



### **INSTRUCTIONS FOR APPLICATION FOR PURCHASE REQUEST**

1. Type or print all information being requested in Application Request legibly, with accuracy and completeness.
2. If the property is bank owned or was purchased through foreclosure auction by the current Owner, please include a Certificate of Title with this Application Request.
3. Email this Request and ALL future communications to: [Applications@ManagedByAffinity.com](mailto:Applications@ManagedByAffinity.com)
4. Payment for this Application Request is nonrefundable and must be in check, money order, or cashiers' checks made payable to: Affinity Management Services 1430 NW 15 Ave Miami, FL 33125
5. **Please provide the following with this Application Request:**
  - Application Request payment pursuant to services selected herein
  - A copy of the purchase contract
  - A copy of the driver's license/ passport/ government issued identification and social security card or alien registration card for each individual that is seeking to occupy and/or hold title to the property
  - Marriage certificate for married couple
  - A picture of any pets and applicable vaccination documentation. (Limit (1) pet, under 25lbs.)
  - One Application for Purchase Form per married couple or for each unmarried individual that is seeking to occupy and/or hold title to the property
  - One Authorization To Release & Use Information signed form per married couple or for each unmarried individual that is seeking to occupy and/or hold title to the property
6. If this Application Request is being made in connection with a purchase transaction , immediately after closing submit completed HUD1 Closing Statement, Deed, and copy of disbursed check to: [Applications@ManagedByAffinity.com](mailto:Applications@ManagedByAffinity.com)

### **DISCLOSURES FOR APPLICATION FOR PURCHASE REQUEST**

1. If Application Request and/or Application Form is not properly completed, processing may be delayed. Pursuant to Florida Statutes any inconsistencies that may cause a delay in the Application Request will be communicated within 15 calendar days from submission.
2. All information provided by requesting party is being used as a basis for consideration of approval. Any misstatement of facts, and/or omission of any relevant information shall constitute a violation of the application procedure and may cause Application Request to be terminated or denied.
3. If this Application Request is being made in connection with a purchase transaction, please note that requesting party MUST also submit a separate Estoppel Request.
4. ALL other requests and or inquiries for information not already provided in the Application Form MUST be made by submitting a Questionnaire Request. No other request or inquiries will be satisfied without a Questionnaire Request.
5. The Application Request will be exclusively satisfied with the Application for Occupancy Form, Authorization to Release & Use Information, and Amendment to Lease/Rent Contract attached hereto.
6. Pursuant to Florida Statutes a disapproval or denial of this Application for Occupancy will be communicated in writing within 60 calendar days from submission.
7. A public records (background) search will be conducted using the information provided in the Application Form. Any resulting report from said search will not be released to requesting party or any individual that is seeking to occupy and/or hold title to the property, and/or their respective legal representatives.
8. Affinity Management Services will not accept, nor is it under any obligation to accept reports or information of public records (background) search procured or provided by requesting party.
9. Request and inclusion of pet information does NOT imply or communicate that possessing a pet or the occupation of a pet is authorized (or approved) in the Association. Tenant and/or Buyer should perform due diligence or seek professional counsel to make this determination.
10. Request and inclusion of multiple vehicle information does NOT imply or communicate that parking space will be provided for multiple vehicles. Tenant and/or Buyer should perform due diligence or seek professional counsel to make the determination of how many parking spaces are being provided and if designated spaces exists.



11. If this Application Request is being made in connection with a purchase transaction, any delays in submitting completed HUD1 Closing Statement and Deed may result in collection action appropriately enforced pursuant to the Association's collection policy against the Buyer.
12. By submitting payment for this Application Request the requesting party acknowledges and agrees to perform the instructions as provided herein, and acknowledges and agrees with the disclosures provided for herein.

(Select As Applicable)

SERVICES:

Application Service

FEE:

\$100 Fee per Unmarried Individual  
Or Per Married Couple

TIME FRAME:

30 Calendar Days Processing Time  
(Florida Statutes: 45 Calendar Days)

Rush Service  
(Limited Availability)

\$100 Additional

15 Calendar Days Processing Time

**Please provide the association name, property address, owner (seller), and renter:**

Association Name: Waterway at Hollywood Beach

Property Address: \_\_\_\_\_

Owner (Seller) Name: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Buyer Name: \_\_\_\_\_

Closing Date: \_\_\_\_\_

**Send Approval Certificate to:**

Applicant Email: \_\_\_\_\_

Realtor Email: \_\_\_\_\_

Title Company Email: \_\_\_\_\_

**OFFICE USE ONLY**

REQUEST RECEIVED: \_\_\_\_\_

REQUEST COMPLETED: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_



**APPLICATION FOR PURCHASE FORM**

Application Date: \_\_\_\_\_ Purchase [ ] or Lease [ ] Start: \_\_\_\_\_ End: \_\_\_\_\_

Association Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

**APPLICANT INFORMATION**

Number of Occupants: Individuals (Over 18): \_\_\_\_\_ Married [ ] Unmarried [ ] Children: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Child Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ N/A \_\_\_\_\_ Mobile: \_\_\_\_\_ N/A \_\_\_\_\_

Child Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ N/A \_\_\_\_\_ Mobile: \_\_\_\_\_ N/A \_\_\_\_\_

Pet Name \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

**DISCLOSURE:** Request and inclusion of pet information does NOT imply or communicate that possessing a pet or the occupation of a pet is authorized (or approved) in this Association. Tenant and/or Buyer should perform due diligence or seek professional counsel to make this determination.



**VEHICLE INFORMATION**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Plate: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Plate: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Plate: \_\_\_\_\_ State: \_\_\_\_\_

**DISCLOSURE:** Request and inclusion of multiple vehicle information does NOT imply or communicate that parking space will be provided for multiple vehicles. Tenant and/or Buyer should perform due diligence or seek professional counsel to make the determination of how many parking spaces are being provided and if designated spaces exists.

**RESIDENCE HISTORY**

(Provide 2+ Years of History)

Present Address: \_\_\_\_\_  
House, Street, & Unit City State Zip Code

Landlord/Mortgage Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Rent [ ] Own [ ] Years at address: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
House, Street, & Unit City State Zip Code

Landlord/Mortgage Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Rent [ ] Own [ ] Years at address: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
House, Street, & Unit City State Zip Code

Landlord/Mortgage Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Rent [ ] Own [ ] Years at address: \_\_\_\_\_



**EMPLOYMENT REFERENCE**

Employer Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Position: \_\_\_\_\_ Duration: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Position: \_\_\_\_\_ Duration: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Position: \_\_\_\_\_ Duration: \_\_\_\_\_ Annual Income: \_\_\_\_\_

**CHARACTER REFERENCE**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Present Address: \_\_\_\_\_  
House, Street, & Unit City State Zip Code

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Present Address: \_\_\_\_\_  
House, Street, & Unit City State Zip Code

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Present Address: \_\_\_\_\_  
House, Street, & Unit City State Zip Code



**AUTHORIZATION TO RELEASE & USE INFORMATION**

I acknowledge and agree with the Instructions and Disclosures as provided in the Application For Occupancy Request and Application For Occupancy Form provided by Affinity Management Services, LLC; and to comply with the Application For Occupancy process and its results.

I acknowledge and agree to release any or all information provided in the Application for Occupancy Form to Affinity Management Services, LLC, the named Association and its legal representatives, and any service provider used by Affinity Management Services, LLC to aid or carry out a public records (background) search, and/or credit rating report.

I acknowledge and agree to authorize Affinity Management Services, LLC to conduct a public records (background) search, and request a credit rating report from a credit rating agency using any and all information provided in the Application for Occupancy Form and/or any other information or documentation provided to Affinity Management Services, LLC.

I acknowledge and agree that Affinity Management Services, LLC is not responsible for the final decision of occupancy whether or not it is approved or denied. I acknowledge and agree to now and forever release Affinity Management Services, LLC of any and all any liabilities, expenses, damages, costs, penalties, fines, fees, losses, demands, actions and causes of action, suits, debts, dues, sums of money, accounts, reckonings, benefits, bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, obligations, executions, claims, and attorneys' fees and associated costs (whether pre-trial, at trial, mediation or at arbitration and/or in connection with any appeals), known or unknown, absolute or contingent, in law or equity, incurred, sustained, arising out of or connection with the public records (background) search, the credit rating report, Application For Occupancy Request, Application For Occupancy Form, this Authorization To Release & Use Information, and the Amendment To Lease/Rent Contract and their related use.

Association Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_