

LA FUENTE APPLICATION REQUIREMENTS

Please read the following information carefully:

- 1) The application must include the information of all those that will occupy / rent / purchase the property.
- 2) A non-refundable Application Fee of \$125.00 (1 or 2 adults), or \$150.00 (3 or more adults) is required from the applicant(s).
*Please make Money Order or Cashier's Check payable to **L&C Royal Management**.
- 3) You must also include:
 - a. Copy of Driver's License or Passport (per each adult).
 - b. Copy of Vehicle Registration (per each vehicle).
 - c. Copy of Contract or Lease Agreement.
 - d. Copy of Articles of Incorporation if purchasing as a Corporation.
 - *Application must be filled out by president(s)/owner(s) of the Corporation.*
- 4) Each adult must fill out a Residential Screening Request Form, as well as a Disclosure & Authorization Agreement.
- 5) Please print your package/required copies, and then submit to our office (it is recommended that the application be dropped off in person. If sent by mail, we cannot verify documents have been filled out correctly and therefore, applicants may experience delays). Applications/documents will not be accepted by email or fax.
- 6) Management will not receive any incomplete application. An application will begin its process once all requirements are submitted.
- 7) No Pets Allowed.
- 8) The application process may take up to 15 business days. Applicants will be notified immediately of any updates. Please do not repeatedly contact us regarding status.



L&C ROYAL MANAGEMENT CORPORATION
 13155 SW 42ND STREET STE#103
 MIAMI, FL 33175-3428
 T (305) 228-7326/7327 F (305) 228-7328
lcroyal@lcroyalmanagement.com

Please complete all questions and fill in all blanks. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order cannot be cancelled or refunded.

APPLICATION FORM

Application Type: () Purchase / () Lease / () Occupancy

Association: La Fuente Condominium Inc.

Address Applied For: _____ APT #: _____

First Applicant

Name: _____ DOB: _____ SSN #: _____

Marital Status: () Single / () Married / () Separated / () Divorced / () Widowed

Tel #: _____ Cell #: _____ Other: _____

E-mail: _____

Second Applicant

Name: _____ DOB: _____ SSN #: _____

Marital Status: () Single / () Married / () Separated / () Divorced / () Widowed

Tel #: _____ Cell #: _____ Other: _____

E-mail: _____

Number of Applicants (18 years of age or older)? _____

Other family members who will occupy the property: (please include children).

Name	Age	Relationship

Emergency Contacts:

Name	Relationship	Tel #	Cell #

Vehicles:

Make	Model	Year	License Plate #	Color

First Applicant

Driver's License #: _____ State: _____

Second Applicant

Driver's License #: _____ State: _____



L&C ROYAL MANAGEMENT CORPORATION
 13155 SW 42ND STREET STE#103
 MIAMI, FL 33175-3428
 T (305) 228-7326/7327 F (305) 228-7328
lcroyal@lcroyalmanagement.com

RESIDENCE HISTORY

Present Address: _____
 City: _____ State: _____ Zip: _____ Dates of Residency From: _____ To: _____
 Landlord: _____ Tel #: _____

Previous Address: _____
 City: _____ State: _____ Zip: _____ Dates of Residency From: _____ To: _____
 Landlord: _____ Tel #: _____

EMPLOYMENT REFERENCES

Employer: _____ Tel #: _____
 Address: _____
 Monthly Income: _____ Position: _____ Dates of Employment From: _____ To: _____

Employer: _____ Tel #: _____
 Address: _____
 Monthly Income: _____ Position: _____ Dates of Employment From: _____ To: _____

CHARACTER REFERENCES (No Family Members)

Name: _____ City: _____ State: _____
 Tel #: _____ Email: _____

Name: _____ City: _____ State: _____
 Tel #: _____ Email: _____

Name: _____ City: _____ State: _____
 Tel #: _____ Email: _____

If this application is not legible or is not completely and accurately filled out, L&C Royal Management (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 of illegibility.

By signing, the applicant recognizes that L&C Royal Management and the Association 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.

First Applicant
 Name: _____ Signature: _____ Date: _____

Second Applicant
 Name: _____ Signature: _____ Date: _____

L&C ROYAL MANAGEMENT CORPORATION

A Community Association Management Company

13155 SW 42nd Street Suite 103

Miami, Florida 33175

Tel: (305) 228-7326 / (305) 228-7327 Fax: (305) 228-7328

E-mail: lcroyal2@lcroyalmanagement.com

AUTHORIZATION FORM

APPLICANT(S): This authorization form will be used only to obtain and verify information with your employers, banks and financial Institutions and credit organizations, which require your signature and name printed. You gave this information in connection with your purchase/rental/lease application as attached.

**AUTHORIZATION TO RELEASE INFORMATION ABOUT MY:
EMPLOYMENT, BANKING, CREDIT & RESIDENCE**

The requested information will be used in reference to my purchase/rental/lease/lease application. I hereby authorize you to release any and all information concerning =my employment, banking, credit, and residence and give this information to:

L&C ROYAL MANAGEMENT CORPORATION

I hereby authorize L&C Royal Management Corporation to investigate all statements contained in my application as may be necessary. I understand that I hereby waive any privileges I may have regarding the requested information to release it to the above named party. A copy of this form may be used in lieu of the original.

Sincerely,

Nayma L Cardona – CAM
L&C Royal Management Corporation

Applicant's Printed Name

Applicant's Signature

Date

2nd Applicant's Printed Name

2nd Applicant's Signature

Date

LC Royal Mgmt - La Fuente / Ref# _____

RESIDENTIAL SCREENING REQUEST

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ DOB (MM/DD/YYYY): _____

Tel#: _____ Cel#: _____

Current Employer

Company: _____ N/A _____ Tel#: _____ N/A _____

Supervisor: _____ N/A _____ Salary: _____ N/A _____

Employed From: _____ N/A _____ To: _____ N/A _____ Title: _____ N/A _____

Current Landlord

Company: _____ N/A _____ Tel#: _____ N/A _____

Landlord: _____ N/A _____ Rent: _____ N/A _____

Rented From: _____ N/A _____ To: _____ N/A _____

I have read and signed the Disclosure and Authorization Agreement.

SIGNATURE: _____ **DATE:** _____

DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CONSUMER REPORTS

DISCLOSURE

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for and/or continued residence. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your residence.** Upon timely written request of the management, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheckUSA with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

Print Name

Signature

Date

- For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check the box.

ONE PER ADULT