

# Kings Creek South Condominium, Inc.

7735 S.W 86 Street Miami, Florida 33143  
Office: 305.271.5454 Fax: 305.595.5144

## Sale Application

When a unit is owned by more than one entity, all owners must sign or provide proper power of attorney. Please complete all required forms. Upon receipt of all completed paperwork, your application will be processed. The Association can not accept non-original documents or documents altered with "white-out" or "high lighter marker". **Please allow at least 15 working days (3 weeks)** for the processing of the application. When you submit the application package, it must contain:

### KCS Application Fees

- MONEY ORDERS OR CASHIERS CHECKS ARE THE ONLY FORM OF PAYMENT ACCEPTED
  - **Individual single applicant or Married couples with the same last name - \$100.00**
  - **Married couples with different last names - \$150.00**
  - **Additional applicants (2 or more) - \$50.00 for each additional person.**

- Complete Application page 1 (all individuals on the sale agreement must sign)
- Complete Application for Occupancy - pages 2 and 3 (single applicant or married couple with same last name must sign)
- Complete Application for Occupancy - page 4 (applicant 2)
- Complete Application for Occupancy - page 5 (applicant 3)
- Complete Authorization Form on page 6 (all individuals on the sale agreement must sign)
- Complete Access Control Information on page 7 (all individuals on the sale agreement must sign)
- Complete Access Device Price List on page 8 (all individuals on the sale agreement must sign)
- Provide a copy of current driver license for each applicant
- Provide a copy of the sales contract indicating at least 10% down payment written in a dollar amount, not in percentages
- Provide proof of funds for the 10% down payment
- Provide a copy of the Closing Statement and Warranty Deed after closing

**I have read, received and acknowledge the Regulations for King Creek South Condominium, Inc. updated & adopted by the Board of Directors on September 26, 2006 and further acknowledge that NO PETS are allowed.**

\_\_\_\_\_  
Initial (App 1)

\_\_\_\_\_  
Initial (App 2)

\_\_\_\_\_  
Initial (App 3)

\_\_\_\_\_  
Print Name (Applicant 1)

\_\_\_\_\_  
Signature (Applicant 1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Applicant 2)

\_\_\_\_\_  
Signature (Applicant 2)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Applicant 3)

\_\_\_\_\_  
Signature (Applicant 3)

\_\_\_\_\_  
Date

# Kings Creek South Condominium, Inc.

7735 S.W 86 Street Miami, Florida 33143

Office: 305.271.5454 Fax: 305.595.5144

## APPLICATION FOR OCCUPANCY FOR A SINGLE APPLICANT OR A MARRIED COUPLE WITH THE SAME LAST NAME ONLY D-TECH and CRIMINAL SEARCH

NOTE: Complete all questions and fill in all blanks. If any question is not answered or left blank, this application may be returned, not processed, and/or not approved. Print legibly or type all information. Missing information will cause delays. All information on this application will be verified. PLEASE USE BLACK INK.

**Note: All telephone numbers must be able to be reached between 9-5 P.M.**

Unit Number \_\_\_\_\_ Property Address: \_\_\_\_\_

No. of people who will occupy unit \_\_\_\_\_ Number of Adults (over age 18) \_\_\_\_\_

Have any of the occupants been arrested or convicted of a crime \_\_\_ Explain \_\_\_\_\_

In Case of emergency notify \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### PART 1 - SINGLE APPLICANT OR MARRIED COUPLE - APPLICANT INFORMATION

Applicant 1 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

( ) Single ( ) Married ( ) Separated ( ) Divorce ( ) Maiden Name \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Have you ever been arrested or convicted of a crime \_\_\_ Date(s) \_\_\_\_\_ County/State Convicted in \_\_\_\_\_

Charge (s) \_\_\_\_\_

Spouse Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

( ) Single ( ) Married ( ) Separated ( ) Divorce ( ) Maiden Name \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Have you ever been arrested or convicted of a crime \_\_\_ Date(s) \_\_\_\_\_ County/State Convicted in \_\_\_\_\_

Charge (s) \_\_\_\_\_

### PART 2 - SINGLE APPLICANT OR MARRIED COUPLE - RESIDENCE HISTORY

A. Present Address \_\_\_\_\_ Phone \_\_\_\_\_

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Residency: From \_\_\_ To \_\_\_ Name of Landlord/Mortgage \_\_\_\_\_

Rent/Mtg. Amount \_\_\_\_\_

B. Previous Address \_\_\_\_\_ Phone \_\_\_\_\_

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Residency: From \_\_\_ To \_\_\_ Name of Landlord/Mortgage \_\_\_\_\_

Rent/Mtg. Amount \_\_\_\_\_

# Kings Creek South Condominium, Inc.

7735 S.W 86 Street Miami, Florida 33143

Office: 305.271.5454 Fax: 305.595.5144

---

<b>PART 3 – SINGLE APPLICANT OR MARRIED COUPLE - AUTHORIZATION</b>
--

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing the applicant recognize that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

\_\_\_\_\_  
Print Name (Applicant 1)

\_\_\_\_\_  
Signature (Applicant 1)

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

# Kings Creek South Condominium, Inc.

7735 S.W 86 Street Miami, Florida 33143

Office: 305.271.5454 Fax: 305.595.5144

## APPLICATION FOR OCCUPANCY

### APPLICANT 2

### D-TECH and CRIMINAL SEARCH

NOTE: Complete all questions and fill in all blanks. If any question is not answered or left blank, this application may be returned, not processed, and/or not approved. Print legibly or type all information. Missing information will cause delays. All information on this application will be verified. PLEASE USE BLACK INK.

**Note: All telephone numbers must be able to be reached between 9-5 P.M.**

Unit Number \_\_\_\_\_ Property Address: \_\_\_\_\_

#### PART 1 – APPLICANT 2 – APPLICANT INFORMATION

Applicant 2 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

() Single () Married () Separated () Divorce () Maiden Name \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Have you ever been arrested or convicted of a crime  Date(s) \_\_\_\_\_ County/State Convicted in \_\_\_\_\_

Charge (s) \_\_\_\_\_

#### PART 2 – APPLICANT 2 - RESIDENCE HISTORY

A. Present Address \_\_\_\_\_ Phone \_\_\_\_\_

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Residency: From \_\_\_ To \_\_\_ Name of Landlord/Mortgage \_\_\_\_\_

Rent/Mtg. Amount \_\_\_\_\_

B. Previous Address \_\_\_\_\_ Phone \_\_\_\_\_

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Residency: From \_\_\_ To \_\_\_ Name of Landlord/Mortgage \_\_\_\_\_

Rent/Mtg. Amount \_\_\_\_\_

#### PART 3 – APPLICANT 2 - AUTHORIZATION

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing the applicant recognize that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

\_\_\_\_\_  
Print Name (Applicant 2)

\_\_\_\_\_  
Signature (Applicant 2)

\_\_\_\_\_  
Date

# Kings Creek South Condominium, Inc.

7735 S.W 86 Street Miami, Florida 33143

Office: 305.271.5454 Fax: 305.595.5144

## APPLICATION FOR OCCUPANCY

### APPLICANT 3

### D-TECH and CRIMINAL SEARCH

NOTE: Complete all questions and fill in all blanks. If any question is not answered or left blank, this application may be returned, not processed, and/or not approved. Print legibly or type all information. Missing information will cause delays. All information on this application will be verified. PLEASE USE BLACK INK.

**Note: All telephone numbers must be able to be reached between 9-5 P.M.**

Unit Number \_\_\_\_\_ Property Address: \_\_\_\_\_

#### PART 1 – APPLICANT 3 – APPLICANT INFORMATION

Applicant 3 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

() Single () Married () Separated () Divorce () Maiden Name \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Have you ever been arrested or convicted of a crime  Date(s) \_\_\_\_\_ County/State Convicted in \_\_\_\_\_

Charge (s) \_\_\_\_\_

#### PART 2 – APPLICANT 3 - RESIDENCE HISTORY

A. Present Address \_\_\_\_\_ Phone \_\_\_\_\_

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Residency: From \_\_\_ To \_\_\_ Name of Landlord/Mortgage \_\_\_\_\_

Rent/Mtg. Amount \_\_\_\_\_

B. Previous Address \_\_\_\_\_ Phone \_\_\_\_\_

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Residency: From \_\_\_ To \_\_\_ Name of Landlord/Mortgage \_\_\_\_\_

Rent/Mtg. Amount \_\_\_\_\_

#### PART 3 – APPLICANT 3 - AUTHORIZATION

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing the applicant recognize that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

\_\_\_\_\_  
Print Name (Applicant 3)

\_\_\_\_\_  
Signature (Applicant 3)

\_\_\_\_\_  
Date

# Kings Creek South Condominium, Inc.

7735 S.W 86 Street Miami, Florida 33143

Office: 305.271.5454 Fax: 305.595.5144

---

**APPLICANTS:** Most banks, financial institutions, mortgage companies and some employers require your signature and name printed to verify information. Please complete the form below:

<b>AUTHORIZATION FORM</b>
---------------------------

You are hereby authorized to release to Association Credit Reporting, Inc. any and all information they request with regards to verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references. This information is to be used for my/our credit report and/or criminal background check for my/our Application For Occupancy to Kings Creek South Condominium, Inc..

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to Kings Creek South Condominium, Inc. for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE and SOCIAL SECURITY CARD TO CONFIRM IDENTITY. If you do not have a Social Security Card, please include a copy of your Passport or current identification card.

I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/own proper signature.

I/We certify under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Print Name (Applicant 1)

\_\_\_\_\_  
Signature (Applicant 1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Applicant 2)

\_\_\_\_\_  
Signature (Applicant 2)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Applicant 3)

\_\_\_\_\_  
Signature (Applicant 3)

\_\_\_\_\_  
Date

# Kings Creek South Condominium, Inc.

7735 S.W 86 Street Miami, Florida 33143

Office: 305.271.5454 Fax: 305.595.5144

## NEW UNIT OWNER INFORMATION

Unit Number \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home No. \_\_\_\_\_ Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_

## ACCESS CONTROL INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ E-mail \_\_\_\_\_

Home No. \_\_\_\_\_ Work No. \_\_\_\_\_ Cell No. \_\_\_\_\_

(Local numbers only. Gatehouse does not have long distance access.)

Emergency Contact Name \_\_\_\_\_ Phone No. \_\_\_\_\_

### Other Residents

### Authorized Visitors

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VEHICLE INFORMATION

KCS Decal No. \_\_\_\_\_  
Year \_\_\_\_\_  
Make & Model \_\_\_\_\_  
Color \_\_\_\_\_  
License Tag \_\_\_\_\_

KCS Decal No. \_\_\_\_\_  
Year \_\_\_\_\_  
Make & Model \_\_\_\_\_  
Color \_\_\_\_\_  
License Tag \_\_\_\_\_

KCS Decal No. \_\_\_\_\_  
Year \_\_\_\_\_  
Make & Model \_\_\_\_\_  
Color \_\_\_\_\_  
License Tag \_\_\_\_\_

KCS Decal No. \_\_\_\_\_  
Year \_\_\_\_\_  
Make & Model \_\_\_\_\_  
Color \_\_\_\_\_  
License Tag \_\_\_\_\_

\_\_\_\_\_  
Print Name (Applicant 1)

\_\_\_\_\_  
Signature (Applicant 1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Applicant 2)

\_\_\_\_\_  
Signature (Applicant 2)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Applicant 3)

\_\_\_\_\_  
Signature (Applicant 3)

\_\_\_\_\_  
Date

# Kings Creek South Condominium, Inc.

7735 S.W 86 Street Miami, Florida 33143

Office: 305.271.5454 Fax: 305.595.5144

---

<b>ACCESS DEVICE PRICE LIST</b>
---------------------------------

PARKING DECAL STICKERS ARE ISSUED FREE OF CHARGE

RESIDENT TAGS	\$ 10.00 each (Non-Refundable)
GUEST TAGS	\$ 10.00 each (Non-Refundable)
EXERCISE ROOM KEYS and BILLIARD ROOM	\$ 75.00 each (Non-Refundable)
GATE CARDS	\$ 30.00 each (Non-Refundable)
REMOTE CONTROL DEVICE	\$ 45.00 each (Non-Refundable)
CONDOMINIUM DOCUMENTS	\$ 75.00 each (Non-Refundable)
CONSTRUCTION DEPOSIT	\$300.00 each (Refundable)

**MAKE PAYMENT PAYABLE TO: KINGS CREEK SOUTH CONDOMINIUM, INC.**

**MONEY ORDER OR CASHIERS CHECK ONLY. No Credit Cards or Cash Accepted.**

\_\_\_\_\_  
Print Name (Applicant 1)

\_\_\_\_\_  
Signature (Applicant 1)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Applicant 2)

\_\_\_\_\_  
Signature (Applicant 2)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Applicant 3)

\_\_\_\_\_  
Signature (Applicant 3)

\_\_\_\_\_  
Date



# Kings Creek South Condominium, Inc.

7735 S.W 86 Street Miami, Florida 33143

Office: 305.271.5454 Fax: 305.595.5144

---

## *Moving Permit*

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

**This is to advise that permission is hereby granted for the following resident(s) to move**

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

Unit # \_\_\_\_\_

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Owner       Tenant

Name of Moving Company: \_\_\_\_\_

Driver Cell Phone: \_\_\_\_\_

- **Moving hours are from 9:00 A.M. to 7:00 P.M. Monday through Saturday.**
- **There will be no moving on Sundays.**
- **Elevators must be padded or otherwise protected by the resident. Elevator pads are available from the gatehouse with ID.**
- **Fourteen (14), sixteen (16), and eighteen (18) wheel trucks are not permitted on the property at any time. Smaller vans and shuttles must be used.**
- **Moving vehicles must fit in a parking space, length and width parked head in.**
- **Moving vehicles parked overnight must have prior written authorization from the Management Office and must be parked in a designated parking area along the S.W. 86<sup>th</sup> Street perimeter wall.**
- **All packing materials must be disposed of by the resident or moving Company. You may not use the dumpsters on the property to dispose of boxes, barrels, crates or packing materials.**

The Unit Owner will be responsible for the actions of and for any damage or unreasonable soil caused by a moving company and their employees or any other persons involved in the Move In/Move Out. In the case of the leasing of a Unit, the Unit Owner assumes responsibility for the actions and any damage caused by the tenant or other occupant. As required by the Kings Creek South Condominium Rules and Regulation: 3.1.3. No less than forty-eight (48) hours prior to moving in or out, Residents shall notify the Management Office as to the time and date of moving.

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Office Authorization: \_\_\_\_\_

Print Name

Sign Name

# Kings Creek South Condominium, Inc.

7735 S.W 86 Street Miami, Florida 33143  
Office: 305.271.5454 Fax: 305.595.5144



## VEHICLE REGISTRATION FORM

**BLDG:** \_\_\_\_\_ **UNIT:** \_\_\_\_\_ **UNIT SIZE:** \_\_\_\_\_

**RESIDENT 1:** \_\_\_\_\_ **CELL. No. #** \_\_\_\_\_

**RESIDENT 2:** \_\_\_\_\_ **CELL. No. #** \_\_\_\_\_

**RESIDENT 3:** \_\_\_\_\_ **CELL. No. #** \_\_\_\_\_

**RESIDENT 4:** \_\_\_\_\_ **CELL. No. #** \_\_\_\_\_

**PLEASE LIST ALL HOUSEHOLD MEMBER VEHICLES**

**(SEE BAC K SID E FOR POL ICY CON SEN T FOR M)**

	VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 4
<b>MAKE:</b>				
<b>MODEL:</b>				
<b>COLOR:</b>				
<b>YEAR:</b>				
<b>LICENSE PLATE #</b>				
<b>PLATE STATE (if not FL)</b>				
<b>NAME &amp; RELATION OF REGISTERED OWNER (if different):</b>				
<b>TO BE ASSIGNED - OFFICE USE ONLY</b>				
<b>DECAL #</b>				

# Kings Creek South Condominium, Inc.

7735 S.W 86 Street Miami, Florida 33143

Office: 305.271.5454 Fax: 305.595.5144

---

<b>PARKING POLICY CONSENT FORM</b>
------------------------------------

I understand and am fully aware of the following parking policies of the Kings Creek South Condominium Association: **(Approved Association Residents) Owners and Tenants Only.**

1. A valid decal must be visibly displayed on the windshield – upper left driver’s side of each registered vehicle.
2. Prior to issuance of a parking decal, resident information will be verified and recorded which will be used to enforce the parking policy.
3. Any violation of the parking policies or lack of proper decal and permitting will result in towing/booting of the vehicle(s) at owner’s expense.
4. Any commercial vehicle must be in the designated parking area along the SW 86 Street perimeter wall.
5. A resident may purchase up to two (2) remote controls and /or gate cards per unit. These access control devices are the property of the purchaser. Access control devices are not refundable. The Association is not responsible for loss. Upon expiration of a lease of sale of a unit, parking privileges and access to the community will be cancelled.
6. No repair or washing of vehicles is allowed within the community. Parking on the lawn or a ‘No parking’ area is prohibited.

Any vehicle parked in violation of this policy will be towed away, without further notice and at owner’s expense. I agree to comply with these stated policies and any other Association policy, rule, and/or regulation which may apply to the parking and operation of vehicles within the condominium property.

**(I HAVE READ AND RECEIVED THE PARKING POLICY FORM)**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IMPORTANT: VEHICLE(S) WILL BE TOWED AT OWNER’S/TENANT’S EXPENSE IF NOT LEGALLY REGISTERED AND/OR NO PARKING PERMIT IS DISPLAYED**