



Caribbean Property Management, Inc.

Professional Community Association Management

Phone: (305) 251-3848 • Fax: (305) 251-3849

please Take Note!

WE ACCEPT APPLICATIONS

MONDAY- FRIDAY

8:00 AM – 4:30 PM

CLOSED FROM 12:00 PM – 1:00 PM

WE WILL NOT ACCEPT APPLICATIONS

AFTER 4:30 PM

- APPLICATIONS MUST BE FILLED OUT COMPLETELY

YOU MUST BRING IN ALL REQUIRED DOCUMENTS:

- Copy of drivers' license for anyone over 18
 - Police records for anyone over 18
- Copy of Marriage Certificate if applicable
 - Copy of sale or lease contract

IF YOU ARE IN NEED OF COPIES THERE IS A CHARGE OF .25 EACH

**WE DO NOT PROCESS INCOMPLETE
APPLICATIONS**



ATTENTION APPLICANTS!

**UNDER NO CIRCUMSTANCES WILL AN APPLICATION BE
PROCESSED IN LESS THAN THE 15 BUSINESS DAYS REQUIRED!**

**YOU WILL BE CONTACTED AS SOON AS THE APPLICATION HAS
BEEN COMPLETED AND RETURNED WITH THE DETERMINATION OF
THE ASSOCIATION.**

NO EXCEPTIONS MADE

PLEASE AVOID CALLING THE ESTOPPEL DEPARTMENT TO INQUIRE
ABOUT THE STATUS OF YOUR APPLICATION, SINCE THIS WILL ONLY
DELAY FOR THE WORK TO BE COMPLETED IN A TIMELY MATTER.

ONLY CALL IF THERE IS INFORMATION MISSING AND IS NEEDED TO
COMPLETE THE PROCESS OF YOUR APPLICATION.

Acknowledgment Signature: _____

Date: _____

Thanking you in advance for your full cooperation.

The Management.

Gardens of Kendall South Condominium Association, Inc.
C/o Caribbean Property Management
12301 SW 132nd Court, Suite # 102
Miami, Florida 33186
(305) 251-3848

Application for Approval of Sale or Transfer

1. Application must be submitted **20 business days** prior to the date of closing. Moving of furniture must be done only on **weekdays** and within the hours of **9:00 a.m. – 7:00 p.m.**
2. A copy of the **sales contract** between the seller and the buyer must be submitted along with the application.
3. Applications must be submitted with a legible copy of all applicants' **driver's license**.
4. If any sections are left blank or not answered the application will be returned and will not be processed. Should this happen, the time constraints will not begin until the fully completed application has been returned to Caribbean Property Management.
5. The attached application **must** be filled completely. If anyone other than husband and wife will be occupying the unit, an additional *resident data sheet* must be filled.
6. There is a **non-refundable fee of \$150.00** for the processing of each applicant 18 +. The **money order** must be made out to **Caribbean Property Management**. (Husband & wife count as one applicant, must show proof.)
7. There is a **non-refundable processing fee of \$150.00**. This money order is to be made out to **Gardens of Kendall South**.
8. Pets are allowed under some restrictions. Applicants with pets must submitted the application with a **non-refundable pet fee of \$150.00** in money order and a legible copy of the vaccines, tag and photo of the pet
9. A police record letter is required from anyone over 18 years of age.
10. If applicants are **foreigners** please provide a copy of a **valid passport & A POLICE REPORT FROM PREVIOUS COUNTRY**
11. There is a **non –refundable fee of \$20.00** for the notary stamp provided on the **lease** certificate. This **money order** is to be made out to **Caribbean Property Management**.
12. The acceptance of any processing fees does not stipulate an approval of the application.

DO NOT WRITE FOR MANAGEMENT USE ONLY

Paid: _____	Posted: _____	Initials: _____
TNT Name: _____	Phone Number: _____	
H/O Name: _____	Phone Number: _____	
Property Address: _____	# of TNT _____	Date: _____



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 request 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 a 10-business day turn around or a RUSH fee of \$418.00 for a 3-business day turnaround.
 - IF THE ACCOUNT IS IN LEGAL COLLECTION AN ADDITIONAL \$179.00 WILL BE REQUIRED.
- A pre-paid self-address envelope is required to receive original Estoppels. If one is not provided, you will only receive it via email of the Estoppel.
- **WE DO NOT WORK WITH FAX 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 WRITTEN 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 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*****



CONTACT INFORMATION:

Name of the current property owner(s):

Address of property: _____

Circle One: Seller's / Buyer's

Realtor's name: _____

Realtor's phone number(s): Off. _____ Cell. _____

APPLICATION

PERSONAL INFORMATION

1) Applicant Name: _____ Date of Birth: _____
Drivers License #: _____ Social Security # _____
Contact #: _____ Other #: _____

2) Applicant Name: _____ Date of Birth: _____
Drivers License #: _____ Social Security # _____
Contact #: _____ Other #: _____

List Other Occupant(s) For additional occupants attach a separate sheet of paper with the required information.

1)	Name	Age	Relationship	SS#	2)	Name	Age	Relationship	SS#
3)	Name	Age	Relationship	SS#	4)	Name	Age	Relationship	SS#
5)	Name	Age	Relationship	SS#	6)	Name	Age	Relationship	SS#

RESIDENT HISTORY

Present Address: _____
Address City State Zip Code
Landlord Name _____ Phone #: _____ Rent Amt. _____ How Long: _____
Prior Address: _____
Address City State Zip Code
Landlord Name _____ Phone #: _____ Rent Amt. _____ How Long: _____

EMPLOYMENT

1) Applicant's Employer: _____ Phone: _____
Position: _____ How Long: _____ Gross Income: _____ Per Year ☐ Per Month ☐
2) Applicant's Employer: _____ Phone: _____
Position: _____ How Long: _____ Gross Income: _____ Per Year ☐ Per Month ☐

AUTOMOBILE INFORMATION: See Association's documents pertaining to vehicle regulations.

1) Make/Model: _____	Year: _____	Color: _____	Tag #: _____
Insurance Carrier: _____	Policy # _____	Exp. Date: _____	
2) Make/Model: _____	Year: _____	Color: _____	Tag #: _____
Insurance Carrier: _____	Policy # _____	Exp. Date: _____	
3) Make/Model: _____	Year: _____	Color: _____	Tag #: _____
Insurance Carrier: _____	Policy # _____	Exp. Date: _____	
4) Make/Model: _____	Year: _____	Color: _____	Tag #: _____
Insurance Carrier: _____	Policy # _____	Exp. Date: _____	

ANIMAL REGISTRATION: Provide proof of current shots & licenses. See Association's documents pertaining to pet regulations

Pet: cat, dog, breed, etc. 1) _____ 2) _____

SELLER(S) INFORMATION

Name: _____ Contact #: _____

Mailing Address: _____
Address City State Zip Code

Property Address: _____ Community: _____

KEYS RECEIVED BY APPLICANT(S) If applies per Association

Gate Card/Remote Number 1) _____ 2) _____ 3) _____ 5) _____

Keys Received: Home: _____ Mailbox: _____ Recreation: Pool Tennis Bathroom

REFERENCES Give below names of three persons not related to you, whom you have known at least one year.

Name	Telephone	Years Known
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby authorize Caribbean Property Management , Inc. to obtain a consumer report, and any other information it deems necessary, for evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, 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 or in connection with the rental or lease of a residence for which this application was made. I hereby expressly release Caribbean 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 may be provided to various local, state, and/or federal government agencies including without limitation, various law enforcement agencies.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Seller's Signature: _____ Date: _____

Seller's Signature: _____ Date: _____

DO NOT WRITE BELOW THIS

This Application: Approved: _____ Not Approved: _____

Approved By: _____ Date: _____
Designated Board Member

Approved By: _____ Date: _____
Designated Board Member

Gardens of Kendall South Occupant Information Sheet

Unit Address: _____

Current Homeowner (s):

Names: _____

Email: _____

Phone: Home # () _____ Work # () _____

Prospective Buyer(s):

Names: _____ D.O.B. _____

_____ D.O.B. _____

Phone: Home # () _____ Work # () _____

Children:

Name: _____ Age: _____ Male/Female

Name: _____ Age: _____ Male/Female

Name: _____ Age: _____ Male/Female

Other Family:

Name: _____ Age: _____ Rel: _____

Name: _____ Age: _____ Rel: _____

Vehicles:

1. Make: _____ Model: _____ Doors: _____
Tag: _____ State: _____ Color: _____
Year: _____

2. Make: _____ Model: _____ Doors: _____
Tag: _____ State: _____ Color: _____
Year: _____

Pets:

Breed: _____ **Color:** _____ **M/F D/C**

Signature: _____

Print Name: _____

.....
In case of flood, fire or other emergency, who should we call? Someone with a key.

Name: _____ Relation: _____

Phone: Home # _____ Work # _____ Ext. _____