



DST PROPERTY MANAGEMENT
DEPENDABLE SERVICE YOU CAN TRUST

2300 W. Sample Road #310, Pompano Beach, FL 33073
* Office: 954-933-2353 * www.dstpm.net

IMPORTANT APPLICATION INFORMATION

If your application is incomplete, it will be returned to you by mail along with any fee you may have submitted, and a list of the missing items.

You may then complete the application and re-submit it together with the required fee.

Please provide the name and address which you would like us to use if the application is incomplete and must be returned to you.

Name: _____

Street Address: _____

City: _____ **State:** ____ **Zip:** _____

Telephone #: _____

Email Address: _____

If you do not fill in the information above, we will use the best address available in the application you submitted.

THE ARISTOCRAT CONDOMINIUM ASSOCIATION

ARISTOCRAT CONDOMINIUM ASSOCIATION

c/o DST Property Management
2300 W. Sample Road # 310
Pompano Beach, FL 33073
Office: 954-933-2353 * www.dstpm.net

APPLICATION TO PURCHASE/LEASE

Instructions:

1. Please complete and submit the enclosed application together with a **non-refundable fee of \$150.00 per married couple OR \$150.00 per person 18 years of age or older.** The fee must be in the form of a check, money order or cashier's check made payable to Aristocrat Condominium Association (**cash will not be accepted**). All paperwork **must** be **completed in full**. 700 credit score required.
2. Original Association application – 3 pages (completed & signed).
3. Signed and Agreement to abide by By-laws, Rules & Regulations.
4. Unit Information Sheet (to be completed by applicant).
5. Signed Parking Space Assignment sheet.
6. Signed Authorization Agreement for Association to Collect Rent. ****ALL PARTIES, PLEASE INITIAL & DATE PAGES. SIGNATURES MUST BE NOTORIZED****
7. Frequently Asked Questions and Answer Sheet, copy to applicant – Please initial _____
8. Attach a copy of the fully executed sales contract or the fully executed lease.
9. The Association has 30 days to complete its processing from the date that the **complete application** was received including all fees and any supplemental information required. If a question is not answered adequately or left blank, this application may be returned, not processed and not approved and a resubmittal fee of \$150.00 will be required.
10. A legible color copy of your driver's license, passport or state/federal ID must be included with application for all adult occupants as well as a copy of all current vehicle registrations.
11. Proof of income.
12. The owner must provide the buyer with a copy of the Master Declaration.
13. All applicants must make themselves available for a personal interview prior to final Board of Directors approval. Occupancy prior to Board approval is prohibited.
14. Are any of the prospective residents on this application an active service member as defined in S. 250.01 Florida Statutes. Circle Yes or No.

Fees Required:

1. \$250.00 Move-in deposit (due prior to move-in deposit and refundable, provided no damage occurs).
2. Lease applications only, \$250.00 security deposit (refundable at the end of final lease period, less any unpaid fines incurred during the rental period).

Occupancy Restrictions:

1. No commercial vehicles, trailers, motor homes, mobile homes, campers, recreational vehicles etc. are permitted on the premises.
2. Use of this unit is for single-family residence only. A single-family is a single person or domestic partnership/husband and wife and their children.

Applicant(s) sign to acknowledge X _____ Date _____

Applicant(s) sign to acknowledge X _____ Date _____

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: _____

Purchase Lease Occupant Apt.# _____ Bldg.# _____ Address applied for: _____

Full Name _____ **Date of Birth** _____ **Social Security #** _____

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 _____

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 _____

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 _____

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 _____

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 _____

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 _____

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 _____

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)

THE ARISTOCRAT CONDOMINIUM ASSOCIATION

To: The Board of Directors
Aristocrat Condominium Association, Inc.

I/We submit this application regarding my/our PURCHASE/LEASE of Unit # _____ in The Aristocrat Condominium Association.

I/We understand that acceptance of this purchase or lease is conditional upon the truth and accuracy of information included herein and any information that may be subsequently furnished by the applicant(s) and the approval by the owner and the Board of Directors of the Aristocrat Condominium Association.

I/We specifically authorize you to make such investigation of my/our background as the Board may deem necessary. I/We agree that the information contained herein may be used in the investigation and that the Board of Directors and Officers of the Aristocrat Condominium Association and their agents shall be held harmless from any action of claim by me/us in connection with the use of the information contained herein or any related investigation conducted.

I/We have received a copy of:

- 1. The Condominium Documents (Purchasers only): Yes _____ No _____
- 2. Rules and Regulations: Yes _____ No _____
- 3. Frequently Asked Q&A Sheet: Yes _____ No _____

I/We hereby agree that I/We and all persons who may use the apartment will abide by the By -laws and Rules and Regulations which may in the future be adopted.

I/We understand that sub-leasing or occupancy of this unit in my/our absence is not permitted without prior approval of the Board of Directors.

In making this application, I/We are aware that the decision of the Board of Directors of the Aristocrat Condominium Association, Inc. will be final and that no reason will be given for any action taken by the Board. I/We agree to be governed by the determination of the Board of Directors.

Approximate Closing Date: _____ OR Lease Term: From: _____ To: _____
For Purchasers Only: The purpose of this purchase is for use as a Permanent Residence ___ OR Seasonal Residence ___ OR other _____.

Applicant Signature

Today's Date

Co-Applicant Signature

Today's Date

THE ARISTOCRAT CONDOMINIUM ASSOCIATION

UNIT INFORMATION SHEET

Name of Owner(s) /Tenant(s): _____ Unit # _____

Mailing Address (if different than residence): _____

City: _____ State: _____ Zip: _____

Out of State Residence Address:

Address: _____ State: _____ Zip: _____

Country: _____

Contact Information:

Home Telephone #: _____ Cell #: _____ Office #: _____

Fax #: _____ E-Mail Address: _____

Emergency Contact:

Name: _____ Phone #: _____

Does emergency contact person have key to your unit? _____

Occupants in Unit: List Only Those Individuals Who Will Be Residing In The Unit

Name	Relationship
_____	_____
_____	_____

Vehicles(s) Information:

Make: _____ Model: _____ Year: _____ Color: _____ Tag # _____

Make: _____ Model: _____ Year: _____ Color: _____ Tag # _____

THE ARISTOCRAT CONDOMINIUM ASSOCIATION

ASSIGNMENT OF USE OF PARKING SPACE

The undersigned has acquired Unit # _____ in the ARISTOCRAT CONDOMINIUM ASSOCIATION and has been assigned the use of the parking space described below in accordance with the Declaration of Covenants and Restrictions.

Now, Therefore, it is agreed as follows:

1. There is hereby assigned to the undersigned the use of (1) parking space, numbered _____ effective herewith.
2. This Assignment of use of parking space is for the exclusive use of the unit owner/tenant. The parking space shall be maintained, occupied and transferred solely in accordance with the provisions of the Declaration of Covenants and Restrictions.
3. The Assignment shall be noted and maintained by the Association for such purpose.

I hereby state that my vehicle is a standard-size, non-commercial (no commercial markings) passenger vehicle that complies with the condominium Rules and Regulations of which do not allow trucks. I also understand that parking on the condominium property is limited to the number of spots owned by the unit (usually one).

THIS ASSIGNMENT dated this _____ day of _____, 20_____.

ARISTOCRAT CONDOMINIUM ASSOCIATION

Unit Owner/Tenant

Unit Owner/Tenant

THE ARISTOCRAT CONDOMINIUM ASSOCIATION

**AUTHORIZATION AGREEMENT FOR ASSOCIATION TO COLLECT RENT
UPON DELINQUENCY IN MAINTENANCE PAYMENTS**

Page 1 of 2

WHEREAS, _____ (herein "Owner"), is/are the owner/owners of record of unit _____ located at 1200 Hibiscus Avenue, Pompano Beach, Florida in the Aristocrat Condominium (herein the "condominium"), as described in the Aristocrat Condominium (herein the "Condominium"), as described in the Declaration of Condominium as amended, recorded in the public Records of Broward County, at Official Records Book 4723, Page 244, as amended; and

WHEREAS, the Aristocrat Condominium Association, Inc. (herein "Association") is the entity charged with the operation and management of the Condominium, and

WHEREAS, Owner desires to lease the unit to

(herein "Lessee(s)" pursuant to a lease submitted herewith, and

WHEREAS, the parties desire the approval of the Association for this lease pursuant to Article 12 of the Declaration.

NOW, THEREFORE, in consideration of the mutual covenants contained herein and for other good and valuable consideration, the receipt and adequacy of which is expressly acknowledged, the parties hereto agree as follows:

1. Upon the Execution and delivery of this Authority Agreement, and the submission of any other documentation required by the Association, the Association shall provide he necessary approval for the lease.
2. If, at any time during the tenancy or term of the lease, Owner becomes delinquent in payments of assessments to Association, Owner and Lessee(s) agree that Association shall have the power, right and authority to demand lease payments directly from the Lessee(s) and deduct such past-due assessments, cost and attorney fees, if any, as may be delinquent. Further, Owner and Lessee(s) agree that Lessee(s) will pay the full rental payment due, to the Association, upon written demand. Owner expressly absolves Lessee(s) from any liability to Owner for unpaid rent under the Lease Agreement if such payment is made directly to Association upon demand from Association. If any funds are left over after deduction of amounts owed, the Association shall immediately remit the balance to Owner at the address listed in the Association's records.
3. Should Lessee(s) fail to comply with the demands of the Association within three (3) days of receipt of a demand for payment hereunder, the Association is hereby granted the authority to obtain a termination of the tenancy, in the name of Owner, though eviction proceedings, or to seek injunctive relief or specific performance under this contract. Owner and Lessee(s) further agree that if such legal action becomes necessary, the Association shall be entitled to recover reasonable attorney's fees and costs, including appeals, from Owner. Any such costs shall be demanded to be a special assessment against the unit and collectable in the same manner as any special assessment, pursuant to the Declaration of Condominium.

Initial _____ Date _____
Initial _____ Date _____

Initial _____ Date _____
Initial _____ Date _____

AUTHORIZATION AGREEMENT FOR ASSOCIATION TO COLLECT RENT
UPON DELINQUENCY IN MAINTENANCE PAYMENTS

Page 2 of 2

AGREED TO this _____ day of _____, 20_____.

ARISTOCRAT CONDOMINIUM ASSOCIATION, INC.

Owner

Tenant

Owner

Tenant

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, who is personally known to me or who has produced _____ as identification.

NOTARY PUBLIC:

Signed: _____

Print Name: _____

Seal:

THE ARISTOCRAT CONDOMINIUM ASSOCIATION

To The Aristocrat Condominium Association Board of Directors:

With regards to My/Our Aristocrat Condominium Association application for Unit # _____ submitted on the _____ day of _____, 20____.

I/We understand that the Interview is only part of many in the vetting process.

I/We understand the vetting process can take up to 30 days and that the interview may take place in the beginning, middle, or end, during this 30 day period.

I/We understand that we shall not make any assumption that I/We have been approved until the Board President and Board Secretary have signed the Certificate of Approval document.

CURRENT OWNER

BUYER/TENANT

Print Name

Print Name

Applicant Signature

Owner Signature

Print Name

Print Name

THE ARISTOCRAT CONDOMINIUM ASSOCIATION

PETS

NO PETS OF ANY KIND ARE ALLOWED ANYWHERE IN THE BUILDING. If a pet or pets should be found upon the premises of any owners, lessees or guests, the Board of Directors is authorized to file whatever papers are necessary, including the seeking of an injunction and by continuing to keep a pet or pets on the premises, the owner of the apartment submits to a hearing on petition or injunction without notice, and authorizes the court to grant same in the event of violation of this rule. By continuing to violate this rule, the owner of the apartment submits themselves to the payment of attorney's fees and costs in connection with the enforcement of this rule, whether the case comes to a conclusion by a court decision or otherwise.

Applicant Signature

Date

Applicant Signature

Date

THE ARISTOCRAT CONDOMINIUM ASSOCIATION
FREQUENTLY ASKED QUESTIONS AND ANSWERS SHEET

- Q. What are my voting rights in the condominium association?
A. Each unit is entitled to one vote. Only one person with respect to each unit's ownership is entitled to cast that unit's vote. If a unit is owned by more than one person, those persons shall designate one amongst themselves as the voting representative entitled to cast their unit's vote at any meeting of the unit owners. (PLEASE REFER TO ARTICLE 9.7 OF THE DECLARATION OF CONDOMINIUM AND TO ARTICLE 2.4 OF THE BY-LAWS OF THE ASSOCIATION FOR MORE INFORMATION ON VOTING AND THE DESIGNATION OF A VOTING REPRESENTATIVE.)
- Q. What restrictions exist in the condominium documents on my right to use my unit?
A. There are several restrictions on the use of your unit which include limitations on: pets, alterations of unit exteriors and the use of common elements. (THIS LIST IS NOT ALL INCLUSIVE, PLEASE REFER TO ARTICLES 8 AND 12.4 OF THE DECLARATION OF CONDOMINIUM AND TO THE RULES AND REGULATIONS OF THE ARISTOCRAT CONDOMINIUM ASSOCIATION, INC. FOR MORE INFORMATION ON THE USE OF YOUR UNIT.)
- Q. Can I own my unit with another family?
A. Unit ownership is for a single family household use only. No exceptions.
- Q. What restrictions exist in the condominium documents on leasing of my unit?
A. No unit owner may dispose of a unit or any interest therein by lease without the prior approval of the association. Occupancy of a unit under a lease may only be by the lessee and his family and guest. No lease application will be approved where the prospective lessee owns a pet. No leases are permitted during the first twenty-four 24 months a unit owner holds record of title to a unit. Subsequent to the first 24 months of ownership, a unit owner may not lease or rent his unit more than in any twelve (12) month period or once in any calendar year for a term not less than three (3) months. (PLEASE REFER TO ARTICLE 12 OF THE DECLARATION OF CONDOMINIUM AND TO THE CERTIFICATE OF AMENDMENTS TO THE DECLARATION DATED DECEMBER 4, 1991, AND RECORDED IN OFFICIAL RECORD BOOK 19037, AT PAGE 777 OF THE PUBLIC RECORDS OF BROWARD COUNTY, FLORIDA FOR FURTHER EXPLANATION OF YOUR RIGHTS TO LEASE YOUR UNIT.)
- Q. Can my friends and family come to stay in my unit anytime?
A. Guests are permitted to visit twice per year, three (3) weeks maximum per visit.
- Q. Is my parking space(s) deeded or assigned?
A. Parking spaces are assigned.
- Q. Are there any restrictions on parking and type of vehicle permitted?
A. Yes, parking vehicles are limited to the number of spaces assigned to the unit. No commercial vehicles or trucks permitted.
- Q. How much are my assessments to the condominium association for my unit type and when are they due?
A. Assessments are due and payable monthly on the first day of each month. Regular monthly assessments are based on unit type and square footage. The following assessments figures are based on the 1999 Operation Budget. These figures do not include any special assessments which may be levied and it subject to change. Unit _____ being a _____ bedroom unit will pay a regular monthly assessment of \$_____. Assessment payments not received by the 10th of the month will be subject to a \$25.00 late fee. (PLEASE REFER TO ARTICLE 6 OF THE DECLARATION OF CONDOMINIUM, EXHIBIT A THERETO, ARTICLE 6.3 OF THE BY-LAWS OF THE ASSOCIATION, AND TO THE CERTIFICATE OF AMENDMENTS TO THE BY-LAWS DATED DECEMBER 4, 1991, AND RECORDED IN OFFICIAL RECORDS BOOK 19037, AT PAGE 777 IN THE PUBLIC RECORDS OF BROWARD COUNTY, FLORIDA FOR MORE INFORMATION ON ASSESSMENTS AND TO DETERMINE YOUR UNIT'S PERCENTAGE OWNERSHIP OF COMMON ELEMENTS.)

FREQUENTLY ASKED QUESTIONS AND ANSWERS SHEET

- Q. Do I have to be a member in any other association? If so, what is the name of the association and what are my voting rights in this association? Also, how much are my assessments?
- A. No. There is no other association in which your membership is required.
- Q. Am I required to pay rent on land use fees for recreational or other commonly used facilities? If so, how much am I obligated to pay annually?
- A. Your association entered a 99-year lease with Plaza Incorporated, a Florida corporation on December 15th, 1971, for the use of various recreational amenities associated with the Aristocrat Ocean and Lakeview Condominium.
- Unit owners owning two bedroom units will pay \$589.44 annually for the recreation lease.
 - Unit owners owing one bedroom units will pay \$517.44 annually for the recreation lease.
- Q. Is the condominium association or other mandatory membership association involved in any court cases in which it may face liability in excess of \$100,000? If so, identity each such case.
- A. No. There is currently no litigation in which the association is involved which would subject it to liability in excess of \$100,000. NOTE: THE STATEMENTS CONTAINED HEREIN ARE ONLY SUMMARY IN NATURE. A PROSPECTIVE PURCHASER SHOULD REFER TO ALL REFERENCES. EXHIBITS HERETO. THE SALES CONTRACT, AND THE CONDOMINIUM DOCUMENTS.