



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 .
 - 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.



CONTACT INFORMATION:

Name of the current property owner(s):

Property Address: _____

Circle One: Seller's/Buyer's

Realtor's Name: _____

Realtor's Contact #: _____



ESTOPPEL DEPARTMENT

When requesting an Estoppel, Pud, Questionnaire or Refinancing please follow the instruction below:

- **Please ensure that when requesting information, the following are with your documents:**
 - A. **Owner/Seller(s) Name:** _____
 - B. **Purchaser/Buyer(s) Name:** _____
 - C. **Property Address:** _____
 - D. **Association Name:** _____
 - E. **Email (Required):** _____

- Please direct all requests to Caribbean Property Management, Inc. Estoppels Department c/o Caribbean Property Management, Inc., 12301 S.W. 132nd Court, Miami, Fl 33186, attention estoppel department.
 - **A PROCESSING FEE OF \$299.00 FOR 10-BUSINESS DAYS TURNAROUND.**
 - **ADDITIONAL \$119.00 FEE FOR A RUSH 3- BUSINESS DAYS TURNAROUND.**
 - **IF THE ACCOUNT IS IN LEGAL COLLECTION AN ADDITIONAL \$179.00 WILL BE REQUIRED.**

(Please note these fees are in accordance with Florida statute 720.30851.)

- A pre-paid self-address envelope is required to receive original Estoppels. If one is not provided, you will only receive it via email.

- **WE DO NOT WORK WITH FAXED COPIES. IN ORDER TO COMPLETE YOUR REQUEST AN ORIGINAL REQUEST FORM MUST BE COMPLETED AND MONEY ORDER/CASHIER CHECK MUST BE ATTACHED MADE PAYABLE TO CARIBBEAN PROPERTY MANAGEMENT, INC. OR SEND EMAIL REQUEST TO SCREENINGCPM@CARIBBEANPROPERTY.CC**

- WEEKEND AND HOLIDAYS ARE EXCLUDED.

- Communities requiring association Board of Directors approval and/or interview will take longer to process.

- The processing fee is the same for any transaction Sales, Pud, Questionnaire or Refinancing.

- To update all Estoppel information please email back the original we sent you to SCREENINGCPM@CARIBBEANPROPERTY.CC This will be updated within 48 hours turn around.

ACCEPTABLE FORMS OF PAYMENT: CREDIT CARD, DEBIT CARD, MONEY ORDER OR CASHIER'S CHECK.

Thank you for your cooperation and if you have any further questions, please do not hesitate to call our office at (305)251-3848.

ESTOPPEL DEPARTMENT
CARIBBEAN PROPERTY MANAGEMENT, INC.

*****There will be a 10% processing fee per transaction applied to credit card & debit card payments*****

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

Application Information		
Name:		
Date of birth:	SSN:	
Phone#:		
Email:		
Current Address:		
City:	State:	Zip Code:
Previous Address:		
City:	State:	Zip Code:
Employment Information		
Current Employer:		
Employer Address:		How many years?
City:	State:	Zip Code:
Phone:		
Position:		Monthly income:
Co-applicant Information		
Name:		
Date of Birth:	SSN:	
Phone#:		
Email:		
Current Address:		
City:	State:	Zip Code:
Previous Address:		
City:	State:	Zip Code:
Co-application Employment Information		
Current employer:		
Employer address:		How many years?
City:	State:	Zip Code:
Phone:		
Position:		Monthly income:
References		
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: