



# Top Service Property Management

5901 N.W. 151 St. Suite # 100, Miami Lakes, Fl. 33014  
Ph.: 305-817-9012 - Fax: 305-640-8869

## Requirements for Association Rental/Purchase Approvals

According to the chapter 720 of the Homeowner's Florida Statutes, and in order to protect all Community Association members; all new resident(s) (new tenant or new owner) at the Association must complete an application. For this procedure, the new residents must present the following documents:

- Driver license for all new resident(s) older than 18 years of age (if the resident cannot be present, please bring a photocopy).
- Copy of Social Security Card for all resident(s) over the age of 18 (for verification purposes)
- Copy of the Purchase Contract or Lease Agreement.
- Two recommendation letters, they may be personal OR professional.
- Vehicle Registration(s)

Fee(s):

Rental Application: \$100.00 per application

Purchase Application: \$175.00 per application

Background Check: \$55.00 per person

**IMPORTANT** - These fees are nonrefundable and are payable by cashier's check or money order, to Top Service Property Management LLC.

The Approval Certificate will be available in 7 to 10 days after the receipt of all requirements.

I \_\_\_\_\_ applicant, on \_\_\_ of \_\_\_\_\_, 201( ) understand and agree with all above conditions.

Robert Corripio

Licensed Community Association Manager

*Top Service Property Management, LLC. Representing the Association Board of Director*

**\*\*IMPORTANT INFORMATION\*\*** Renters are NOT permitted to have ANY pets.

*E-mail: [tspm@att.net](mailto:tspm@att.net)*



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## Rental Application

### 1 - General Information:

1.1 Name of Community: \_\_\_\_\_  
 1.2 Address of Property: \_\_\_\_\_  
 1.3 Telephone (Any Time): \_\_\_\_\_  
 1.4 Email(s): \_\_\_\_\_  
 1.5 Name Titular: \_\_\_\_\_ D.L.# \_\_\_\_\_ DOB \_\_\_\_\_ SSI \_\_\_\_\_  
 1.6 Name Spouse: \_\_\_\_\_ D.L.# \_\_\_\_\_ DOB \_\_\_\_\_ SSI \_\_\_\_\_  
 1.7 Other Occupants: Adults (over age 18) \_\_\_\_\_  
 Children \_\_\_\_\_  
 Pets \_\_\_\_\_

### 2 - Residence History:

2.1 Present address: \_\_\_\_\_  
 2.2 Time of occupancy: \_\_\_\_\_ Owner \_\_\_\_\_ Lease \_\_\_\_\_  
 2.3 Landlord, If Lease: \_\_\_\_\_ Phone \_\_\_\_\_  
 2.4 Previous address: \_\_\_\_\_  
 2.5 Time of occupancy: \_\_\_\_\_ Owner \_\_\_\_\_ Lease \_\_\_\_\_  
 2.6 Landlord, If Lease: \_\_\_\_\_ Phone \_\_\_\_\_

### 3 - Employment Info:

#### *Applicant*

3.1 Name of Company: \_\_\_\_\_  
 3.2 Address: \_\_\_\_\_  
 3.3 Position: \_\_\_\_\_  
 3.4 Contact Name: \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_  
 3.5 Monthly Income: \_\_\_\_\_

#### *Spouse*

3.1 Name of Company: \_\_\_\_\_  
 3.2 Address: \_\_\_\_\_  
 3.3 Position: \_\_\_\_\_  
 3.4 Contact Name: \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_  
 3.5 Monthly Income: \_\_\_\_\_

### 4 - References:

4.1 Name: \_\_\_\_\_ Phone \_\_\_\_\_  
 4.2 Relationship: \_\_\_\_\_  
 4.3 Name: \_\_\_\_\_ Phone \_\_\_\_\_  
 4.4 Relationship: \_\_\_\_\_

\_\_\_\_\_  
Applicant's name and signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's name and signature

\_\_\_\_\_  
Date



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## 5 - Vehicles:

5.1 Vehicle # 1:	Mark _____	Model _____	Color _____	Tag _____
5.2 Vehicle # 2:	Mark _____	Model _____	Color _____	Tag _____
5.3 Vehicle # 3:	Mark _____	Model _____	Color _____	Tag _____
5.4 Vehicle # 4:	Mark _____	Model _____	Color _____	Tag _____

## 6 - Background Info:

6.1 Have you ever filed an application here before, if yes when? \_\_\_\_\_

6.2 Have you ever had any legal conflict as eviction? \_\_\_\_\_ Or filed bankruptcy? \_\_\_\_\_

6.3 Have you ever been convicted of a crime or felony? \_\_\_\_\_ Any other legal conflicts? \_\_\_\_\_

6.4 If yes, please include descriptor of legal charges and detailed explanation of occurrence on a separate page.

\*\*\*\* Please, be aware that any false information provided on this application will result in an automatic denial. \*\*\*\*

### Information Release Authorization

The requested information will be used in reference to my application. The applicant hereby authorizes you to release any and all information concerning my Employment, Residence, Banking and Credit to give this information to:

#### **Top Service Property Management, Llc**

The applicant hereby authorizes *Top Service Property Management, Llc* to investigate all statements contained in my application as may be necessary. The applicant understands they hereby waive privileges that he/she may have regarding the requested information to release in to the above named party. A copy of this form may be used in lieu of the original. The Cost of the application process is \$100.00 (not reimbursable) payable to *Top Service Property Management, Llc*. The approval Certificate will be delivered to the unit owner.

### \*\*\*Rules and Regulations of the Association\*\*\*

Applicant certifies that he/she understands and accepts all rules and regulations (provided by their landlord) of the Association.

\_\_\_\_\_  
Applicant's name and signature

\_\_\_\_\_  
Date

*E-mail: [tspm@att.net](mailto:tspm@att.net)*