DELTA MANAGEMENT, INC.
7300 W McNab Road Suite 220
Tamarac, Fl, 33321
Email: deltamgtsolutions@gmail.com – adolfodeltabm@gmail.com
Phone: 954-977-0771

SALE, TRANSFER AND RENTAL APPLICATION PACKAGE

PLEASE, READ CAREFULLY:

1. A **Money Order or Cashier's check** Payable to DELTA Management, Inc. in the amount of $250.00 per person 18 years old or over and for married couple. You may request an expedited Application process at a fee of $350.00 per person 18 years old or over and for married couples.
   Marriage Certificate MUST be provided. FEES ARE NON-REFUNDABLE.

2. **Out of Florida State and international criminal searches** prices vary depending on state and country.

To receive your Certificate of Approval you must have received and reviewed the By-Laws of the Association.
It is the Seller or Landlord's responsibility to provide you with a copy of the Declaration of Condominium.
If the Seller or Landlord does not have a copy of the Declaration of Condominium, we can provide you with a copy at the cost of $125.00. The Declaration of Condominium encompasses all the Association's Rules & Regulations, procedures with regards to annual election, amending the Declaration of Condominium, and all other procedures and we highly recommend you request a copy.

We receive and process all information with regards to the Sale, Transfer, or Lease of a Unit. Once we receive the completed Application package (including payment and necessary documentation) we investigate the information you provide. We comprise the findings on a report, which is given to the Board of Directors along with your application packet. After the interview with the Board of Directors and all requirements are met, the Board of Directors will sign a Certificate of Approval. DELTA Management may email the Certificate of Approval, or you may pick up the original COA at our office located at 7300 W McNab Road Suite 220, Tamarac, Fl, 33321.

PLEASE, BE AWARE THAT THIS PROCESS CAN **TAKE UP TO 30 WORKING DAYS**. YOU MAY **DROP OFF AT THE BLACK BOX BY THE ENTRANCE DOOR OR MAIL** THE DOCUMENTS REQUIRED. YOU **MAY NOT EMAIL THEM.**

This process may take longer than expected due to the delay with the Board of Directors giving the approval or the estoppel request not being submitted. Days begin once we receive the last document.

If your purchase is approved, please make sure to email us or drop us off at our office located at 7300 W McNab Road Suite 220, Tamarac, Fl, 33321 a copy of your warranty deed.

Please, take into account that:
- credit score restrictions may apply.
- rentals restrictions may apply.
- pets' restrictions may apply.
- parking spots restrictions may apply.
- LLCs or Corporations buyers' restrictions may apply

Please, be advised that to process your application in a timely manner, the following requirements must be provided- no exceptions! Please make sure to have the document(s) translated if they are not in English.

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2. All questions must be answered (Full names, Date of Birth, Social Security #, Cars' information, residence history, pets, etc.). All signatures in this document must be wet (ink), no digital signatures.

3. **Copy of Purchase Contract or Lease Agreement**
   If a purchase, the prospective buyer must provide a copy of the preapproval letter from the lender.

   If this is a rental application, the owner(s) must:
   I. Be up to date with all the Association dues (maintenance fees and special assessments)
   II. Provide the **Rental Certificate of Use** approved by the City of Pompano Beach.

4. **Marriage certificate.**

5. **Owner(s) names.** Please, specify who would be included in the deed in purchases.

6. **Copies of everyone's (over 18):** a. Driver's License and b. Social Security Card

7. If a person does not have a United States address at which they have lived for the past 12 months we need a translated CRIMINAL HISTORY FROM COUNTRY OF ORIGIN.

8. **Proof of everyone over 18 income** (3 recent pay stubs, Tax return, W2, 1099, other.)

9. **Copy of vehicle(s) registration, insurance, front and back picture of each vehicle.**

10. **Everyone over 18 years old must fill out both consent forms for background check:**
    a. Authorization for Social Security
    b. Disclosure and Authorization for Consumer Report

YOU MAY **DROP OFF AT THE BLACK BOX BY THE ENTRANCE DOOR OR MAIL** THE DOCUMENTS REQUIRED BUT YOU **MAY NOT EMAIL THEM.**

******** APPLICATIONS MUST BE MAILED TO: 7300 W. McNab Road. Suite 220, Tamarac, FL 33321.
******** If all these requirements are not met, the application will **NOT** be processed.
******** Process begins once **ALL** required documents are received (including estoppels)
******** Once we processed all the documents and received the background check report we submit the Application Package to the Board of Directors. The BOD will call the prospective buyer/tenant directly and schedule the interview.
****** Please, do not contact us repeatedly as this will not expedite the process.**

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DECLARATION BY INDIVIDUAL PURCHASER(S)

I (WE), the intended purchaser(s) of the Apartment Unit Identified Above, declare that I (WE):

1. Acknowledge that I (WE) have received a copy of the following documents:
   (Seller must provide you with the following, if not available, it may be purchased at our office)

A) The Association's DECLARATION OF COVENANTS & RESTRICTIONS
B) The Association's BYLAWS
C) The Articles of Incorporation
D) The Association's current Rules & Regulations.

2. Understand that I (WE) must always abide by the provisions of the DECLARATION OF COVENANTS & RESTRICTIONS, ARTICLES OF INCORPORATION, BYLAWS, and Rules & Regulations.

   The Declaration provides that the units shall be used for single-family residences only. No separate part of a unit may be rented, and no transient tenants may be accommodated.
   The Declaration provides that no unit owner may lease his or her unit without the approval of the Board of Directors. The owner must give written notice including the names and addresses of all occupants and any other information requested by the Association and receive written approval from the Association for all occupants *prior* to residing in a unit.
   The Declaration provides that a unit owner shall not permit or suffer anything to be done which will interfere with the rights of other unit owners or the Association or annoy other unit owners; nor shall a unit owner commit or permit any nuisance.

3. **I (WE) FURTHER ASCERT THAT WE WILL NOT RENT THE UNIT WITH OUT THE PRIOR APPROVAL OF THE ASSOCIATION. I (WE) UNDERSTAND THAT THE ASSOCIATION RESERVES THE RIGHT TO EVICT MY TENANTS IN THE EVENT THAT THE UNIT IS ILLEGALLY RENTED.**

4. **I (WE) UNDERSTAND THAT I (WE) MUST LIVE IN UNIT FOR A MINIMUM OF ONE YEAR PRIOR TO THE UNIT BEING RENTED. IN THE EVENT THE UNIT IS RENTED AND THERE ARE DUES OWED THE ASSOCIATION, THE ASSOCIATION MAY AND WILL GARNISH THE RENT PAYMENTS TO APPLY TO THE OUTSTANDING BALANCE AS MANDATED BY FLORIDA LAW.**

5. Understand that the Association is attempting to create a financially responsible and congenial residential community, and that the proposed transaction will be screened with such purpose in view.

6. Represent that the information concerning myself (ourselves) pertaining to the proposed transaction is current, complete, true, and correct.

7. Hereby release, indemnify, and hold harmless the Association from all liability on account of the Association's investigation, and also the Association's approval/disapproval of the proposed transaction.

_____

WITNESS SIGNATURE (PURCHASER)

Date: _____

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Please, check one: **APPLICATION FOR: [ ] PURCHASE or [ ] RENTAL**

*** ALL LINES MUST BE COMPLETED IN FULL** (IF IT DOES NOT APPLY PUT N/A).
An incomplete application will result in delaying the application process or immediate denial.

Property Address: _____

Name: _____Birthday: _____ Soc. Sec. #: _____

Cell Phone #: _____ Email: _____

Marital Status: [ ] Single, [ ] Married, [ ] Divorce, [ ] Widowed, [ ] Partner

Spouse/Partner's name:_____

Birthday:_____ Soc. Sec. #:_____

Cell Phone #: _____ Email: _____

Name of persons that would be in the Dee/Rental Agreement: _____

If any other person over age 18 will live at this address, please provide:

1. Name: _____ Birthday: _____ Soc. Sec#: _____

   Cell Phone #: _____ Email: _____

2. Name: _____ Birthday: _____ Soc. Sec#: _____

   Cell Phone #: _____ Email: _____

3. Name: _____ Birthday: _____ Soc. Sec#: _____

   Cell Phone #: _____ Email: _____

Children's names and DOB: _____

_____

Are you an active member of the military? _____ If yes, please provide a copy of your military ID

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Cars' information:

Number of cars you will park at this address:_____

Driver's Lic. #: _____ Driver's Lic. #:_____

Make & Model: _____ Year: _____ Plate#: _____

State: ____ Color: ___ Decal #:___

Make & Model: _____ Year:_____ Plate #: _____

State: ____ Color: ___ Deca l#: ____

Has anyone applying ever been convicted of a crime? YES___ NO___ If yes, mention who & explain:

_____

RESIDENCE HISTORY

1. Present Address: _____ City: _____

   State: _____ Zip code: _____

   Landlord's name: _____

   Landlord's phone #: _____

   Period (From-To): _____
   (Please specify if you are/were the owner)

2. Previous Address: _____ City: _____

   State: _____ Zip code: _____

   Landlord's name and phone #:_____ City: _____

   State: _____ Zip code: _____

   Period (From-To): _____
   (Please specify if you are/were the owner)

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EMPLOYMENT REFERENCE

1. Your Employer: _____ Phone #: _____

   Address: _____ Position: _____

   How long: _____ Monthly income: $_____

2. Spouse's Employer: _____ Phone #: _____

   Address: _____ Position: _____

   How long: _____ Monthly income: $_____

BANK REFERENCES

1. Bank's Name:_____ Address: _____

   Officer's Name: _____ Officer's Phone #:_____

PERSONAL REFERENCES

1. Name:_____ Phone #: _____

   Address:_____ City: _____ State:_____

2. Name:_____ Phone #: _____

   Address:_____ City: _____ State:_____

EMERGENCY CONTACT

1. Name: _____ Relationship to applicant: _____

   Address: _____ City: _____ State: _____

   Country_____ Phone #: _____ Email:_____

2. Name: _____ Relationship to applicant: _____

   Address: _____ City: _____ State: _____

   Country_____ Phone #: _____ Email:_____

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OTHER

Have you ever filed an application here before, if yes when?

_____

Have you ever had legal conflict with a landlord? If so, please explain:

_____

_____

Have you ever been evicted from a previous residence? If so, when?

_____

This application is subject to acceptance by the Owner/Association/Landlord. The applicant understands that the Owner/Association/Landlord will authorize DELTA Management Solutions, Inc. to act as their Agent to investigate the information supplied on behalf of the applicant on this application from DELTA Management Solutions, Inc. (and the owner/Association/Landlord) will not be liable or responsible for any inaccurate information in their report, caused by eligibility or wrong information on this application, given by the applicant.
This applicant agrees not to hold DELTA Management Solutions, Inc. and/or the Owner/Association/Landlord liable for the reports received by the investigators. All reports will be obtained under the regulations of the FCRA (Fair Credit Reporting Act). The applicant agrees to sign the Authorization Form, and residence information in reference to this application.
DELTA Management Solutions, Inc. may investigate all references given as deemed necessary and may also require a credit report through a credit-reporting agency. All investigation reports will be handled confidentially and only the results will be reported to the Owner/Association/Landlord or authorized persons. By signing this the applicant authorizes the Owner/Association/Landlord and their agent DELTA Management Solutions, Inc. to investigate the information supplied.
Attached is the signed Authorization Form for release of information.
I hereby state that I have read and understand all Condominium Rules and regulations.

Applicant's signature: _____

Date: _____

Applicant's signature: _____

Date: _____

APPLICANTS: This authorization form will be used only to obtain and verify information with your Employers, Bank, Financial Institutions and Credit Organization, who require your signature and name printed. You give this information in connection with your purchase/rental/lease application as attached.

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AUTHORIZATION TO RELEASE INFORMATION ABOUT MY: EMPLOYMENT, BANKING, CREDIT & RESIDENCE

The requested information will be used in reference to my purchase/rental/lease application. I hereby authorize you to release all the information concerning my Employment, Banking, Credit and Residence and give this information to: DELTA Management Solutions, Inc.

I hereby authorize DELTA Management Solutions, Inc. to investigate all statements contained in my application as may be necessary. I understand that I hereby waive any privileges I may have regarding the requested information to release it to the above-named party.

A copy of this form may be used in lieu of the original.

Applicant 1:

_____ _____

Applicant's Signature Print name

Date: _____

Applicant 2:

_____ _____

Applicant's Signature Print name

Date: _____

Applicant 3:

_____ _____

Applicant's Signature Print name

Date: _____

Applicant 4:

_____ _____

Applicant's Signature Print name

Date: _____

EVERYONE OVER THE AGE OF 18 MUST SIGN THIS PAGE

ONCE THE SALE IS FINAL IT IS IMPERATIVE THAT YOU OR YOUR CLOSING AGENT FORWARD A COPY OF THE WARRANTY DEED INDICATING DATE OF CLOSING AND NAME (S) OF NEW OWNER (S).

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RENT COLLECTION AGREEMENT

Property Address:

_____

Landlord's name: _____ Landlord's Phone #: _____

Tenant's: name: _____ Tenant's Phone #: _____

Move in Date: _____ Rent Amount: $_____

TENANTS:

- When your lease is up, please contact us to let us know, so we can remove your information from the file. If you will be continuing with the rental, please send us a copy of the new lease with the information as to when the new lease will end.

Real Property Law Section 339-kk authorizes Boards to collect rent payments directly from the unit owner's tenants. In this agreement, you, the unit owner, will be notified of your delinquency and advised your rent will be collected by us, as the management company. For the tenant(s), you agree that if you are informed that the unit owner has become delinquent in his Association's dues, you, as the tenant will forward your rental payment(s) to us, Delta Management Solutions, Inc., until the owner's association's dues become current.
In case that the owner would be also delinquent in payment of the water, you, as the tenant will forward your rental payment(s) to us, Delta Management Solutions, Inc., until the owner's water bill becomes current.

By signing this you agree, both owner and tenant(s), for the tenant to forward the rental checks to us until dues become current.

Unit Owners Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

PROSPECTIVE BUYERS MUST SIGN THIS PAGE DESPITE THEY ARE NOT RENTING THEIR UNITS NOW

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PET REGISTRATION FORM

Please, check pets' restrictions of the Association before applying.

BUYERS and RENTERS WITH A PET MUST FILL OUT THIS FORM.

Owners Name(s): _____

Address: _____ Phone#: _____

Pet's information

Pet's Name: _____ Breed of Pet: _____

Sex: _____ Approximate weight of pet(s) full-grown: _____ Age: _____

Please, include in this Application Package:

a-color picture of the pet for identification purposes.

b- proof of pet's insurance and vaccination records.

c- Vet's certificate mentioning the pet is in good condition.

Please, take this into consideration:

- To always walk your dog with a leash.
- The Pet must be in the care of a responsible adult.
- All excrement MUST be picked up by the owner of the dog.

I verify that I have read and understood the above and will abide by the Condos' rules and regulations.

Print Name: _____ Signature: _____Date: _____

Print Name: _____ Signature: _____Date: _____

I do not own a pet

Print Name: _____ Signature: _____Date: _____

Print Name: _____ Signature: _____Date: _____

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ZERO TOLERANCE DRUG POLICY

Address:

……

Date: ……

I understand and agree that this Complex is attempting to be a drug-free environment and the Association Policy of Zero tolerance to illegal drugs on these premises.

I further understand and agree that this policy entitles the Association and the Management company to terminate Rental Agreement of any tenant 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, and to seek immediate legal injunction of any owner.
All this would also apply to owners.

Please, sign below.

---------- ----------
Owner's signature Owner's print name

---------- ----------
Tenant's signature Tenant's print name

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