



Del Rio Village Townhouse



7732 Balboa Street, Sunrise FL 33351
Tel: (954)742-6744 | Fax: (954)742-6743
Email: office@delriovillagetownhousehoa.com

CHECK SHEET FOR NEW BUYERS OR LEASE

The fee to process this application is **\$150 money order (non-refundable)** per each individual/ applicant over 18 years old. Married couples may apply jointly. Additional fees will apply for non United States residents. Each applicant must complete an individual "Screening Authorization form" even if married.

Buyer:

- \$200 money order for processing an estoppel request.
- Completed and signed attached Application
- Copy of Sale Contract
- Outstanding repairs form (if applicable).
- Copies of these document for residents:
 1. Driver's License
 2. Social Security Card
 3. Vehicle Registration
 4. Copy of recent Bank Statements (90 days period)
 5. Verification letter from employer (if applicable)
 6. Income verification ie. paystubs, tax return etc.
 7. Two (2) letters of character reference
 8. \$10 to notarize certificate
- Copies of these document for non-united states residents:
 1. Passport
 2. Country issued identification (eg. driver's license)

Renter:

- Completed and signed attached Application
- Copy of Lease Agreement
- Copies of these document for residents:
 1. Driver's License
 2. Social Security Card
 3. Vehicle Registration
 4. Income verification ie. paystubs, tax return etc.
 5. Two (2) letters of character reference
 6. \$10 to notarize certificate

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*** Owner(s) must pay 6 months maintenance (\$1800.00) as a security deposit for Renter***

- Copies of these document for non-united states residents:
 1. Passport
 2. Country issued identification (eg. driver's license)

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.

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INFORMATION SHEET FOR PURCHASE/LEASE

Once the screening application has been returned from the credit check, you will be scheduled for an in-person interview. In order to take occupancy of your unit you must have a signed certificate of approval form, which will be given to you by the HOA office once papers are returned from the Board, after your interview. Please allow a minimum of two (2) weeks for the screening process.

If you have any questions regarding the screening process, please feel free to call our office at (954) 742-6744 Mondays through Fridays 8am-5pm.

Thank you.

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Please provide us with the following information, so you may be contacted for your interview.

Name: _____ Telephone: (____) _____

Name: _____ Telephone: (____) _____

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PET REGISTRATION FORM

A form must be completed for each animal, and a picture must be submitted along with this form

Resident Name: _____

Address: _____

Type of Pet: ☐ Cat ☐ Dog ☐ Other (please specify) _____

Name of Pet: _____

Breed: _____

Color: _____

Weight: _____

Age: _____

Date of Birth: _____

All pets must be registered with the association regardless of type of animal. This form is solely for documentation and animal identification purposes in the event of an emergency. Please remember all dogs are to be walked in the specified "Dog Walk" area and all excrement must be

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picked up by the owner. All pets must be on a leash at all times while outside your unit and under control and care of a responsible adult.

By my signature below, I verify I have read and understand the above and will abide by the Rules and Regulations of the Del Rio Village Townhouse Homeowners Association in this regard.

Resident/ Owner: _____

Date: _____

Resident/ Owner: _____

Date: _____



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RESIDENTIAL SCREENING AUTHORIZATION

Print Name: _____

Address: _____

City, State, & Zip _____

SSN: _____

Date of Birth: ____/____/____

CURRENT EMPLOYER

Company: _____

Telephone: (____) _____

Position: _____

Salary: _____

Date of Employment: From _____

To _____

BANKING INSTITUTION

Name of Bank: _____

Telephone: (____) _____

Acct#: _____

Name of Bank: _____

Telephone: (____) _____

Acct#: _____

CHARACTER REFERENCES

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Name: _____

Telephone: (____) _____

Name: _____

Telephone: (____) _____

AUTHORIZATION

I give my full authorization to obtain my Criminal History Record, Bank Information and to verify the above information.

SIGNATURE: _____

DATE: ____/____/____

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RULES & REGULATIONS ACKNOWLEDGEMENT

Full address of unit

I, OR WE, HAVE READ ACKNOWLEDGED AND UNDERSTAND THE RULES AND REGULATIONS OF THE DEL RIO VILLAGE TOWNHOUSE HOMEOWNERS ASSOCIATION AND I/WE AGREE TO ABIDE BY THE RULES AND REGULATIONS WITH THE UNDERSTANDING THAT IT IS FOR THE HEALTH, SAFETY AND WELFARE OF ALL RESIDENTS OF DEL RIO VILLAGE.

I, OR WE, ALSO UNDERSTAND AND ACKNOWLEDGE THAT THE RULES AND REGULATIONS EXTEND TO ALL MEMBERS OF MY/OUR FAMILY, GUESTS AND INVITEES, OF WHOM I/WE ACCEPT RESPONSIBILITY FOR.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

DATE

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To review parking:

1. You should be parking in your assigned spots for **your** unit.

Decal with unit number must be issued by Del Rio Townhouses (only two). **DO NOT MAKE YOUR OWN** or your car will be towed and you will be fined.

If you have more than 2 cars with decals, **one of your cars will be towed.**

If you park in another units spot (even if the unit is vacant), **your car will be towed.**

2. Guests will park in guest parking with guest tag if they stay past 12:00am

A car parked in guest parking with guest tag for more than 2 nights **will be towed unless the office has been notified and approved.**

If you need to park a third car, notify the office.

3. Cars parked on the south side of the property (on either side of the street) are subject to tow **unless** it is a National Holiday or a board approved parking pass for a party in the clubhouse is displayed.

4. Car must be registered to Del Rio Village Townhouse with Unit Number, Vehicle Registration, and Insurance.

Applicant Sign & Print

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ZERO TOLERANCE DRUG POLICY

DATE: ____/____/____

Owner/Resident: _____

ADDRESS: _____

This statement of Zero Tolerance Drug Policy is identified as an attachment to the Rental Agreement entered into on _____. I understand and agree that this community/townhome complex is attempting to be a drug-free environment and that Management has a policy of zero tolerance to illegal drugs on these premises.

I further understand and agree that this policy entitles The Members of the Board to levy fine who has engaged in any drug-related activity such as possession, sale, manufacture, distribution or use of a controlled substance on or about these premises, or engages in any other illegal activity which is detrimental to the complex or its residents.

I understand and agree that this policy is intended to ensure that the Owner's safety and peaceful enjoyment of this townhouse complex is protected and that Owners and their guests or Invitees do not use or sell illegal drugs on these premises.

Owner/Resident Sign & Print

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APPLICATION FOR OCCUPANCY

PURCHASE
LEASE

☐
☐

Date: ____/____/____

Unit/ Address: _____

Desired date of Occupancy _____

Applicant _____ Date of Birth ____/____/____ Social Security _____

Co-Applicant _____ Date of Birth ____/____/____ Social Security _____

Single () Married () Separated () Divorced ()

Sex: Male () Female ()

DRIVERS LICENSE # _____

Have you ever been convicted of a crime? Yes () No ()

If yes, Date ____/____/____ County/ State _____

Charge(s): _____

Total # of adults who will occupy the unit (18 yrs or older) _____ Total # of children _____

Number & type of pets _____

RESIDENCE HISTORY

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- 1) Present Address _____ Telephone (____) _____
City, State, & Zip _____ Fax (____) _____
Email address _____
Association/ Landlord _____ Dates of Residency: From/To _____
Mortgagee _____ Rent/ Mtg. Amt _____ Telephone (____) _____
- 2) Previous Address _____ Telephone (____) _____
City, State, & Zip _____ Fax (____) _____
Email address _____
Association/ Landlord _____ Dates of Residency: From/To _____
Mortgagee _____ Rent/ Mtg. Amt _____ Telephone (____) _____

EMPLOYMENT AND BANK REFERENCES

Employer _____ Telephone (____) _____
Address _____ Supervisor _____
Hire Date: _____ Position _____ Monthly Income _____
Co-Applicant Employer _____ Telephone (____) _____
Address _____ Supervisor _____
Hire Date: _____ Position _____ Monthly Income _____
Bank Reference _____ Telephone (____) _____
Address _____ Account# _____

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CHARACTER REFERENCES - DO NOT INCLUDE FAMILY MEMBERS

- 1) Name _____ Telephone (____) _____
Known how long: _____ Telephone (work) (____) _____
2) Name _____ Telephone (____) _____
Known how long: _____ Telephone (work) _____

RESIDENT DATA INFORMATION FORM

Last Name of Owner(s): _____
First Name of Owner(s): _____
Address: _____
Mailing Address: _____
Email Address: _____
Telephone (____) _____ Fax (____) _____
Emergency Telephone: (____) _____

Is the home occupied by the owner or leased: _____ Owner Occupied _____ Leased

Vehicle Make	Vehicle Type	Tag Number	State

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Please list the names of all other residents in the household.

Last Name	First Name	Relationship (Child/ Relative)

Signature of Applicant: _____ Date: ____/____/____

Signature of Co-Applicant: _____ Date: ____/____/____