have, including make model, tag number and state of registration.

VEHICLE #1

VEHICLE#2

MAKE: \_\_\_\_\_ MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_ MODEL: \_\_\_\_\_

TAG: \_\_\_\_\_ TAG: \_\_\_\_\_

COLOR: \_\_\_\_\_ COLOR: \_\_\_\_\_

YEAR: \_\_\_\_\_ YEAR: \_\_\_\_\_





15381 SW 36 STREET MIAMI, FLORIDA 33185  
OFFICE 305-551-1881 \* FAX 305-551-9907

[www.Caribelakeshoa.com](http://www.Caribelakeshoa.com)

[Association@caribelakeshoa.com](mailto:Association@caribelakeshoa.com)

I, \_\_\_\_\_ am signing this document and am agreeing to the understanding and reading of the Association's By Laws, Governing Documents, Rules and Regulations.

Please note, you can request a copy of all the By Laws, Governing Documents, Rules and Regulations by contacting our office or by simply logging onto our website.

UNIT # \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

OFFICE SIGNATURE: \_\_\_\_\_

OWNER SIGNATURE: \_\_\_\_\_

- Board of Directors



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### **Screening Report Authorization**

I the applicant, \_\_\_\_\_ (print name) give my authorization for the association Caribe Lakes, HOA to release the screening report performed by the screening company of Caribe Lakes, HOA to the property owner \_\_\_\_\_ (property owner name) of where I am going to be renting with property address of \_\_\_\_\_ (property rental address).

I am agreeing to these terms and conditions as well as to the release of all of the screening reports done by the association to my possible landlord whom I am applying for to rent their property. \_\_\_\_\_ YES (or) \_\_\_\_\_ NO

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_