

Doral Colony Homeowners Association, Inc.

Sale Procedure

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

1. An Application for sale, completed by applicants(s).
2. A copy of the sales contract, executed by the seller and purchaser.
3. A non – refundable screening fee in the amount of \$ 100 payable to Doral Colony HOA, Inc., which may be submitted by the seller in the form of a personal check or by either the purchaser or seller if in the form of a certified bank checks or money order.
4. 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.
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 Purchase 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 Sale

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 _____

Community Association Screening / 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

The undersigned acknowledges that 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

The undersigned acknowledges that they are authorizing and requesting, 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.

If you dispute any information found in your consumer report and would like to request a copy of the report, please send a request letter via certified mail to;

AmeriCheckUSA
7777 Davie Rd Extension #101B
Hollywood, FL 33027

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.