

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 - \$150.00**
 - **Additional applicants (2 or more) - \$150.00 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/FHA approval 3% 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

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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 _____

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PART 3 – SINGLE APPLICANT OR MARRIED COUPLE - 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 1)

Signature (Applicant 1)

Date

Print Name (Spouse)

Signature (Spouse)

Date

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APPLICANT 2 D-TECH and CRIMINAL SEARCH

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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 recognizes 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

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APPLICANT 3 D-TECH and CRIMINAL SEARCH

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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

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

AUTHORIZATION FORM

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

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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

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ACCESS DEVICE PRICE LIST

PARKING DECAL STICKERS	\$ 10.00 each (Non-Refundable)
REPLACEMENT DECAL STICKERS	\$ 40.00 each (Non-Refundable)
RESIDENT TAGS with KEYCHAIN	\$ 16.00 each (Non-Refundable)
GUEST TAGS with KEYCHAIN	\$ 16.00 each (Non-Refundable)
EXERCISE ROOMS FOB	\$100.00 each (Non-Refundable)
GATE CARDS	\$ 45.00 each (Non-Refundable)
REMOTE CONTROL DEVICE	\$ 60.00 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 AND CASHIERS CHECK ONLY.

DEBIT/CARD CARDS ACCEPTED WITH 3% FEE FOR ACCESS DEVICES.

No 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