

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.
- 1) A non-refundable Application Fee of \$125.00 (1 to 2 adults) and \$150.00 (up to 3 adults) over the age of 18 years of age is required. If 4 or more applicants an additional fee of \$25.00 dollars (per person).
*Please make Money Order or Cashier's Check payable to **L&C Royal Management**.
- 2) A non-refundable Parking Decal Fee of **\$10.00 per vehicle** is required from the applicant(s).
*Please make Money Order or Cashier's Check payable to **Park Place Villas Community**.
- 4) You must also include:
 - Copy of Driver's License or Passport (per each adult).
 - Copy of Vehicle Registration (per each vehicle).
 - Copy of Contract or Lease Agreement.
 - Copy of Articles of Incorporation if purchasing as a Corporation.
 - *Application must be filled out by president(s)/owner(s) of the Corporation.*
- 5) Each adult must fill out a Residential Screening Request Form, as well as a Disclosure & Authorization Agreement.
- 6) 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.
- 7) Management will not receive any incomplete application. An application will begin its process once all requirements are submitted.
- 8) The application process may take from 10 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

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: lcroyal@lcroyalmanagement.com

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

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

Community Association: *Park Place Villas Community Association*

Current Owner's Name: _____

Property Address: _____ Unit #: _____

Account #: _____ Desired Date of Occupancy: _____

Applicant's Name: _____ DOB: _____ SSN: _____

2nd Applicant's Name: _____ DOB: _____ SSN: _____

Marital Status: Single / Married / Divorced / Widowed

Total # of Adult Applicants (18 years or older): _____

Names & Ages of Minors: _____

of Pets, Breed, Color, Weight: _____

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

Vehicle Make: _____ Model: _____ Year: _____ Tag#: _____ State: _____

Vehicle Make: _____ Model: _____ Year: _____ Tag#: _____ State: _____

Home #: _____ Cell #: _____ Other #: _____

RESIDENCE HISTORY

Present Address: _____ How Long: _____

City: _____ State: _____ Zip code: _____ Phone #: _____

Landlord: _____ Phone #: _____

(Please specify if you are the owner)

Previous Address: _____ How Long: _____

City: _____ State: _____ Zip code: _____ Phone #: _____

EMPLOYMENT REFERENCE

Employer: _____ Phone #: _____

Address: _____

Position: _____ How Long: _____ Monthly Income: _____

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PERSONAL REFERENCES

1- Name: _____ Phone #: _____

City: _____ State: _____ Cell #: _____

2- Name: _____ Phone #: _____

City: _____ State: _____ Cell #: _____

3- Name: _____ Phone #: _____

City: _____ State: _____ Cell #: _____

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

Have you ever had any legal conflict at 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

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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 herby 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 of Community 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 Park Place Villas Community 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.

Total # of Adult Applicants (18 years or older): _____

Names & Ages of Minors: _____

of Pets, Breed, Color, Weight: _____

Applicant's Printed Name

Applicant's Signature

2nd Applicant's Printed Name

2nd Applicant's Signature

Property Address: _____

Date: _____

Approved Denied Reason: _____

Approved By: _____
Board Member Signature Title Date

Board Member Printed Name

Property Manager: _____ NAYMA CARDONA _____
CAM Signature CAM Printed Name Date

LC Royal Mgmt - Park Place Villas / 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

PARK PLACE VILLAS COMMUNITY ASSOCIATION, INC.
SCREENING CHECKLIST

(Revised April, 2021)

DATE ____/____/____

PROPERTY ADDRESS: _____

OWNER (BUYER) _____ RENTER _____ LEASE EXPIRES ____/____/____

INTERVIEWER _____

NAMES & DATES OF BIRTH OF ALL PERSONS MOVING INTO UNIT:

1. _____ 2. _____

3. _____ 4. _____

_____ ALL OWNERS/RENTERS MUST BE PROCESSED AND APPROVED BY THE ASSOCIATION PRIOR TO MOVING IN.

_____ **THE UNITS ARE SINGLE FAMILY HOMES ONLY. SUB LEASING AND ROOM RENTING ARE STRICTLY PROHIBITED.**

_____ ONLY TWO VEHICLES ALLOWED PER UNIT. **NO EXCEPTIONS.** MUST FILL OUT THE "VEHICLE INFORMATION" FORM AND RETURN TO MANAGEMENT COMPANY WITH COPIES OF THE CAR'S REGISTRATIONS. YOU ARE ENTITLED TO **TWO RESIDENT STICKERS** AND **ONE VISITOR PASS ONLY.** STICKERS AND VISITOR'S PASS ARE \$10.00 EACH. IF LOST AND NEEDS TO BE REPLACED THE FEE IS \$50.00.

_____ VISITORS PARKED IN THE VISITORS PARKING MUST HAVE A VISITOR PASS AT ALL TIMES. **VEHICLES WITHOUT THE VISITORS PASS WILL BE TOWED AWAY.**

_____ IT IS NOT ALLOWED TO PARK IN THE VISITOR'S PARKING FOR MORE THAN **12 HOURS.**

_____ NO PARKING ON THE GRASS. NO PARKING AROUND THE GAZEBO.

_____ NOT ALLOWED TO DO MECHANICAL WORK ON YOUR VEHICLES INSIDE THE COMMUNITY.

_____ NOT ALLOWED TO PARK OUT OF ORDER VEHICLES IN YOUR DRIVEWAY NOR VISITORS PARKING.

_____ NOT ALLOWED TO PARK COMMERCIAL VEHICLES, TRUCKS, MOBIL HOMES AND BOATS IN YOUR DRIVEWAY NOR VISITORS PARKING. *This does not apply to trucks and commercial vehicles that are doing pick up/ delivery or providing a short term service.*

_____ IT IS ALLOWED TO PARK VEHICLES IN FRONT OF YOUR UNIT PARALLEL TO THE UNIT, INSIDE YOUR DRIVEWAY, **NOT IN THE STREET.** THE VEHICLE MUST HAVE A PARKING STICKER AND CANNOT OBSTRUCT THE EXIT OF YOUR NEIGHBORS NOR BLOCK THE ROAD WAY AS TO PREVENT EMERGENCY VEHICLES, AMBULANCES, FIRE RESCUE, PARAMEDICS, AND SCHOOL BUSES FROM PASSING THROUGH.

_____ CHILDREN ARE NOT ALLOWED TO PLAY IN THE STREETS/ PARKING AREAS.

_____ **DOGS, CATS AND OTHER HOUSEHOLD PETS NO MORE THAN 12 POUNDS. DOGS ARE NOT ALLOWED TO DEFECATE IN COMMON AREAS.** MUST WALK YOUR DOG OUTSIDE THE COMMUNITY AND IT MUST BE ON A LEASH AT ALL TIMES.

_____ FOR QUESTIONS REGARDING THE CLUBHOUSE AND/OR THE POOL MUST CONTACT THE MASTER ASSOCIATION IMPERIAL LAKES AT (305) 485-3410.

_____ BUYER MUST OBTAIN A COPY OF THE HOA DOCUMENTS FROM THE SELLER.

_____ REPAIRS AND CHANGES TO THE EXTERIOR OF THE PROPERTY REQUIRE APPROVAL FROM THE BOARD OF DIRECTORS PRIOR TO COMMENCING ANY WORK.

_____ TO PAINT THE EXTERIOR OF THE PROPERTY AND/OR DRIVEWAY MUST CONTACT THE MANAGEMENT OFFICE TO OBTAIN COLOR CODES.

THANK YOU FOR YOUR ATTENTION AND COOPERATION IN MAKING THE EFFORT TO LIVE IN A PEACEFUL COMMUNITY AND WORK TOWARDS THE WELFARE OF ALL.

SIGNATURE: _____ SIGNATURE: _____

SIGNATURE: _____