

Doral Colony Homeowners Association, Inc.

Occupancy Procedure

The Following items must be submitted in order for an application to be considered:

1. An Application for Lease, completed by applicants(s).
2. A non – refundable screening fee in the amount of \$ 100 payable to Doral Colony HOA, Inc., which may be submitted by the lessee in the form of a personal check or by either the lessee or lessor if in the form of a certified bank checks or money order.
3. If individual (s) applying does not have a US social security number **three letters of reference**, along with a bank reference letter must be given as well or the application will not be processed. Additional nonresident background report will be required at applicant's expense, cost determined once application is submitted.
4. 5. If individual(s) applying are coming from any other State, any Florida county other than Broward or Miami Dade, a police report from the last county of residence must be included. If Individual(s) applying are coming from a foreign country, a police report (carta de Buena conducta) must be included.

When received, all information will be forwarded to the Association's Screening Committee for review. The Screening Committee Will Schedule an interview with Applicant(s). Doral Management will notify the applicant of the interview date.

The Management Company will provide the Applicant(S) with the Waiver of Right of First refusal and Certificate of Approval to Lease form after the Screening Committee has executed it.

Return complete application via e-mail to: colony@doralmanagement.com

Please hand-deliver or mail payment to:

Doral Colony HOA

c/o Doral Management

3300 NW 112th Ave, Suite 13

Doral, FL 33172

If you have any questions, please contact Doral management at (305) 591-8715 or

e-mail us at colony@doralmanagement.com

PLEASE ALLOW 20 BUSINESS DAYS TO PROCESS YOUR APPLICATION

Doral Colony Homeowners Association, Inc.

Application for Occupancy

In accordance with the Declaration of Doral Colony Homeowners Association, Inc., the following information must be submitted to the Board of Directors for consideration before approval is granted for the sale of your unit. **Please complete this form and return it to Doral Colony Homeowners Association, Inc., 3300 NW 112th Ave, Suite 13, Doral, FL, 33172-1400. Processing Fee \$100 Non-Refundable - Payable to Doral Colony Homeowners Association, Inc.**

If purchasing, approximate settlement date: _____ If renting, approximate move-in date: _____

Unit address: _____

Prospective Buyer(s)/Lessee(s):

Name: _____ Date of Birth: _____ SSN: _____

Name: _____ Date of Birth: _____ SSN: _____

Marital Status: _____ Adults # : _____ Children #: _____ Pets#: _____

Names _____ and _____ Ages _____ of _____ Children: _____
_____ Pet(s) Information _____ (breed,
color, _____ size, _____ etc.): _____

_____ No. of cars you will park at this address: _____ Driver's _____ License

No(s): _____ Make: _____ Model: _____

_____ Year: _____ Plate #: _____ State: _____ Make: _____

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

Residency History

1) Present Address: _____ How Long? _____

Landlord/Mortgage: _____ Phone No.: _____

Landlord/Mortgage Address: _____ Contact: _____

2) Previous Address: _____ How Long? _____

Landlord/Mortgage: _____ Phone No.: _____

Landlord/Mortgage Address: _____ Contact: _____

Employment References

1) Employer: _____ Position: _____ How Long? _____

Address: _____ Phone No.: _____

Supervisor: _____ Approx. Monthly Salary: _____

2) Employer: _____ Position: _____ How Long? _____

Address: _____ Phone No.: _____

Supervisor: _____ Approx. Monthly Salary: _____

Personal References:

1) Name: _____ Residence Phone No.: _____

Address: _____ Business Phone No.: _____

2) Name: _____ Residence Phone No.: _____

Address: _____ Business Phone No.: _____

Bank References

1) Bank Name: _____ Address: _____

Phone No.: _____ Savings Acct: _____ Checking Acct: _____

I certify that the above information is correct and complete and hereby authorize any inquiries you feel necessary to evaluate my occupancy.

Signature _____ Print Name _____ Phone _____ Date _____

Signature _____ Print Name _____ Phone _____ Date _____

**AUTHORIZATION FOR RELEASE
OF BANKING, RESIDENCE, EMPLOYMENT,
CREDIT AND POLICE INFORMATION.**

I/we _____ hereby authorize the release of information to the credit agency and their Attorneys or Representatives, and Community Association screening, as Agents, concerning my banking, credit, residence, employment or police records in reference to this application for housing with the ASSOCIATION, (hereinafter referred to as "the Association ") and Doral Management.

I/we understand that the Board of Directors and the Doral Management, may cause to be instituted such an investigation of my background as the Board may deem necessary, Accordingly, I specifically authorize the Board of Directors of the Association, Doral Management, or Community Association Screenings, as agent, to make such investigation and agree that the information contained in the attached application may be used in such an investigation.

Furthermore, I/we release the Board of Directors and the officers of the Association, Doral Management and Community Association Screening, as agent, (To include: Employees; Officers; Directors; Brokers; Agents; and Representatives of the foregoing) and all persons and firms providing or receiving information in this report, from any and all claims or liability which might arise from the release, transmission, assembly, interpretation of information, denial of application or other adverse action.

I/we are also authorizing the Management Agent/Company to furnish the Lessor with a copy of the Credit and Police Reports.

Signature _____

Date _____

Spouse's Signature _____

Date _____