

1450 NW 87th Avenue Suite 204 Doral, Florida 33172 Phone 305-715-2801

Fax 305-715-2802

Website www.apmsi.com

The following applies to any Real Estate transaction involving the Sale, Rental or Transfer of any Condominium or Homeowners Association Unit.

PLEASE READ CAREFULLY This application will not be processed unless the following bold italicized items are attached:

- 1. \$125.00 Money Order or Cashiers Check (No Personal Checks) payable to Atlas Property Management Services, Inc.
- 2. <u>Police Report</u> for each adult over 18 years of age who will reside at the property. (If you reside in another State or County, provide a Police Report from your area) If you have a police record, provide a copy of the case along with your police report.
- 3. Three Personal Reference Letters.
- 4. Copy of lease or purchase contract.
- 5. Employment Letter or Two most recent Pay-Stubs for every adult who will reside at the property.
- 6. <u>Landlord Reference Letter</u>, if you are currently renting. If you are the owner of the property where you currently reside, please specify "OWNER" on that portion of the application.
- 7. Copies of License and Registration

Before you close on your unit, please make sure that your Mortgage Company and/or Title Company have requested the following information:

- * Estoppel Letter, Money Order / Cashiers Check Only, Fee \$250.00 (24 hours) to be requested by Title Company.
- * Condo Pud Letter, Money Order / Cashiers Check Only, Fee \$250.00 (24 hours) to be requested by Bank issuing the loan.

ONCE THE SALE IS FINAL IT IS IMPERATIVE THAT YOU OR YOUR CLOSING AGENT FORWARD A COPY OF THE WARRANTY DEED OR SETTLEMENT STATEMENT INDICATING DATE OF CLOSING AND NAME(S) OF THE NEW OWNER(S). (Without this information we can not update our system and in most cases no monthly maintenance coupons will be issued.)

In order to receive your Certificate of Approval make sure that you have received and reviewed your copy of the By-Laws of the Association. It is the seller's responsibility to provide you with a copy of the By-Laws and Declaration of Condominium. If the seller does not have a copy of the Declaration of Condominium, we can provide you with a copy at a cost of \$0.25 per page. The Declaration of Condominium encompasses all the Association Rules and Regulations. Procedures are listed with regard to annual election, amending the Declaration of Condominium it is very informative and we highly recommend you to acquire and read your copy.

Atlas Property Management Services, Inc. is the Management Company of the community association for which you are applying. We receive and process all information with regards to the sale, transfer, or lease of a unit. Once we receive your completed application (including payment and necessary documentation) we investigate the information you provide. We create a comprehensive report which is given to the Board of Directors along with your application packet. If all requirements are met, the Board of Directors will sign a Certificate of Approval. The Certificate of Approval needs to be recorded with Miami-Dade County; the original Certificate of Approval must therefore be picked up.

PLEASE BE AWARE THAT THIS PROCESS OFTEN TAKES UP TO 25 WORKING DAYS AND NONE OF THE FEES INCURRED ARE REFUNDABLE

This process may take longer than expected due to unexpected delays by the Board of Directors in giving an approval. Please be advised that you must request your parking decals at the time of the receipt of your Certificate of Approval. Also, please be advised that some of the Board of Directors / Property Managers may require interview with the new owner(s).



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Purchase/Lease Application Check List

Da	ite:					
	Please be advised that in order to process your application in a timely manner, within 15 days from the day it was submitted, the following requirements must be met:					
	>>>This portion is to be filled out by the APMSI representative only					
1)	\$125.00 Cashier's Check or Money Order, payable to Atlas Property Management Services, Inc.					
2)	All questions must be answered. (Social Security #, License Tag #, Date of Birth, Registration for each Vehicle, Full Name, Employment Information, etc.) No questions may be left blank.					
3)	Copy of Lease Agreement or Sales Contact.					
4)	Telephone number and name of 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 over the age of 18 from Miami-Dade County Police Department or if you live in another State or County, please provide us with one from your Local Police Department (If you have any type record, please provide us with a copy of the case).					
6)	Three personal reference letters.					
7)	Employment letter or copy of the two most recent pay stubs.					
8)	Reference letter from your Landlord, if you are currently renting.					
9)	Copy of Each Drivers License and Registration for Each Vehicle (2 Vehicles Maximum).					
	!!!! If the above requirements are not met, the application will not be accepted, No Exceptions !!!!					
pplica	ation and documentation received (Date):by (Representative):					
	Atlas Property Management Services, Inc.					
	Professionalism, Service, Integrity					



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Birthdate

Purchase/Lease Application Page 1 of 2

Dear Applicant(s),

All questions on this application must be completely filled in. Incomplete applications or blank spaces will result in

delay and/or denial of approval. Please print legibly or type.

The Release of Information Authorization Form on this application must be signed by each applicant appearing on the Title/Mortgage/Lease and will exclusively be utilized to obtain a release of information including your Credit Report and National Background Check.

Applicant	#1: Name			Birthdate			
Social Sec	ial Security #Drivers License #						
Applicant	#2: Name			Birthdate			
Social Sec	arity #	Drivers License #					
Applicant	#3: Name		Birthdate				
Social Security #Drivers License #							
Address_ Application	on for: Purchase	O Lease O	Unit #	City			
Desired I Marital St Number	Date of Occupanc catus: Single O Mo of Adults (over th	y	Widowed O anently reside here				
-		l, Color, Weight be parked at this address:					
Year	Make	Model	License Plat	e #	State		
Year	Make	Model	License Plat	e #	State		
Have you	ever filed an appl	ication here before?	If Yes, When?				
Have you	ever had a legal c	onflict with a landlord?	E	viction?			



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Residence History:			
Current Address			How Long
City	State	Zip Code	Phone
Landlord			Phone
Previous Address			How Long
City	State	Zip Code	Phone
Landlord			Phone
Employment Refere	nce:		
Applicant #1: Employer			Phone#
Address			How Long?
Position			Monthly Income
Applicant #2: Employer			Phone#
Address			How Long?
Position			Monthly Income
authorize Atlas Property Managen Property Management Services, In- caused by illegibility or inaccurate Owner/Association/Landlord liab Reporting Act. The applicant(s) a Employment Verification, Credit investigate all given references as handled in complete confidentialing	nent Services, Inc. to act as no. (and the Owner/Associnformation given by the apple for any report received ligree to sign the Authorizati Report and National Back deemed necessary, and, may with results only available	their agent to investigate the lation/Landlord) will not be oplicant(s). The applicant(s) aby their investigations. All reson Form required by Atlas P ground Check referenced in also require a credit report to the Owner/Association/La	epplicant(s) understand that the Owner/Association/Landlord will information supplied by the applicant(s) on this application. Atlas liable or responsible for any inaccurate information in the report agree not to hold Atlas Property Management Services, Inc. and the ports will be obtained in compliance with the FCRA – Fair Credit roperty Management Services, Inc. in order to obtain the necessary this application. Atlas Property Management Services, Inc. may through a credit reporting agency. All investigation reports will be andlord or other authorized persons. By signing this application, the largement Services, Inc. to investigate the information supplied.
Applicant #1:		Signature	Date
Applicant #2:		Signature	Date
Applicant #3:		Signature	Date



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Dear Applicant(s),

This Authorization to Release Information Form will only be used to confirm information given by you on your attached Purchase/Rental/Lease Application. We will verify and obtain information from your employers, banks, financial institutions and credit institutions that require your authorization via your printed name(s) and signature(s) on this form.

AUTHORIZATION TO RELEASE MY (OUR) EMPLOYMENT, BANKING, CREDIT AND RESIDENCE INFORMATION

The requested information will be used in reference to my (our) Purchase/Rental/Lease Application.

I (We) hereby authorize you to release any and all information concerning my (our) Employment, Banking, Credit and Residence to:

Atlas Property Management Services, Inc. 1450 NW 87th Avenue Suite 204 Doral, Florida 33172

I (We) hereby authorize Atlas Property Management Services, Inc. to investigate all statements contained in my (our) application as may be necessary. I (We) understand that I (we) hereby waive any privileges I (we) may have regarding the requested information by releasing it to the above named party. A copy of this form may be used in lieu of the original. Sincerely,

Applicant -1- Printed Name	
Applicant -1- Signature	Date
Applicant -2- Printed Name	
Applicant -2- Signature	Date
Applicant -3- Printed Name	*
Applicant -3- Signature	Date