

PO BOX 961347 MIAMI FLORIDA 33296-1347 EMAIL: revelationshoa2020@gmail.com

#### APPLICATION FOR PURCHASE, RENT, GIFT, DEVISE OR INHERITANCE APPROVAL

- 1. This application for occupancy must be completed in detail by each person which will occupy the property, husband/wife or parent/child (under the age of 18) will be considered one applicant/occupant. Any person over the age of 18 years of age must complete a separate application.
- 2. A copy of the Sale/Lease Contract must be submitted with this application.
- 3. This screening application has a fee of \$100.00 for one Adult; \$150.00 for married couples (married certificate must be submitted as proof) and \$80.00 for each addition person over the age of 18. Please be advised acceptance of the processing fees does not constitute approval of this application.
- 4. Attach a non-refundable Money Order or Cashier Ck. (No personal checks), made payable to Revelations at Bird Lakes H.O. Assn. Inc. Must be submitted along with the application.
- 5. Please submit the following documentation along with the Application for occupancy:
- A copy of the Social Security and Driver's License for each applicant
- Attach the Vehicle Registration Form fully completed and signed.
- -Local Police Report(s) for every prospect resident of 18 years old and older.

The application must be filled out. Incomplete applications will not be accepted.

If your application is approved, remember to ask for the remaining monthly maintenance payment coupons at closing. You should use those coupons until your new ones arrive.

Note that the new coupons will not be mailed to you until we have received one of the following: a copy of your closing statement or copy of your deed. You should mail us a copy of one of these documents as soon as it is available.

Gathering and verifying all of the needed information takes time. We will work as fast as we can and will notify you when the Board has made a decision. Please allow 7 to 10 business days prior to the date of closing.

Please do not repeatedly contact us.

Present Owner's Name :		
Property Address :	<del></del>	
F - 2		
Realtor Name and Company:		
Tel:	Cell :	



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IMPORTANT: IT IS UP TO THE BOARD OF DIRECTORS TO APPROVE OR DISAPPROVE AN APPLICATION.

#### PLEASE NOTE THE FOLLOWING:

**IMPORTANT:** Any approval issued by the association is contingent upon the Association certifying the payment of any and all outstanding assessment, fines, late charges, or other fees owed by the current unit owner to the association. Approval may be rightfully withheld until all such outstanding maintenance assessment debts have been paid to the Association.

**IMPORTANT:** No one may move into the unit before approval by the association has been given. Any UNAPPROVED. Sale / lease of a unit is a void able transaction and may be set aside through appropriate legal action.

The Board of Directors feels that this procedure will serve the best interests of the community. We thank you in advance for your cooperation.

Sincerely,

The Board of Directors REVELATIONS AT BIRD LAKES HOMEOWNERS ASSOCIATION, INC.



Yes \_

Yes \_

No \_

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## TELL US ABOUT YOURSELF AND YOUR SPOUSE / CO-APPLICANTS

PLEASE ANSWER TRUTHFULLY. Under penalty of perjury we declare that the previous and following information is true and correct. We understand that if during the background check process the Association found different information than the provide before and bellow, this application may or will be disapproved.

Have you or co-applicant ever been evicted?

Have you or co-applicant use ever broken a rental agreement/lease contract?

Have you or co-applicant ever been sued for non-payment of rent?	Yes	_	No _	ė.
Have you or co-applicant ever been sued due to rental property damage	s? Yes	_	No _	,
Have you or co-applicant ever been charged of felony or misdemeanor?	Yes	_	No _	<u>.</u>
YOUR COMMITMENT WITH THE ASSOCIATION				
We, the under signers, are in the process of moving into the property stated at the beginning of this Form, and we understand that this property is located within the boundaries of Revelations AT BIRD LAKE HOMEOWNER ASSOCIATION, Inc. A COMMUNITY Association legally established under the Laws of the State of Florida.  Therefore, hereby we declare and affirm that we and the all the residents of this property will observe and obey the current and future Rules and Regulations (RR's), and Covenant, Conditions and Restrictions (CCR'S) of this community. We also agreed inform and make sure that our guest, visitors, and/or vendors will obey and observe the same RR's and CCR's. We understand and agree that if we do not observe regulations of the community will be subject to receive violation letters that may results in fines and/or legal cost.				
Applicant's Signature and Date	Spouse / Co-applica	nt's Signati	ure and	Date



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#### **AUTHORIZATION OF RELEASE INFORMATION**

Applicant(s) represents that all the information above and statements on the application are true and complete and hereby authorizes an investigative consumer report including, but not limited to, residential history, (rental or mortgage), employment history, criminal history records, court records, and credit records. His application must be signed before it can be processed by the Association. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right to occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State.

ION-REFUNDABLE APPLICATION FEE - Applicant(s) agree to pay \$	
pplicant Signature Date Spouse's Signature Date	



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## APPLICATION FOR OCCUPANCY

Name:	DOB:
Last Name First Name	
Drivers License:	SS#
Phone #	Cell#
	RESIDENTIAL HISTORY
Present Address: Street/City/Sate/Zip Code	
Present Landlord/Mortgage	Ph#
Previous Address: Street/City/Sate/Zip Code	
Previous Landlord/Mortgage	Ph#
	EMPLOYMENT HISTORY
Present Employer:	
Address:	Ph#
Dates Employed:	to
	EMPLOYMENT HISTORY
Present Employer:	
Address:	Ph#
Dates Employed:	to



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## **SPOUSE INFORMATION**

Spouse:	52 3 3C - 10 10 10 10 10 10 10 10 10 10 10 10 10	DOB:		<u></u>
Last Name First Name				
Driver License		SS#		****
Phone #:	Cell #		****	
	FAMILY CO-APPLIC	ANT INFORM	ATION	
Family Co-Applicant: Last Name First Name			DOB:	
Driver License		SS#		
Phone #:	Cell #			
Family Co-Applicant: Last Name First Name		NAME OF THE PARTY	DOB:	
Driver License		SS#	.,	
Phone #:	Cell #	ti 		
Family Co-Applicant:  Last Name First Name		4	DOB:	
Driver License		SS#		¥)
Phone #:	Cell #		****	



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## **VEHICLE (S) REGISTRATION FORM**

l			am in the process	of purchasing and/or leasing at
the follow	ving address, _			The following
vehicles w	vill be parking a	at the above mentione	d address.	
Year:	Make:	Model:	Tag #	
Year:	Make:	Model:	Tag #	
Year:	Make:	Model:	Tag #	
 Date Signa				
 Date Signa			-P-V	

PLEASE PROVIDE A COPY OF EACH OF THE VEHICLES REGISTRATION

NO COMMERCIAL VEHICLES OR TRUCKS ARE PERMITTED. NEITHER BOATS AND TRAILERS.