



12301 S.W. 132 Court Miami, Florida, 33186  
Phone: (305)251-3848 – Fax: (305)251-3849

## **APPLICATION PROCESS**

1. Applications must be complete and filled out completely.
  - a. Please check that all initials and signatures are duly entered.
  - b. Incomplete applications will not be accepted.
  - c. Checklist for forms, documents attached for your convenience.
  
2. Applications are accepted:
  - a. Via email at em@caribbeanproperty.cc
  - b. In person at the office:
    - Monday – Friday, 8:00 am to 4:30 pm.
    - Closed for lunch from noon to 1:00 pm.
  - c. We do not offer a RUSH service or fee application processing
  
3. The processing of your application can take up to 15-20 days, so please plan accordingly. The applicant;
  - a. will be contacted as soon as the application has been received.
  - b. information processed, and any missing information will be requested.
  - c. will be advised in writing as soon as the decision has been made.
  - d. owners or renters may not move in until Association approval is granted.
  
4. Calls to the office to inquire about status will only **delay processing**.
5. Applicants should work through their real estate broker if one is retained.

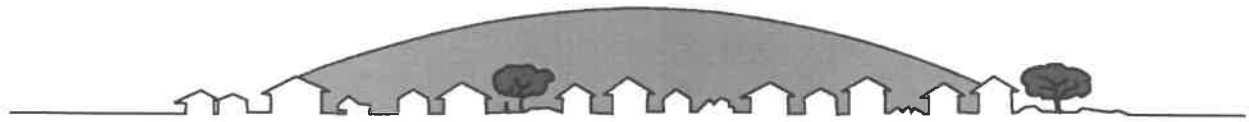
### **CHECKLIST**

6. The following **DOCUMENTS** are required:
  - a. Copy of driver's license front for anyone over 18
  - b. Police records for anyone over 18
  - c. Copy of Marriage Certificate, if applicable
  - d. Copy of sale or lease contract, as applicable
  - e. Corporate Resolution, if applicable
  - f. Copy of HUD settlement or warranty deed **MUST** be submitted to our office after closing

Application Process and Checklist Updated 10-Apr-24



- g. Copy of HUD settlement or warranty deed **MUST** be submitted to our office after closing
7. The following **PAYMENTS** must be submitted:
- a. **non-refundable fee of \$150 for processing of each application 18 years of age and older**  
Payment can be made with debit care, credit card and or money order made out to **Caribbean Property Management**. (Husband and Wife count as one application, must show proof if last name differs. i.e., Marriage Certificate)
  - b. **non-refundable fee of \$20 for notary stamp provided on the approval certificate**. Payment can be made with debit care, credit care and or money order made out to **Caribbean Property Management**.
  - c. Estoppel must be requested by our office for any sale application. Estoppel form can be request via email to [screeningcpm@caribbeanproperty.cc](mailto:screeningcpm@caribbeanproperty.cc) .
  - d. There will be a 10% processing fee per transaction applied to credit card and debit cards.
  - e. Certificate of approval can be sent via email upon request and original certificate can be mailed once address is provided.



**Caribbean Property Management, Inc.**

*Professional Community Association Management*

**Puerta Del Sol Homeowners Association**

Property Address:

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Circle one:            3/2            2/2            4/3

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Rental Amount:

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Lease Term:

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**Please note you must provide proof of income by  
providing one of the following:**

**W-2, employer letter, or last four paychecks.**



**CONTACT INFORMATION:**

Name of the current property owner(s):

\_\_\_\_\_

Property Address:

\_\_\_\_\_

Circle One: Seller's/Buyer's

Realtor's Name:

\_\_\_\_\_

Realtor's Contact #:

\_\_\_\_\_

PUERTA DEL SOL HOMEOWNERS ASSOCIATION, INC

Occupant Information Sheet

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

**Homeowner (s):**

Names: \_\_\_\_\_

Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

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

**Tenants (s): (If other than homeowner)**

Names: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Names: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Names: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Names: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Phone: Home # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

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

**Children:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

**Other Family:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Rel: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Rel: \_\_\_\_\_

**Vehicles:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Tag: \_\_\_\_\_ State: \_\_\_\_\_ Year: \_\_\_\_\_

**PUERTA DEL SOL HOMEOWNERS ASSOCIATION, INC**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Tag: \_\_\_\_\_ State: \_\_\_\_\_ Year: \_\_\_\_\_

**Pets:**

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

Male/Female Dog/Cat Weight: \_\_\_\_\_

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

Male/Female Dog/Cat Weight: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_



In case of an emergency, who should we call? (Should be someone with a key)

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

Relation: \_\_\_\_\_

Phone: Home # \_\_\_\_\_ Cell # \_\_\_\_\_

# First Advantage

## Application Form

<b>Application Information</b>		
Name:		
Date of birth:	SSN:	
Phone#:		
Email:		
Current Address:		
City:	State:	Zip Code:
Previous Address:		
City:	State:	Zip Code:
<b>Employment Information</b>		
Current Employer:		
Employer Address:	How many years?	
City:	State:	Zip Code:
Phone:		
Position:	Monthly income:	
<b>Co-applicant Information</b>		
Name:		
Date of Birth:	SSN:	
Phone#:		
Email:		
Current Address:		
City:	State:	Zip Code:
Previous Address:		
City:	State:	Zip Code:
<b>Co-application Employment Information</b>		
Current employer:		
Employer address:	How many years?	
City:	State:	Zip Code:
Phone:		
Position:	Monthly income:	
<b>References</b>		
Name:	Address:	Phone:
I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.		
Signature of Applicant:		Date:
Signature of co-applicant:		Date: