



**Trust Management Service Group Corp.**  
**Community Associations**  
**Condo Conversions**  
**Commercial and Residential Properties**

8051 West 24<sup>th</sup> Ave Suite # 10 Hialeah FL 33016 Phone: 305-827-7666

**PURCHASE APPLICATION**

**APPLICATIONS GENERALLY:** The following applies to any real estate transaction involving the sale or transfer to any condominium or homeowners' association unit.

**PLEASE READ CAREFULLY AS THE SCREENING APPLICATION WILL NOT BE PROCESSED UNLESS THE FOLLOWING ITEMS ARE ATTACHED:**

- **NON-REFUNDABLE APPLICATION FEE \$150.00 "HUSBAND & WIFE" ANY OTHER ADULT MUST PAY AN ADDITIONAL \$50.00 (EACH) PAYABLE TO: TRUST MANAGEMENT SERVICES. THAT NONE OF THE FEES ARE REFUNDABLE AFTER PRESENTING APPLICATION\*\***
  - **THE ASSOCIATION REQUIRED A TRANSFER FEE FOR \$100.00 PAYABLE TO THE CONDOMINIUM**
  - **A COPY OF THE PURCHASE CONTRACT**
  - **COPY OF DRIVER LICENSE FOR EACH PERSON OVER THE AGE OF 18.**
  - **EMPLOYMENT LETTER FOR EACH PERSON OR A COPY OF THE TWO MOST RECENT PAY STUBS.**
  - **TWO REFERENCE LETTERS FOR EACH PERSON OVER THE AGE OF 18.**
  - **THE ASSOCIATION REQUIRED A UNIFORM LEASE TO BE UTILIZED FOR THE TRANSFER OF PROPERTY**
- NOTE\*\* Applications will be received Monday -Friday from 9:00am to 1:00pm**

**PURCHASERS ONLY:** Please make sure that before you close on your unit, the following information has been requested: \_

- **All estoppels and Condo Questionnaire must include the billing name, property address, and unit number (if applicable). You must also include contact information (phone, fax, and/or email) in order for our office to return the completed form.**
- **Estoppel And Questionnaire Fees Are as Follows: The fees are payable by company check or money order**
- **Estoppel & Quest. Up to 10 Business Days \$299.00 Each**
- **Rush Estoppel & Quest. Up to 3 Business days \$418.00Each**
- **\*If a delinquent amount is owed to the association for the applicable unit, an additional fee of \$179.00 will be charged for the Estoppel Certificate.**

In order to receive your certificate of Approval you must have received and reviewed the By-laws of the association. The certificate must be provided within 15 days. **Once The Sale Is Final It Is Imperative That You or Your Closing Agent Forward a Copy of The Warranty Deed or Settlement Statement Indicating Date of Closing and Name (S) Of New Owner (S).** Please Fax To (305) 231-2028 or by Email To: [Customerinfo@Trustmgmt.Net](mailto:Customerinfo@Trustmgmt.Net)

It is the seller's responsibility to provide you a copy of the Declaration of Condominium and gate control, mailbox keys and. **If the seller does not have a copy of the Declaration of the Condominium, we can provide you with a copy at the cost of \$100.00 (ONLY MONEY ORDERS OR CASHIER CHECK ACCEPTED).** The Declaration of Condominium encompasses all of the association's rules and regulations, as well as other important specifics regarding your community.

**\*APPLICANT:** This authorization form will be used to obtain and verify information with your employers, banks, and financial institutions and credit organizations; thus, a consensus signature is required.

**\*Suggested Approval Criteria: Approval** – No felony or misdemeanor convictions within 10 years of application, unless sealed or expunged, with full restoration of civil rights. Instances in which the applicant pled nolo contendere maybe treated as a conviction if the applicant was required to perform community services, pay restitution or court cost, or serve supervised probation, credit score of 650 or higher. All of the above but credit score of between 550 and 649 will be or not approval with conditions. (Can be the requirements to prepay a specific period of maintenance payments, etc...)

**AUTOMATIC DENIAL:** Felony or misdemeanor convictions, within 10 years of application unless sealed or expunged with full restoration of civil rights, required to register as a sex offender under Florida law. Credit score of less than 550.

**Trust Management Service Group Corp.** is a management company for the community association you are applying for. We receive and process all information with regards to the sale, transfer or lease of a unit. Once we receive the complete application (including payment and necessary documentation) we investigate the information you provided. We comprise the findings on a report, which is given to the Board of Directors along with your application package. If all requirements are met, the Board of Directors will sign a Certificate of Approval. The Certificate of Approval needs to be recorded with your corresponding County and the original Certificate of Approval must therefore be picked up \*\*.



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**PURCHASE  
APPLICATION FOR OCCUPANCY / APPROVAL**

ALL PROSPECTIVE RESIDENTS MUST COMPLETE AN APPLICATION AND BE APPROVED BY THE ASSOCIATION BEFORE MOVING INTO THE PROPERTY. ANY APPLICANTS WHO VIOLATE THIS AGREEMENT WILL BE IMMEDIATELY GROUNDS FOR DENIAL. LEGALLY MARRIED COUPLES PAY \$ 150.00 FOR BOTH, IF THE HUSBAND AND WIFE DOES NOT HAVE THE SAME LAST NAME, YOU MUST PROVIDE A COPY OF THE MARRIAGE CERTIFICATE, IF NOT WILL BE CONSIDERED 2 APPLICANTS. ONCE YOUR APPLICATION HAS BEEN SUBMITTED AND REVIEWED BY OUR TEAM, WE WILL EMAIL YOU WITH MORE INSTRUCTIONS INCLUDING PETS REGULATIONS ADDITIONAL FEES IF APPLY.

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

Property Address: \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security # \_\_\_\_\_

Spouse \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security # \_\_\_\_\_

Tenants  
Phone # \_\_\_\_\_

single  married  significant other Phone and Email # \_\_\_\_\_

No. of people who will live here \_\_\_\_\_ Adults (over 18) \_\_\_\_\_ Children (under 18) \_\_\_\_\_

Other Persons who will occupy the apartment with you

Name	Age	Relationship/Occupation
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1. _____	_____	_____
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2. _____	_____	_____
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3. _____	_____	_____
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Driver's License#1 \_\_\_\_\_ Driver's License #2 \_\_\_\_\_ Driver's License #3 \_\_\_\_\_

No. of cars you will park at this address: \_\_\_\_\_ Are any of these commercial vehicles?  Yes  No

Make	Model	Year	Color	Plate #	State
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Make	Model	Year	Color	Plate #	State
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**IN CASE OF EMERGENCY, PERSON TO BE NOTIFIED:** \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

**RESIDENTIAL HISTORY:**

**PRINT OR TYPE**

1 Present address \_\_\_\_\_ How long \_\_\_\_\_

Landlord/Lender Name \_\_\_\_\_ Phone # \_\_\_\_\_

2 Prior address #1 \_\_\_\_\_ How long \_\_\_\_\_

Landlord/Lender Name \_\_\_\_\_ Phone # \_\_\_\_\_