



CANTAMAR HOMEOWNERS ASSOCIATION, INC.

C/O LYNX PROPERTY SERVICES

12485 SW 137TH AVE SUITE 309, MIAMI, FLORIDA 33186

TELEPHONE: 305-251-2234 EXT: 5200

EMAIL: FRONTDESK@LYNXPROPSERVICES.COM

INSTRUCTIONS FOR SALE OR LEASE APPLICATIONS

LISTED BELOW ARE PROCEDURES AND DOCUMENTS THAT WILL BE
REQUIRED FOR APPROVAL OF SALE OR LEASE:

Please complete and sign all required forms. When application package is submitted, it must contain all of the following:

1. Completed application forms and affidavits.
2. **\$100.00** per married couple or first applicant and every additional applicant will be **\$50.00** (18 years and older) non-refundable screening fee payable to "Lynx Property Services". **Personal checks/cash are not accepted; ONLY money orders.** Foreign Buyers or Renters without a Social Security Number require an additional fee for processing applications. Foreign Applications take an initial 7-10 business day turnaround before the application and interview process can begin. Please see application cost below:
 - North/South America (Excluding US), Western Europe, and UK - 1 Person \$150; 2 Persons \$250.
 - Eastern Europe, Asia, Africa, Oceania - 1 Person is \$225; 2 Persons is \$450.
3. A copy of the lease/purchase agreement (no less than one year for leases).
4. Copies of two forms of picture IDs for each resident in the unit.
5. Management company will be doing a credit and criminal background check for all adults (18 years and older).
6. Applications CANNOT be submitted to the Board of Directors less than thirty (30) days before the moving date.

***** Obtaining occupancy prior to Association approval is NOT allowed. This means the tenant cannot move into unit until they have been approved by the Association's Board of Directors in writing. *****

Mail or hand-deliver the above to:

Cantamar Homeowners Association, Inc.
c/o Lynx Property Services
12485 SW 137th Ave. Suite 309 Miami, FL 33186

Office: 305-251-2234 Ext: 5200

Upon receipt of the completed paperwork, your application will be processed.

Please allow at least 30 days for the processing of 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: _____