

# CASTLE #12 CONDOMINIUM, INC.

APPLICATION RECEIVED  
BY RENAISSANCE ON:

\_\_\_\_/\_\_\_\_/\_\_\_\_

## SALE APPLICATION

- **Incomplete applications will not be accepted**
- Occupancy prior to board approval is strictly prohibited.
- The association has **30 days** to approve or deny the application from the date the application is **COMPLETE**.
- An application must be completed by **EACH** resident over the age of 18.
- The application fee is **\$150.00 (non-refundable)** and it's required for **EACH** resident over the age of 18.
- Husband and wife should complete one application and pay one application fee.
- Acceptance of the application for processing does not guarantee approval.
- Purchaser is responsible for obtaining association documents and keys from current owner.
- **675 MINIMUM CREDIT SCORE REQUIRED FOR ALL SALES.**

### HOW TO SUBMIT YOUR APPLICATION:

- **OPTION 1:** Email all documents to [applications@rmgsouthflorida.com](mailto:applications@rmgsouthflorida.com) and mail the application fees
- **OPTION 2:** Drop off all documents at the RMG office listed below



### **PROPERTY MANAGEMENT COMPANY:**

- Renaissance Management Group, Inc.
- 1773 N State Road 7 - suite 200, Lauderhill, FL 33313
- Hours: Monday -Friday, 9am – 5pm

### **PROPERTY YOU ARE APPLYING TO:**

<b>Association Name</b>	<i>Castle #12 Condominium, Inc.</i>		
<b>Property Address</b>			
<b>Real Estate Agent</b>		<b>Agent Phone Number</b>	
<b>Agent Email</b>			
<b>Closing Date</b>			

**IMPORTANT:** Please ensure that all questions are answered fully and accurately to the best of your knowledge. Castle #12 Condominium is not liable for any inaccuracies in the financial check or background report associated with this application. Additionally, the applicant acknowledges and agrees that Castle #12 Condominium may utilize external sources to gather information.

# IMPORTANT REQUIREMENTS

- **675 MINIMUM CREDIT SCORE REQUIRED FOR ALL SALES.**
- **CASTLE #12 CONDOMINIUM, INC. IS A 55+ COMMUNITY.** At least one person (owner/occupant) must be aged 55 years or older and must permanently occupy the unit. No sale or lease will be approved to any buyer or lessee under 55 years old. No children under eighteen (18) is be permitted to reside permanently. *Castle #12 Condominium Association is a condominium community maintained and operated in accordance with the provisions of the Housing for Older Persons Exemption to the Fair Housing Amendments Act of 1988. To maintain compliance with the above-mentioned provisions, at least 80% of the occupied units within the Association must be occupied by at least one person 55 years of age or older.*
- **SELLING OR RENTING THE UNIT IS NOT ALLOWED DURING THE FIRST TWENTY-FOUR (24) MONTHS OF OWNERSHIP.** Renting is only allowed for 6 months per year.
- A **MINIMUM DOWN PAYMENT OF 10% OF THE PURCHASE PRICE** is required. This amount must be reflected in the purchase contract.
- **NO INVESTORS ARE ALLOWED TO PURCHASE.**
- Any guest or family member staying in the unit for more than **30 days** must complete the application process. Prospective buyers and/or renters are not considerate guests prior to screening. Therefore, are not to be in residence until the approval has been received by the Board of Directors.
- The number of persons residing in a unit shall be limited to two (2) persons per bedroom.

## **HOW TO REQUEST AN ESTOPPEL LETTER OR QUESTIONNAIRE:**

- Go to [www.condocerts.com](http://www.condocerts.com)
- Create an account and search the property address
- Select Product (Estoppel, Standard Questionnaire, or Custom Questionnaire)
- Make the payment

## **HOW TO REQUEST INSURANCE INFORMATION:**

- To request a certificate of insurance, please call (877) 456-3643 (EIO Direct) or request one online by visiting [www.eoidirect.com](http://www.eoidirect.com).
- There is a delivery charge for mortgagee clause additions. There is no cost to register for this service and Master Policy Information is available – free of charge online.

## **CLOSING INSTRUCTIONS**

- Any pending Special Assessment must be collected in full at closing
- Delinquent accounts must request an official Payoff Letter
- A copy of the Warranty Deed and Settlement Statement must be sent to Renaissance Management Group once the property has closed.

**✓ DOCUMENTS CHECKLIST:**

Applicant 1 INITIALS	Applicant 2 INITIALS	
		Complete Sale Application Form (this form)
		Copy of Executed Sale Contract
		\$150 Application Fee per occupant ( <b><u>Cashier's Check or Money Order ONLY</u></b> ) It must be payable to <b>Castle #12 Condominium, Inc.</b>
		Copy of Driver's License or Government Issued ID for all adult occupants
		Birth certificates of ALL children ( <i>if applicable</i> )
		Marriage License ( <i>if applicable</i> )
		Copy of Vehicle Registration
		Copy of Vehicle Insurance
		Copies of last 2 months Bank Statements
		Copies of last 2 months Paystubs or Social Security Administration Letter
		Copies of last 2 years Tax Returns
		Copy of Pre-approval or Loan Commitment Letter ( <i>if applicable</i> )

**LIST OF ALL PERSONS WHO WILL LIVE IN THE UNIT:**

Full Name	Date of Birth	Relationship

\_\_\_\_\_ Total Number of Adults who will occupy the home (18 or older)

\_\_\_\_\_ Total Number of Children who will occupy the home (under 18)

\_\_\_\_\_ Total Number of Vehicles

\_\_\_\_\_ Total Number of Pets

## APPLICANT(S) INFORMATION

	Buyer 1	Buyer 2
Name		
Phone Number		
Email		
Date of Birth		
Social Security #		
Driver License #		
Have you ever been convicted of a felony?	[ ] yes [ ] no	[ ] yes [ ] no

## EMPLOYMENT DETAILS

	Buyer 1	Buyer 2
Employer Name		
Employer Phone		
Supervisor Name		
Annual Salary		
Position Held		
Hire Date		
Other Income		

## CHARACTER REFERENCES (No Family Members)

	Buyer 1	Buyer 2
Reference 1 Name		
Phone Number		
Relationship		
Known How Long		

Reference 2 Name		
Phone Number		
Relationship		
Known How Long		

## RESIDENTIAL HISTORY

<b>Current Address</b>			
<b>Moving Out Reason</b>			
<b>Date of Residency</b>	From:	To:	<b>Rent Amount</b> \$
<b>Landlord Name</b>		<b>Landlord Phone</b>	

<b>Previous Address</b>			
<b>Moving Out Reason</b>			
<b>Date of Residency</b>	From:	To:	<b>Rent Amount</b> \$
<b>Landlord Name</b>		<b>Landlord Phone</b>	

## VEHICLE INFORMATION

<b>Make &amp; Model:</b>	<b>Year:</b>	<b>License Plate:</b>	<b>Color:</b>

## EMERGENCY CONTACT

<b>Name</b>	
<b>Phone Number</b>	
<b>Relationship</b>	
<b>Address</b>	

## BANK REFERENCES

<b>Bank Name</b>	
<b>Address</b>	
<b>Phone Number</b>	
<b>Account Type</b>	

## PETS that will occupy the unit

<b>Name</b>	<b>Type/Breed</b>	<b>Color</b>	<b>Wight (lb)</b>	<b>Age</b>

# APPLICANT AUTHORIZATION I

(We) fully authorize investigation of all answers and references given;

(We) acknowledge we cannot occupy the premises without proper authorization from the Association;

(We) agree that false or incomplete applications will be rejected;

(We) acknowledge the processing of this application may take 4 weeks;

(We) agree that no transient occupancy is allowed and a copy of each lease and renewal lease agreements must be provided to the association prior to initiation of renewal;

(We) hereby issue authority and permission, while holding harmless the credit bureau and Renaissance Management Group, Inc., releasing them and their agents, employees and members from any losses, expenses or damages sustained directly or indirectly by me or others, from information disclosed in their investigative report whether made orally or in writing.

## **(WE) CERTIFY THE FOREGOING TO BE TRUE AND CORRECT:**

The Association and its Agent, in the event of consent to a Sale, hereby authorizes Renaissance Management Group to act as our agent with full power and authority to take such action as may be required, if necessary, to compel compliance by our Lessee(s) and/or their guests, with provisions of the Declaration of the Association. Its supportive exhibits, rules and regulations of the Associations, or in the instance of any violation of any of the above by the Lessee(s) and/or their guests, under appropriate circumstances, to terminate the Leasehold. The Lessor agrees to reimburse the Association for any attorney fees and costs incurred as Lessor's agent in such enforcement of Lease termination.

**Applicant 1 Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

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

**Applicant 2 Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

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

## APPLICANT AUTHORIZATION II

By physically or electronically signing your full name below, you declare that all your statements in this application are true and complete. If you fail to answer any question or give false information, the property may reject your application, retain all application fees and deposits as liquidated damages for its time and expense, and terminate your right of occupancy.

By submitting this application, you are directing and authorizing Renaissance Management Group, Inc. & Castle #12 Association, Inc. to verify the information you have provided and obtain additional background information about you through any means, including (i) using a third party consumer reporting agency such as AppFolio, Inc., 50 Castilian Dr. Goleta, CA 93117 - (866) 648-1536 to prepare a consumer report or an investigative consumer report and/or (ii) verifying information by contacting personal and professional references, employers, and other rental housing owners. You further direct and authorize Renaissance Management Group, Inc. & Castle #12 Association, Inc. to obtain from any law enforcement agency, present or past employer or supervisor, landlord, finance bureau/office, credit bureau, collection agency, college, university or other institute of learning or certification, private business, military branch or the national personnel records center, personal reference and/or other persons, and authorize the same to give records or information that any such entities may have concerning your status as a registered sex offender (as allowed by law), criminal history (as allowed by law), motor vehicle/driving history, earnings history, credit history, character, general reputation, personal characteristics, mode of living, employment records, record of attendance and earned degrees or certificates, or any other information requested, whether the said records are private or public, and including those which may be deemed to be privileged or confidential in nature. Preparation of all consumer reports and investigative consumer reports will follow federal, state and local laws and regulations.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any consumer report or investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regards to applicants is an investigation into your prior rental history, education, and employment.

I am authorizing Renaissance Management Group, Inc. to conduct the background check(s) described above.

I am consenting to use electronic means to (i) sign this form, (ii) receive the Applicant Authorization appearing above, and (iii) receive any legal notices electronically.

**Applicant 1 Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

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

**Applicant 2 Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

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

# ELECTRONIC TRANSMISSION OF CONDOMINIUM NOTICES

FS 718.112

If you agree to receive your notices of Special Assessments, meetings and general association notices via email, please fill out the following form:

I/We, \_\_\_\_\_ owner(s) of Unit \_\_\_\_\_ at *CASTLE #12 ASSOCIATION, INC.*, do hereby agree to receive notices regarding special assessments, meetings and general association notices via electronic transmission.

Please send any notice of special assessments, meetings, and general association notices to the following emails:

- Applicant 1 Email: \_\_\_\_\_
- Applicant 2 Email: \_\_\_\_\_

I agree that if I wish to rescind my agreement to receive my notices via electronic transmission, I will notify the property manager by emailing [info@rmgsouthflorida.com](mailto:info@rmgsouthflorida.com) a request to update my preferences back to regular mail.

**Applicant 1 Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

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

**Applicant 2 Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

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

# VOTING CERTIFICATE

This form is necessary if there is more than one owner of the unit - only ONE unit owner per unit may vote. Per section 2.7 (2) of by-Laws, all unit owners whose name appears on the deed must sign this form. In addition, one must be selected to cast the ballot at the annual Election of Directors.

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

Designated person who shall exercise the voting rights assigned to said unit at any meeting of  
*CASTLE #12 ASSOCIATION, INC.*, either in person or by proxy:

\_\_\_\_\_

Signature of all owners on the deed:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

- The certificate must be executed for each unit owned by one or more persons or by a corporation or trust. The purpose is to designate the person who may exercise the voting rights assigned to said unit.
  
- Note: The person designated above must be one of the owners of the unit or in the case of a corporation, an officer, or in the case of a trust, a trustee or beneficiary.

# PET REGISTRATION FORM & RULES ACKNOWLEDGEMENT

(This form must be signed by a veterinarian – WEIGHT LIMIT 20lb)

I DO NOT HAVE A PET: \_\_\_\_\_  
**Signature**

## NECESSARY DOCUMENTS:

Please Initial:	
	Complete Pet Form for EACH pet
	Recent photo of the pet
	Proof of Vaccination
	Emotional Support or Service Animal Card and Letter (if applicable)

<b>Pet Owner's Name</b>	
<b>Pet Owner's Phone</b>	
<b>Unit Address</b>	
<b>Association Name</b>	

<b>Pet's Name</b>		<b>Type/Breed</b>	
<b>Gender</b>		<b>Color</b>	
<b>Weight</b>		<b>Age</b>	
<b>Neutered/Spayed?</b>			
<b>Broward County License</b>			

<b>Veterinarian's Name</b>	
<b>Veterinarian's Phone</b>	
<b>Veterinarian's Email</b>	
<b>Veterinarian's Signature</b>	

I/We hereby certify that the above information is true and correct. I/We understand that I/we am/are fully responsible for the actions of my/our pet(s) and I/We agree to abide by the Pet Rules as it relates to control of the pet(s) so as not to cause a nuisance, to have it on a leash while outside, and I/we agree to clean-up after the pet(s). By signing below, I/we acknowledge that I/we have read and understand the pet rules and regulations. I/We understand that violations of the Rules and Regulations and Governing Documents regarding pets can lead to fines and restriction of my/our rights to have a pet and the expulsion of my/our pet from the Association property.

**Pet Owner Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CASTLE 12 CONDOMINIUM, INC.  
4751 NW 21st STREET  
LAUDERHILL, FL 33313  
Castlegardens12@gmail.com**

## **Rules and Regulations**

**As a Condominium, one of the ways we control costs is with unit owners volunteering their services. The officers, directors and others help by contributing time, services and light labor. Please consider volunteering and serving on the Board of Directors.**

1. A \$150 dollar non-refundable application and background check fee shall be paid by the purchaser of any condo to Castle 12 Condominium, Inc.
2. Potential owners must purchase the unit with a minimum 10% cash down. It is the intention of this Board to keep our building owner occupied. Investors with the intention of purchasing condominiums in our building for rental income purposes is not permitted.
3. No unit owner is allowed to lease his/her condo in this building for a period of less than three (3) consecutive months and no more than a total of six (6) months in a calendar year. No month to month rentals are permitted and subletting is prohibited. All lessees must be approved by the Association's screening committee and pass a criminal background check. There is a \$150 fee for the processing and background check.
4. The owner is fully responsible to pay for any and all damages to common areas caused by lessee.
5. At least one owner/occupant must be 55 and over. No sale or lease will be approved to any buyer or lessee under 55.
6. A non-approved person cannot be an occupant without an approved full-time occupant being present and permanently residing in the apartment.
7. Occupancy whether by purchase, lease or any other arrangement, must be approved by the Board of Directors. All occupants must agree to a criminal background check.

8. No more than three (3) people in a 2-bedroom unit and no more than two (2) people in a one-bedroom unit will be accepted or allowed to reside full time.
9. No children under eighteen (18) shall be permitted to reside on a permanent basis.
10. Pets are limited to the following: one (1) per unit, either a cat OR dog, must not exceed 20 lbs. and not permitted to roam free throughout the common areas. Proof of vaccinations must be provided. Reptiles of any kind are forbidden. Dogs must be leashed and are to be walked on sidewalks and kept away from the grass immediately adjacent to the building and outside 1st floor residences.
11. Owners are responsible to clean up after their pets, and manage their behaviors i.e. barking, aggression and destruction of property. If persistent complaints are received, the Board reserves the right to revoke this privilege.
12. Barbecuing on the balcony is strictly forbidden. This is a city ordinance and subject to severe penalties.
13. Every unit owner must leave apartment keys at the office. Entrance security fobs must not be given to non-occupants. The minimum cost to replace a security fob is \$100.00.
14. A unit owner or lessee cannot use more than two washing machines and two dryers at one time, even if other machines are available. Liquid detergent only! No powder. The last wash cannot start after 8 PM. **NO WASHER/DRYERS ARE ALLOWED IN THE CONDO UNITS!**
15. For sanitary and health reasons, garbage **MUST** be placed in plastic trash bags and securely tied. Help keep our home clean.
16. We participate in recycling. Canisters are located in the trash room for the disposal of these items. All recyclables must be cleaned before depositing in their canisters. Only clean containers. Do not put plastic grocery bags in the recycling containers. This is a city ordinance and non-observance is subject to city penalties.
17. Moving in/out time for residents will be between 9 AM and 7 PM.
18. Carpeting is prohibited on open balconies for structural integrity reasons.
19. No feeding wild animals on or near building property.
20. Painting on open balcony must be white.

21. A digital copy of original condo docs and amended by-laws are available free charge upon request.
22. Owners will be held responsible and accountable for any and all damages they cause or caused by their guests, visitors, movers and contractors to the building's property and/or common areas.
23. Owners or residents shall not play musical instruments or operate a sound system, radio or television at a volume level that is disturbing to neighbors and these are not to be played between 11 PM - 6 AM.
24. Unpaid condominium maintenance fees of three (3) months or more or any other unpaid charges to an owner's account of (3) months or more may be referred to the Association's attorney for collection. All collection costs, including attorney fees, will be borne by the owner.
25. It is the owner's responsibility to become aware of the new or current amount of monthly fees before the beginning of each calendar year. Payments of monthly maintenance fees are due the first day of each month. Late fees will be applied on all unpaid balances on the 11th day of every month.
26. Owners agree to have their condominium sprayed for insects unless a valid reason is accepted by the Board. The Association pays for this service.
27. Owners will provide a key (or in the case of multiple locks, keys) to the Board upon taking ownership of the condominium. If any rules are violated, fines may and can be levied.

I certify that I/we received a copy, and I/we have read these rules and regulations, and understand them and agree to abide by them.

**Applicant 1 Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

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

**Applicant 2 Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

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