



In Pembroke Pines

## **NEW OWNER PACKET**

To obtain approval, all owners listed on the sales contract must complete the attached forms and include:

- Copies of government-issued photo ID
- Copies of last two paycheck stubs
- Copies of the last month's bank statements (just the first page indicating account number and balance)
- A fully executed copy of the sales contract with addends and exhibits
- \$100.00 non-refundable application fee per single owner **or** per legally married couple. Only checks or money orders are accepted.

Please note that any additional occupants age 18 or older must complete the 'Occupant Authorization Form' and submit a \$100.00 application fee. Please contact the office to obtain this form.

**Screenings may take up to 2-4 weeks.**

If you have any questions, contact the East Lakes office:

Hours: Monday – Friday, 9 A.M. – 2 P.M.

(954) 432-6888

[EastLakesHOA@comcast.net](mailto:EastLakesHOA@comcast.net)

[www.eastlakeshoa.com](http://www.eastlakeshoa.com)

### **Homeowners Association**

9732 N.W. 16th Court • Pembroke Pines, Florida 33024 • Phone (954) 432-6888

• Fax (954) 432-9037 • [EastLakesHOA@comcast.net](mailto:EastLakesHOA@comcast.net) • [www.eastlakeshoa.com](http://www.eastlakeshoa.com)



In Pembroke Pines

## PROSPECTIVE SALE NOTICE

A homeowner and/or a realtor wishing to sell or buy a unit in East Lakes in Pembroke Pines must be aware that the Covenants and Restrictions place several requirements that must be met before the Board will approve a sale and issue a "CONSENT TO CONVEYANCE OF DWELLING UNIT".

The purchase/sale of a Unit in East Lakes in Pembroke Pines will be denied by the Board of Directors if any combination of the following financial conditions exist as defined in ARTICLE II-A, Section 24(C)(3)(f) of East Lakes in Pembroke Pines Declaration of Covenants and Restrictions, excerpts of which follow:

***(f) Financial Problems. The person seeking approval (including all proposed occupants or applicants legally responsible, or who will be legally responsible to the Association, for payment of assessments or charges) . . . . . has a history of not paying monetary obligations, has a poor credit history, has a bad credit rating of 650 or less, has owned real property that was foreclosed in the last seven (7) years, has owned real property sold by short-sale in the last seven (7) years, has owned real property conveyed by a deed in lieu of foreclosure in the last seven (7) years, or has declared bankruptcy (voluntarily or involuntarily) in the last seven (7) years.***

The Board of Directors has no options available to them that will allow an override of the above requirements in the Covenants and Restrictions.

The above has not been the only reasons for denial of a sale, but they have been the reason for the majority of denials.

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## **Highlights for Purchase/Sale of a Unit**

- Unit must be owned by a single family and used as a single-family residence.
  - A unit cannot be leased until the owner has personally and permanently lived in the unit for three (3) years. Owner must obtain written approval of the Board of Directors to sell or transfer a Lot or any interest in a Lot. To obtain this approval the owner must:
    1. Give the Association notice.
    2. Provide name and address of all proposed permanent occupants.
    3. Submit a fully executed copy of proposed sales contract with addends or exhibits.
    4. Submit an application for sale and purchase.
    5. Include a screening fee for each owner or permanent occupant.
    6. Attend an interview by the screening committee of the purchaser and all permanent occupants.
    7. Require, purchaser and permanent occupants, consent to a complete background investigation that will include, but not be limited to:
      - a. Criminal History
      - b. Credit History
      - c. Prior Residential History
      - d. Public Records History
      - e. Civil Litigation
- The Board of Directors of EAST LAKES HOMEOWNERS ASSOCIATION shall be held harmless for any action or claim in connection with the use of the information contained in the attached application that may be used in the investigations to be conducted by the Board of Directors.
8. A permanent occupant who is not a grantee will not be required to submit to a credit history unless they are guaranteeing the financial obligations.

9. Within 30 days after receipt of the notice and all documentation, information, background investigations & reports, personal interviews, and fees required, the Board of Directors must approve or disapprove the proposed transaction.

**10. If approved, and upon receipt from the new purchaser, a certified check or cashier's check in the amount equal to twelve (12) payments of the monthly maintenance (currently equaling \$1560.00), to be placed in a non-interest bearing escrow with the association, a Certificate of Conveyance will be issued to the purchaser. Upon a future transfer of the unit to a third party, the escrow shall be returned, less any monies due the Association.**

**A purchaser may be denied approval for any of the following reasons,** and the Association will not be required to provide a purchaser for the unit:

- Criminal Activities
- Sexual Offender or Predator
- Violation of Governing Documents
- A residential history of being a Nuisance
- Non-cooperation in approval process
- Delinquency History
- Financial difficulties

In making the foregoing application, the decision of the EAST LAKES HOMEOWNERS ASSOCIATION will be final and the applicant agrees to be governed by the determination of the Board of Directors.

The above highlights are just a guide. The Declaration of Covenants and Restrictions for East Lakes in Pembroke Pines contains complete details on all the above.

**EAST LAKES HOMEOWNERS ASSOCIATION  
OCCUPANCY FORM**

The purpose of this form is to provide the Association with the names and emergency information of all occupants residing in a residence as required by Article II-A, Paragraphs 1 and 21, of the Covenants and Restrictions.

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

Date: \_\_\_\_\_ Owner:  Renter:

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

**Signature:** \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Driver's License \_\_\_\_\_ Vehicle Tag # \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Residents - Under 18 Years of Age:

.....  
.....  
.....  
.....

Print Occupant Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ :

**Occupant Signature:** \_\_\_\_\_ Telephone # \_\_\_\_\_

Driver's License: \_\_\_\_\_ Vehicle Tag # \_\_\_\_\_

Print Occupant Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ :

**Occupant Signature:** \_\_\_\_\_ Telephone # \_\_\_\_\_

Driver's License: \_\_\_\_\_ Vehicle Tag # \_\_\_\_\_

Print Occupant Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ :

**Occupant Signature:** \_\_\_\_\_ Telephone # \_\_\_\_\_

Driver's License: \_\_\_\_\_ Vehicle Tag # \_\_\_\_\_

**READ FIRST:** Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014

**\*\* THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! \*\***

## APPLICATION FOR OCCUPANCY

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

Circle one: Purchase - Lease - Occupant - Unit.# \_\_\_\_\_ Bldg.# \_\_\_\_\_ Address applied for: \_\_\_\_\_

**Full Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

Circle One: Single - Married - Separated - Divorced - How Long? \_\_\_\_\_ Other legal or maiden name \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Date (s) \_\_\_\_\_ County/State Convicted in \_\_\_\_\_

Charge (s) \_\_\_\_\_

Applicant's Cell Number(s) \_\_\_\_\_ Applicant's Email Address \_\_\_\_\_

**Spouse** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

Other legal or maiden name \_\_\_\_\_ Have you ever been convicted of a crime? \_\_\_\_\_ Date (s) \_\_\_\_\_

County/State Convicted in \_\_\_\_\_ Charge (s) \_\_\_\_\_

Spouse's Cell Number(s) \_\_\_\_\_ Spouse's Email Address \_\_\_\_\_

No. of people who will occupy unit – Adults (over age 18) \_\_\_\_\_ Description of Pets \_\_\_\_\_

Names and ages of others who will occupy unit \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### **PART I – RESIDENCE HISTORY**

A. Present address \_\_\_\_\_ Phone \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Are you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Are you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other \_\_\_\_\_

B. Previous address \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Were you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Were you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other \_\_\_\_\_

C. Previous address \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Were you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Were you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other \_\_\_\_\_

**PART II – EMPLOYMENT REFERENCES**

\*Include a recent copy of an earnings statement to expedite processing\*

- A. Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
 Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_ Fax \_\_\_\_\_  
 Monthly Gross Income \_\_\_\_\_ Address \_\_\_\_\_
- B. Spouse Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
 Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_ Fax \_\_\_\_\_  
 Monthly Gross Income \_\_\_\_\_ Address \_\_\_\_\_

**PART III – BANK REFERENCES**

\*Include a recent copy of a bank statement to expedite processing\*

- A. Bank Name \_\_\_\_\_ Checking Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_
- B. Bank Name \_\_\_\_\_ Savings Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_

**PART IV – CHARACTER REFERENCES (No Family Members)**

- 1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
- 2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
- 3. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
- 4. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Are you using a realtor? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Realtor's name \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Driver's License Number (Primary Applicant) \_\_\_\_\_ State Issued \_\_\_\_\_  
Driver's License Number (Secondary Applicant) \_\_\_\_\_ State Issued \_\_\_\_\_  
Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_  
Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

4690 NW 103rd Avenue, Sunrise, Florida 33351  
www.associatedcreditreporting.com

## \*\*\*AUTHORIZATION FORM\*\*\*

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. **PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY.** If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Spouse's Signature)

\_\_\_\_\_  
(Applicant's Name Printed)

\_\_\_\_\_  
(Spouse's Name Printed)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Date Signed)