



Castle Gardens Building 12
4751 NW 21ST ST, Management Office
Lauderhill, Florida 33313
(754) 247-2326
castlegardens12@gmail.com

ATTENTION

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 # _____

E-Mail address _____

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



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Dear Applicant,

Please complete and submit the enclosed application with a Money Order or Cashier's check (cash and personal checks will not be accepted), payable to Castle 12 Condominium Inc,. Please submit \$150.00 **per married couple OR \$150.00 per person 18 years of age** and over. Application fee includes processing and obtaining all background and credit information.

In addition to the application, the Association requires the following information to be provided by the applicant:

- Copy of ALL occupants' driver's licenses and vehicle registration.
- Copy of age validation (birth certificate or passport).
- A legible copy of the contract for sale.
- Proof of income (2 - years income tax return)
- A copy of the applicant's most recent bank statement, including i.e. investment accounts, savings, etc.
- Signed copy of Rules and Regulations.
- Signed Authorization of Background and Credit Check.
- A copy of the receipt of condominium documents.
- Minimum of Three Months of maintenance is required to be paid at
- Pre-approval or loan commitment letter.



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APPLICATION FOR OCCUPANCY
Section I - Application Information

Date _____
Unit Number _____

Print Name _____ D.O.B. _____ SS# _____
Spouse _____ D.O.B. _____ SS# _____

Have you ever been convicted of a felony? Yes _____ No _____
Number of cars (to be parked here) _____ Driver's License#: _____
Make/Model/Year/Plate#/State _____
Make/Model/Year/Plate#/State _____

Section II - Residence History (City, State & Zip a must)

A. Present Address _____ City _____ State & Zip _____
Home Phone _____ Resided from _____ To _____
Landlord/Management Agent & Phone # _____
Address _____ City _____ State & Zip _____
Mortgage Co. _____ Loan # _____ Phone# _____

B. Previous Address _____ City _____ State & Zip _____
Resided from _____ To _____
Landlord/Management Agent & Phone # _____
Address _____ City _____ State & Zip _____
Mortgage Co. _____ Loan # _____ Phone # _____

Section III - Character References
(No family Members or Relatives)

1-Name _____ Address _____
City _____ State & Zip _____ Home Ph.() _____ Work Ph.() _____
2-Name _____ Address _____
City _____ State & Zip _____ Home Ph.() _____ Work Ph.() _____

Section IV - Employment & Bank References



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A. Employer _____ How Long? _____
Address _____ Supervisor _____
Phone# _____ Dept. or Position _____ Monthly Income _____ B.
Spouse Employer _____ How Long? _____
Address _____ Supervisor _____
Phone# _____ Dept. or Position _____ Monthly Income _____

APPLICATION FOR OCCUPANCY

Section IV - Employment & Bank References (con't.)

C. Bank Name _____ Phone # _____
Address _____
How Long? _____ Account # _____ Checking _____ Savings _____ D.
Bank Name _____ Phone # _____
Address _____
How Long? _____ Account # _____ Checking _____ Savings _____

IMPORTANT: Please make certain that all questions have been answered fully to the best of your knowledge. It is further understood that Castle Gardens Condominium #12 will not be liable or responsible for inaccurate information gathered in the financial check or background report regarding this application. It is also agreed by the applicant that Castle Gardens Condominium #12 may use outside sources when gathering information.

BY SIGNING THIS APPLICATION, YOU FULLY AGREE TO AND UNDERSTAND ALL YOU HAVE READ ABOVE.

SIGNATURE _____

SIGNATURE _____



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AFFIDAVIT OF AGE VERIFICATION

STATE OF FLORIDA
COUNTY OF _____

BEFORE ME, the undersigned authority, on this day, personally appeared _____, who, being first duly sworn, deposes and states:

- 1. That I reside in Unit _____ in the Castle 12 Condominium Association.
- 2. That I have been advised that 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.
- 3. That in order 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.
- 4. That I, or another person residing in my household, am/is a permanent occupant of the above noted unit, and that as of the date below, that permanent occupant is age 55 or older. The name of the permanent occupant of the above unit who is aged 55 or older is _____, and their date of birth is _____.

Date: _____

OWNER/OCCUPANT

UNIT NUMBER

The foregoing instrument was acknowledged before me this _____ day of _____, 20__, by _____, who executed same for the purposes stated therein.

NOTARY PUBLIC – STATE OF FLORIDA
Personally Known _____



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Produced Identification _____

Sign _____

Print _____

FAIR HOUSING ACT CENSUS CASTLE 12 CONDOMINIUM ASSOCIATION

I/We am/are the owner(s)/occupant(s) of Unit _____ in the Castle 12
Condominium Association, located in Lauderdale, Florida.

I/We have been advised that the 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, and that to remain compliant with this Exemption, I/We am/are required to verify that one permanent occupant of the above-noted Unit is occupied by at least one person 55 years of age or older.

I/We therefore certify that the following information is true and correct:

1. As of the date of this Census, at least one person aged 55 years or older permanently occupies this Unit (or the Unit is vacant).

True____ False____. (Please mark an "X" on the appropriate line.)

2. The name(s) and date(s) of birth of those persons aged 55 years or older, if any, are as follows:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

3. I/We attach hereto copies of one of the following documents as proof of the ages of all persons claimed to be aged 55 years or older who permanently occupy the unit, if any, (Please circle as appropriate):

- Birth Certificate
- Driver's License
- Medicaid Card
- Voter's Registration Card
- Passport



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- Military Identification
- Immigration Card
- Other: _____

Dated: _____

OWNER/OCCUPANT

Dated: _____

OWNER/OCCUPANT



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**FAIR HOUSING ACT CENSUS
CASTLE 12 CONDOMINIUM ASSOCIATION
(con't.)**

The foregoing instrument was acknowledged before me this _____ day of _____, 200_ by _____, who executed same for the purposes stated therein.

NOTARY PUBLIC – STATE OF FLORIDA

Personally Known _____ OR
Produced Identification _____ Sign _____ Print

_____ Type of Identification

NOTE: Fair Housing Act Census Updates must be performed every two (2) years.

The foregoing instrument was acknowledged before me this _____ day of _____, 200_ by _____, who executed same for the purposes stated therein.

NOTARY PUBLIC – STATE OF FLORIDA

Personally Known _____ OR
Produced Identification _____ Sign _____ Print

_____ Type of Identification

NOTE: Fair Housing Act Census Updates must be performed every two (2) years.



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Applications\C17-Application Packet

Authorization to Perform Background Check

I hereby authorize Total Association, Inc., as agent for _____ (herein the “Association”), to obtain a consumer report, and any other information deemed necessary by the Association, for the purpose of the Association evaluating my application. I understand that such information may include, but is not limited to, my credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, banking information and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect to or in connection with the rental, lease or purchase of a residence for which this application was made. I hereby expressly release Benchmark Property Management, Inc. and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information, including Social Security Number, shall remain confidential except through court order or subpoena as provided under relevant law.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____



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Applications\C17-Application Packet

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. We can use you at times for some of this help.

If any rules are violated, fines may and can be levied.

I certify that I received a copy of these two pages of Rules and Regulations, that I read them and understand them and agree to obey and abide by them.

Signature _____ Date _____ Apt. # _____