

L&C Royal Management Corporation

A Community Association Management Company

13155 SW 42ND STREET STE#103

MIAMI, FL 33175-3428

T (305) 228-7326/7 F (305) 228-7328

lcroyal@lcroyalmanagement.com

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.

*Please make Money Order or Cashier's Check payable to **L&C Royal Management**. No other payment methods are accepted.

- 3) You must also include:
 - a. Copy of Driver's License or Passport (per each adult).
 - b. Copy of Vehicle Registration.
 - c. Copy of Contract or Lease Agreement.
 - d. If purchasing under a Corporation, please submit a copy of the Articles of Incorporation.
 - *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.

Please print your package/required copies, and then submit to our office (either in person or by mail). Applications/documents will not be accepted by email.

Management will not receive any incomplete application. An application will begin its process once all requirements are submitted.

Turn-around time for an application is up to 15 business days. Applicants will be notified immediately of result. Please do not repeatedly contact for status and allow the process to take its course.

L&C ROYAL MANAGEMENT CORPORATION

A Community Association Management Company

13155 SW 42nd Street Suite 103

Miami, Florida 33175

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

E-mail: lcroyal2@lcroyalmanagement.com

NOTE: Print legibly or type. Answer all questions on pages of this application. If not complete or has blank spaces, this application may be returned or not approved.

APPLICATION FOR: _____ SALE _____ RENTAL (Check applicable one)

Community Name: _____ Unit No. _____

Address: _____

Owner Acct. No. _____ Desired date of occupancy: _____

Applicant's Name: _____ Tel #: _____

Date of Birth (MM/DD/YYYY): _____ Social Security #: _____

Marital Status: (_____) Single | (_____) Married | (_____) Divorced | (_____) Widowed

2nd Applicant's Name: _____ Tel #: _____

Date of Birth (MM/DD/YYYY): _____ Social Security #: _____

Email: _____ Number of adults who will live here (age 18 or older): _____

Names & ages of children/minors: _____

Breed, weight & color of pets: _____

Driver's License #1: _____ Driver's License #2: _____

Model: _____ Year: _____ Plate #: _____ State: _____

Model: _____ Year: _____ Plate #: _____ State: _____

RESIDENCE HISTORY

1- Present Address: _____ How Long: _____

City: _____ State: _____ Zip Code: _____

Landlord: _____ Phone #: _____

(Please specify if you are the owner)

2- Previous Address: _____ How Long: _____

City: _____ State: _____ Zip Code: _____

EMPLOYMENT REFERENCE

1- Employer: _____ Phone #: _____

Address: _____

Position: _____ How long: _____ Monthly Income: _____

2- 2nd Applicant's Employer: _____ Phone #: _____

Address: _____

Position: _____ How long: _____ Monthly Income: _____

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PERSONAL REFERENCES

1- Name: _____ Home No. _____

City: _____ State: _____ Work Phone No. _____

2- Name: _____ Home No. _____

City: _____ State: _____ Work Phone No. _____

3- Name: _____ Home No. _____

City: _____ State: _____ Work Phone No. _____

Have you ever had any legal conflict with a Landlord? _____

Have you ever had any legal conflict with a residence? _____

This application is subject to acceptance by the Owner/ Association / Landlord. The applicant understands that the Owner/ Association / Landlord will authorize L&C Royal Management Corporation to act as their agent to investigate the information supplied to the applicant on this application from L&C Royal Management Corporation. (And the owner/Association/ Landlord) will not be liable or responsible for any inaccurate information in their report, caused by Illegibility or wrong information on this information, given by the applicant. The Applicant agrees, not to hold L&C Royal Management Corporation and/or the Owner /Association/Landlord reliable for the reports received by their Investigators. All reports will be obtained under the regulations of the FCRA-FAIR Credit Reporting Act. The applicant agrees to sign the Authorization Form, needed by L&C Royal Management Corporation to receive the requested Information concerning the banking, employment, credit and residence information in reference to this application. L&C Royal Management Corporation may investigate all given references as deemed necessary and may also require a credit report through a credit reporting agency. All investigation reports will be handled confidentially and only the results will be reported to the Owner/Association/ Landlord or authorized persons. By signing this application the applicant authorizes the Owner/ Association/ Landlord and their agent L&C Royal Management Corporation, to investigate the information supplied.

Attached is the Signed Authorization Form for Release of Information. DATE: _____

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

APPLICANT

2nd APPLICANT

L&C ROYAL MANAGEMENT CORPORATION

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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 statement 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

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RULES AND REGULATIONS RECEIPT

I'm here to confirm that I have received –and **will read**- a copy of the Rules and Regulations governing the use, responsibilities, safety, security, trash, architectural control, parking registration rules, pets, sales or lease, recreational facilities, swimming pool rules and burglar alarms of Homeowners Association. This Unit **cannot be subleased or sublet partial or total**. Approval for occupancy for the unit is hereby granted to the Declaration of the Homeowners Association with the full approval of the present Board of Directors.

I understand that failure to comply with these Rules and Regulations and governing documents will result in fines, as prescribed by the law.

Number of adults who will live here (age 18 or older): _____

Number of children/minors who will live here: _____

Number of pets: _____

Property address: _____

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: _____

2nd Applicant's Printed Name: _____

2nd Applicant's Signature: _____

Date: _____

Approved By: _____
Board Member Signature Title Date

Print Name

Property Manager: _____
Signature Nayma Cardona Print Name Date

LC Royal Mgmt - Marina Real #2 / 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 residence.

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.

L&C Royal Management Corporation

A Community Association Management Company

12301 NW 7TH LN
MIAMI, FL 33182-2019
305) 485-3410 F (305) 485-3411
office@lroyalmanagement.com

MARINA REAL CONDOMINIUM # 2

PARKING PERMIT FORM

HOMEOWNER'S INFORMATION

Homeowner's Name(s): _____ Acct. #: _____

Property Address: _____

Mailing if Different: _____

Phone #: _____ Other Phone #: _____

E-mail: _____

TENANT'S INFORMATION (If applicable.)

Tenant Name(s): _____

Phone #: _____ Other Phone #: _____

E-mail: _____

PARKING DECAL #1: _____ **PARKING DECAL #2:** _____ **GUEST TAG #:** _____

INFORMATION FOR VEHICLE # 1

MAKE: _____ MODEL: _____ COLOR: _____

PLATE: _____ VIN: _____

INFORMATION FOR VEHICLE # 2

MAKE: _____ MODEL: _____ COLOR: _____

PLATE: _____ VIN: _____

I have read and understand the following:

Registration for parking permits is processed at the management office located at 12301 NW 7th LANE Miami, FL 33182 during the following hours: Monday - Friday, 9:00 am – 11:30 am or 1:00 pm – 5:30 pm.

A management employee must photograph each vehicle, therefore, all residents must take their vehicle, vehicle registration, and driver's license with them at the time of registering. Tenants must be prepared to show their approval letter if asked to demonstrate that they are approved by the association to live in the community.

Commercial vehicles are not authorized to park in the community overnight, and therefore are not eligible to receive any parking permits.

All unauthorized vehicles / vehicles using expired parking permits / and vehicles that are parked in a guest space for more than 24 hours will be towed at owner's expense.

Print Name

Signature

Date