



UTG Property Management, LLC
 2625 Executive Park Drive, Suite 3
 Weston, FL 33331
 (954) 998-4058

**SPRINGS PARK EAST CONDOMINIUM ASSOC., INC.
 APPLICATION FOR LEASE/SALE/GIFT/DEVISE OR INHERITANCE APPROVAL**

PLEASE PRINT OR TYPE ACCORDINGLY (Check one)

_____ SALE CLOSING DATE: _____
 _____ LEASE LEASE TERM: _____

This application is subject to approval. Please complete and submit with all required documentation to:
Springs Park East Condominium Assn., Inc.
c/o UTG Property Management, LLC
2625 Executive Park Drive, Suite 3
Weston, FL.33331
spe@unitedteam.com

This application is for 2 applicants only; if there are more than 2 applicants please use a second application. Applications must be turned in complete. All must check / initial next to each item above to ensure you are submitting all required documentation prior to mailing or dropping off.

PLEASE do not occupy until you have been approved by the Board and issued a certificate. If the association finds out that you took possession before your approval certification is issued your application WILL be denied.

AN INTERVIEW BY A HOA BOD OR REPRESENTATIVE IS REQUIRED.

WRITTEN PERMISSION FROM BOD IS REQUIRED FOR PETS. NO PETS OVER 25 LBS

Applicant(s) will be contacted once the board has made a decision. If you have not heard anything after 14 days, you may follow up via email to: **spe@unitedteam.com** . Please include the following subjectline (CAB/ Applicants Last Name – Property address) in your email(s).

PLEASE INITIAL ALL (If more than 2 applicants please fill out another application)

1. _____ Submit all required documents complete and fees 15 days prior to closing/move-in date.
2. _____ A non-refundable application fee paid by money order or cashier's check for **\$100.00** (per applicant, 18 years of age or older or married couples) payable to: **UTG PROPERTY MANAGEMENT, LLC**
3. _____ A non-refundable processing fee in the amount of **\$50.00** (per application) made payable to: **SPRINGS PARK EAST COA, INC.** (marriage certificate may be requested). Please note: An additional hundred (\$200.00 total - made payable to: UTG PROPERTY MANAGEMENT, LLC is required per applicant if of Foreign nationality and holds no U.S. Social Security Number.
4. _____ Purchases: Require a one-time Capital Contribution equivalent to 2 months of Association Maintenance, currently at **\$748** with this application payable to **SPRINGS PARK EAST COA, INC.** If prospect is denied the fee will be fully returned.
5. _____ A non-refundable fee of \$10 per vehicle up to two vehicles per unit (More that 2 vehicles per unit will have to receive additional HOA approval).
6. _____ Leases: 4 months minimum. Unit may only be rented once per year. Owner & Tenant must sign THE ASSIGNMENT OF RENT.
7. _____ Legible copy of each applicant's valid DL or government issued picture ID.
8. _____ Signed APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION form.
9. _____ Executed copy of the Purchase Agreement or Lease Agreement.
10. _____ Proof of receipt of Condo Docs (Owners must provide buyers with copy of the HOA Docs).
11. _____ You Must Include: Copy of Driver License Or Government Issue ID Of All Occupants Over 18 Yrs Old.
12. _____ When Applying for Rent You Must Include Proof Of Income Or Proof Of Funds



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APPLICATION FOR OCCUPANCY

Strictly Enforced Occupancy restriction of not more than 2 person per bedroom. (i.e. two-bedroom house – 4 persons). Owner Must Advise Buyer/Tenant of Storage and/or Parking Space as well as Mailbox # and Pool key.

PRESENT OWNER’S NAME:

PHONE: _____ EMAIL: _____

ADDRESS OF UNIT FOR SALE OR LEASE:

OF ADULT OCCUPANTS: _____ # OF CHILDREN: _____

NAME OF REALTOR HANDLING SALE OR LEASE (IF APPLICABLE):

TELEPHONE: _____ EMAIL: _____

BUYER’S/LESSEE’S NAME:

_____ MARITAL STATUS: _____

PHONE # _____ EMAIL: _____

DATE OF BIRTH: _____ S.S. #: _____

DL #: _____ EXPIRATION DATE: _____

SPOUSE/CO-APPLICANT/APPLICANT 2

_____ MARITAL STATUS: _____

PHONE # _____ EMAIL: _____

DATE OF BIRTH: _____ S.S. #: _____

DL #: _____ EXPIRATION DATE: _____

IN CASE OF EMERGENCY NOTIFY:

ADDRESS: _____

PHONE: _____ EMAIL: _____



1. I hereby agree for myself and on behalf of all persons who may use the home which I seek to purchase or lease:

- a. I will abide by all the restrictions contained in the By-Laws, Rules and Regulations and Restrictions, which are or may in the future be imposed by SPRINGS PARK EAST.
- b. I understand that pets (if any) must be kept on a leash and solid waste must be removed.
- c. I understand that sub-leasing or occupancy of this unit in my absence is prohibited.
- d. I understand that any violation of the terms, provisions, conditions and covenants of the SPRINGS PARK EAST Documents provides cause for immediate action as therein provided, or termination of the leasehold under appropriate circumstances.

2. I understand that the acceptance for Lease of a unit at SPRINGS PARK EAST is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of information of these forms will result in the automatic rejection of this application. Occupancy prior to approval is prohibited.

3. I understand that the Board of Directors of SPRINGS PARK EAST may cause to be institute such an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors to make such investigation and agree that the information contained in this and the attached application may be used in such investigation and that the Board of Directors and Officers of SPRINGS PARK EAST itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

In making the foregoing application, I am aware that the decision of SPRINGS PARK EAST will be final and no reason will be given for any action taken by the determination of the Board of Directors.

Signature Applicant 1:
Print Name: _____

Date:

Signature Applicant 2:
Print Name: _____

Date:



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INFORMATION FOR APPLICANT 1

PRESENT ADDRESS:

CITY: _____ STATE: _____ ZIP CODE: _____

HOW LONG HAVE YOU LIVED AT THE PRESENT ADDRESS: _____

LANDLORD/MORTGAGE COMPANY:

MORTGAGE LOAN #:(IF APPLICABLE) _____

CONTACT PHONE #: _____

CONTACT EMAIL: _____

PREVIOUS ADDRESS

CITY: _____ STATE: _____ ZIP CODE: _____

HOW LONG DID YOU LIVE AT THIS ADDRESS: _____

LANDLORD NAME _____

CONTACT PHONE #: _____

CONTACT EMAIL: _____

EMPLOYMENT

OCCUPATION: _____

EMPLOYER: _____

TELEPHONE: _____

EMAIL: _____

LENGTH OF EMPLOYMENT: _____ YEARLY INCOME: _____

OTHER SOURCES OF INCOME: _____



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CHARACTER REFERENCES

(Do not give relatives' names)

NAME: _____

TELEPHONE: _____ EMAIL: _____

NAME: _____

TELEPHONE: _____ EMAIL: _____

EVICTION INFORMATION

Have you ever been evicted before? If yes, where/why?

Have you ever refused to pay rent? If yes, where/why?

Signature: _____

Date: _____

Print Name: _____



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INFORMATION FOR APPLICANT 2

PRESENT ADDRESS:

CITY: _____ STATE: _____ ZIP CODE: _____

HOW LONG HAVE YOU LIVED AT THE PRESENT ADDRESS: _____

LANDLORD/MORTGAGE COMPANY:

MORTGAGE LOAN #:(IF APPLICABLE) _____

CONTACT PHONE #: _____

CONTACT EMAIL: _____

PREVIOUS ADDRESS

CITY: _____ STATE: _____ ZIP CODE: _____

HOW LONG DID YOU LIVE AT THIS ADDRESS: _____

LANDLORD NAME _____

CONTACT PHONE #: _____

CONTACT EMAIL: _____

EMPLOYMENT

OCCUPATION: _____

EMPLOYER: _____

TELEPHONE: _____

EMAIL: _____

LENGTH OF EMPLOYMENT: _____ YEARLY INCOME: _____

OTHER SOURCES OF INCOME: _____



CHARACTER REFERENCES

(Do not give relatives' names)

NAME: _____

TELEPHONE: _____ EMAIL: _____

NAME: _____

TELEPHONE: _____ EMAIL: _____

EVICTION INFORMATION

Have you ever been evicted before? If yes, where/why?

Have you ever refused to pay rent? If yes, where/why?

Signature:

Date:

Print Name: _____



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*******FOR ALL APPLICANTS*******

AUTOMOBILE AND PARKING INFORMATION

One assigned parking space per unit. There are 22 guests parking spaces that residents can use as available. NO COMMERCIAL VEHICLES, BUSES, MOTORHOMES OR RV, BOATS OR TRAILERS ALLOWED. NO OVERSIZED VEHICLES. NO PARKING ON THE GRASS. The Association will provide up to 2 stickers per unit at a cost to the resident of \$10 each; they will be valid yearly for owners and for the term of the lease not to exceed one year for tenants. They should be displayed in the upper left corner of the rear windshield. NO BACK PARKING ALLOWED. Resident is responsible for switching at the Association the old sticker for a new one when buying a new vehicle, paying the \$10 fee. For any vehicle staying overnight even for one night the resident needs to email spe@unitedteam.com BEFORE the vehicle can stay. Vehicles will be towed at owner's expense if HOA is not notified ahead of time; the maximum stay allowed for a guest and their vehicles is 14 days.

TOTAL NUMBER OF CARS: _____

MAKE: _____ MODEL: _____

YEAR: _____ COLOR: _____ TAG #: _____

MAKE: _____ MODEL: _____

YEAR: _____ COLOR: _____ TAG #: _____

 Signature: _____ Date: _____
 Print Name: _____

 Signature: _____ Date: _____
 Print Name: _____



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*******FOR ALL APPLICANTS*******

PETS

Once pets are approved by the Association they can only use the common areas, walked with leash and they need to have the County Tag at all times. Owners **MUST** pick after their pets and dispose the waste appropriately. The Association will impose a fee of **\$100** against the unit for every time that this rule is not enforced by the pet owner. County tags must be current.

NUMBER OF PETS: _____

DESCRIBE (BREED, COLOR AND WEIGHT):

DESCRIBE (BREED, COLOR AND WEIGHT):

I UNDERSTAND THAT Springs Park East Condo Association Rules and Regulations DOES NOT ACCEPT PETS OVER 25 LBS.

The information above is true. If any of the information changes I agree to notify the Association immediately.

 Signature: _____ Date: _____
 Print Name: _____

 Signature: _____ Date: _____
 Print Name: _____



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*******FOR ALL APPLICANTS*******

TRASH

The dumpsters located at the property are for the exclusive use of Springs Park East Condominium Association residents. They are intended for the common daily trash. No bulk trash, no furniture, no tires, no construction material, no appliances are allowed

UNDER NO CIRCUMSTANCES PLACE BULK ITEMS ANYWHERE IN THE PROPERTY.

****THERE IS NO BULK PICK UP AT THE PROPERTY****

The Association will impose a \$100 against the unit to those that do not comply. Additionally, the resident will be billed for the removal of the unlawful trash.

Signature: _____ Date: _____
Print Name: _____

Signature: _____ Date: _____
Print Name: _____



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*******FOR ALL APPLICANTS*******

RECEIPT OF RULES AND REGULATIONS

Buyers and tenants must acknowledge receipt of the Springs Park East Condo Association Rules and Regulations.

I (We) have received, read and understand the Rules and Regulations for Springs Park East Condo Association Inc.

I (We) hereby agree to abide by said Rules and Regulations.

Signature: _____ Date: _____
Print Name: _____

Signature: _____ Date: _____
Print Name: _____



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****** FOR ALL PURCHASE APPLICANTS ******
RENT COLLECTION LEASE ADDENDUM

Property Address _____

Buyer's Name(s) _____

Your Association fee is due the First of each month. In accordance to FS 720.3085 this Association has the right to collect rent paid by your tenant in the event that your account becomes delinquent with this Association. If we do not collect this rent we will file an eviction against all occupants of your unit, according to FS 720.3085. Once we inform you that your account is overdue you agree to pay the rent to Springs Parks East Condominium Assoc., INC. at the same frequency and rate stated in your Lease Agreement.

**Springs Park East Condominium Assn., Inc.
c/o
UTG Property Management, LLC
2625 Executive Park Drive, Suite 3
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Signature Applicant 1: _____ Date: _____
Print Name: _____

STATE: _____ COUNTY: _____

This document was acknowledged today, _____ day of _____, 20____
by _____ who showed valid ID.

Notary Signature Notary Seal

Signature Applicant 2: _____ Date: _____
Print Name: _____

STATE: _____ COUNTY: _____

This document was acknowledged today, _____ day of _____, 20____
by _____ who showed valid ID.

Notary Signature Notary Seal



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FOR INVESTMENT PROPERTIES ONLY

* Please attach a copy of the Lease to be assigned once you become the owner, that states clearly Start Date, Ending Date, names of tenants and number of pets.

* If you have a Property Managing Company please provide the following information:

Company Name: _____

Contact name: _____

Phone Number: _____

Email: _____

Street address: _____



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FOR ALL APPLICANTS
APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that **UTG Property Management, LLC** may now, or any time while I am renting, conduct a verification of my current and previous tenant history, current and previous employment, credit history, contact personal references, and to receive any criminal history information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the Tenant requirements. The results of this verification process will be used to determine tenant eligibility under **UTG Property Management, LLC**, tenant policies.

I authorize **Buildium and/or vendors** and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative **UTG Property Management, LLC**.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, current and former landlords and other organizations and Agencies to provide **Buildium and/or vendors** with all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

 Applicant Signature

 Print Name

 Applicant Signature

 Print Name

Date: ____ / ____ / ____
 MM DD YYYY