

**CHATEAUBLEU AT THE HAMMOCKS CONDOMINIUM ASSOCIATION
C/O LYNX PROPERTY SERVICES
12485 SW 137 AVE SUITE 309, MIAMI, FLORIDA 33186
TELEPHONE: (305) 251-2234, FAX: (305) 252-6165
WWW.LYNXPROPSERVICES.COM**

INSTRUCTIONS FOR SALE OR LEASE APPLICATIONS

Please complete and sign all the required forms. The application package must be submitted with forms requested below:

1. Completed application forms.
2. **\$60.00 per applicant or married couple. This is a non-refundable screening fee payable to Lynx Property Services. ONLY money orders or cashier's checks are accepted; personal checks and cash will not be accepted.**
3. **A \$200 move-in security deposit is required made payable to Chateaubleu at The Hammocks Condominium. ONLY money orders or cashier's checks are accepted; personal checks and cash will not be accepted.**
4. For leases: copy of the lease agreement signed by both lessor and lessee. Minimum of one (1) year lease term.
For purchases: A copy of the purchase agreement signed by both buyer and seller.
5. Copy of picture identification for all applicants.
6. Copy of vehicle registration for all permanent vehicles.

Property Address: _____

Name of Owner/Buyer: _____

Please note:

- Everyone that will be living in the unit 18 years of age and older, as well as co-signers, are considered applicants. They must be included in the application, and a background check for credit and criminal record will be conducted for them.
If the unit is being purchased by a corporation, the information of at least one representative must be included and the screening will be conducted on them.
- Screening fee for non-US Citizens and international applicants may vary. Non-US Citizens/Residents should contact the management office before submitting the application so that we may provide you the correct screening fee. Please also provide a copy of the applicants' passports to conduct the screening.
- The minimum leasing period permitted is for one (1) year. Lease renewals require approval from the association.
- OCCUPANCY PRIOR TO RECEIVING APPROVAL FROM THE BOARD OF DIRECTORS IS PROHIBITED AND WILL BE SUBJECT TO IMMEDIATE LEGAL ACTION.

Mail or hand-deliver the above to:

Chateaubleu at The Hammocks Condominium
c/o Lynx Property Services
12485 SW 137 Ave Suite 309 Miami, FL 33186

Upon receipt of the **completed** paperwork your application will be processed. Please allow at least **30 business days** from the date the application is completely submitted with all requested forms for the processing of the application.



APPLICATION COVER SHEET

TYPE OR PRINT

THIS FORM MUST BE LEGIBLE IN ORDER FOR APPLICATION TO BE PROCESSED

DATE OF APPLICATION:	
NAME OF COMMUNITY:	
EMAIL RESULTS BACK TO:	

PROPERTY ADDRESS:		OWNER'S MAILING ADDRESS:	
MOVE IN DATE:		# OF APPLICANTS:	

APPLICANT 1

NAME:					
ADDRESS:					
CITY:		STATE:		ZIP CODE:	
CELL NUMBER:				HOME PHONE NUMBER:	
EMAIL:					
SS#:		DOB:		Current Rental Amount:	
INCOME DETAIL	GROSS MONTHLY INCOME:				
	ADDITIONAL MONTHLY INCOME:				
	TOTAL GROSS MONTHLY INCOME:				

APPLICANT 2

NAME:					
ADDRESS:					
CITY:		STATE:		ZIP CODE:	
CELL NUMBER:				HOME PHONE NUMBER:	
EMAIL ADDRESS:					
SS#:		DOB:		Current Rental Amount:	
INCOME DETAIL	GROSS MONTHLY INCOME:				
	ADDITIONAL MONTHLY INCOME:				
	TOTAL GROSS MONTHLY INCOME:				

APPLICANT 3

NAME:					
ADDRESS:					
CITY:		STATE:		ZIP CODE:	
CELL NUMBER:		HOME PHONE NUMBER:			
EMAIL ADDRESS:					
SS#:		DOB:		Current Rental Amount:	
INCOME DETAIL	GROSS MONTHLY INCOME:				
	ADDITIONAL MONTHLY INCOME:				
	TOTAL GROSS MONTHLY INCOME:				

CO-SIGNER 1

NAME:					
ADDRESS:					
CITY:		STATE:		ZIP CODE:	
CELL NUMBER:		HOME PHONE NUMBER:			
EMAIL ADDRESS:					
SS#:		DOB:		Current Rental Amount:	
INCOME DETAIL	GROSS MONTHLY INCOME:				
	ADDITIONAL MONTHLY INCOME:				
	TOTAL GROSS MONTHLY INCOME:				

CO-SIGNER 2

NAME:					
ADDRESS:					
CITY:		STATE:		ZIP CODE:	
CELL NUMBER:		HOME PHONE NUMBER:			
EMAIL ADDRESS:					
SS#:		DOB:		Current Rental Amount:	
INCOME DETAIL	GROSS MONTHLY INCOME:				
	ADDITIONAL MONTHLY INCOME:				
	TOTAL GROSS MONTHLY INCOME:				



APPLICANT'S INFORMATION

APPLICANT'S NAME:					
SS#:		DOB:		MARITAL STATUS:	
DRIVER'S LICENSE:				STATE:	
CELL NUMBER:		HOME PHONE NUMBER:			

SPOUSE/ CO-APPLICANT:					
SS#:		DOB:			
DRIVER'S LICENSE:				STATE:	
CELL NUMBER:		HOME PHONE NUMBER:			

OTHER OCCUPANTS (UNDER 18 YRS. OF AGE):

NAME:					
RELATIONSHIP:		AGE:			
NAME:					
RELATIONSHIP:		AGE:			
NAME:					
RELATIONSHIP:		AGE:			

RESIDENT HISTORY

PRESENT ADDRESS					
STREET:				APT. #:	
CITY:		STATE:		ZIP CODE:	
DATES TO/FROM:			MONTHLY PAYMENT:		
APT. NAME/IF HOME, MORTGAGE COMPANY AND LOAN NO.			PHONE NUMBER:		
REASON FOR MOVING:					

PREVIOUS ADDRESS					
STREET:				APT. #:	
CITY:		STATE:		ZIP CODE:	
DATES TO/FROM:			MONTHLY PAYMENT:		
APT. NAME/IF HOME, MORTGAGE COMPANY AND LOAN NO.			PHONE NUMBER:		
REASON FOR MOVING:					
HAVE YOU EVER BEEN EVICTED FROM ANY LEASED PREMISES? IF YES, EXPLAIN.					

EMPLOYMENT

PRESENT EMPLOYER:		POSITION:	
BUSINESS ADDRESS:		BUSINESS PHONE:	
SUPERVISOR:		EMPLOYED SINCE:	
GROSS WEEKLY SALARY:			

PREVIOUS EMPLOYER:		POSITION:	
BUSINESS ADDRESS:		BUSINESS PHONE:	
SUPERVISOR:		EMPLOYED SINCE:	
GROSS WEEKLY SALARY:			

SPOUSE/CO-APPLICANT'S EMPLOYER:		POSITION:	
BUSINESS ADDRESS:		BUSINESS PHONE:	
SUPERVISOR:		EMPLOYED SINCE:	
GROSS WEEKLY SALARY:			

VEHICLES

(Rules & Regulations may limit number of vehicles permitted.)

MAKE	MODEL	YEAR	TAG #	COLOR	REGISTERED TO:

GIVE DESCRIPTION AND TAG NUMBERS OF ANY BOAT, MOTORCYCLE, CAMPER, VAN, ETC. YOU MAY OWN:	
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PETS

HOW MANY PETS IF ANY?					
KIND:		WEIGHT (LBS.)		COLOR:	
KIND:		WEIGHT (LBS.)		COLOR:	
KIND:		WEIGHT (LBS.)		COLOR:	

EMERGENCY CONTACTS

NAME:			
RELATIONSHIP:		AGE:	
ADDRESS:		PHONE:	
NAME:			
RELATIONSHIP:		AGE:	
ADDRESS:		PHONE:	
NAME:			
RELATIONSHIP:		AGE:	
ADDRESS:		PHONE:	

Applicant hereby represents that all the above statements are true and correct and are made to induce owner and its agents to lease or rent an apartment. Owner and its agents are hereby authorized and given the right to verify by reasonable means the application, including, without limitation, ordering credit and criminal reports, and authorized to exercise in its sole discretion as to whether to reject the application and/or to terminate any lease which may be entered into between the parties, pursuant to this application, whether during the term of said lease or any extensions or renewals thereof, if the applicant has made any false or misleading statements or misrepresentations in this application.

Applicant's Signature:		Date:
Spouse/Co-applicant:		Date:
Co-signer:		Date:
Second co-signer:		Date:
Owner/Leasing Agent:		Date: