



**928 Lake Destiny Road
Altamonte Springs, Florida 32714
407-775-5368**

APPLICATIONS CHECK LIST

THIRTY DAYS (30) PRIOR SALES, NEW LEASING AND LEASE RENEWAL OF UNITS IN DESTINY SPRING CONDOMINIUM ASSOCIATIONS. Applications must be submitted with a non-refundable cashier check or money order.

NEW RENTAL APPLICATIONS

1. _____ IS THE APPLICATION FULLY COMPLETED - NO PAGES LEFT BLANK
2. _____ ONE APPLICATION PER ADULT APPLICANTS MUST BE SUBMITTED
3. _____ DETAIL OF EMPLOYMENT LISTED
4. _____ VEHICLE INFORMATION LISTED
5. _____ PET INFORMATION COMPLETED
6. _____ PET PICTURES AND VACCINE INFORMATION INCLUDED - \$250.00 YEARLY
7. _____ TENANT INFORMATION COMPLETED
8. _____ VEHICLES INFORMATION COMPLETED
9. _____ LEASE ADDENDUM FOR DRUG FREE HOUSE FORM COMPLETED
10. _____ AUTHORIZATION TO RELEASE INFORMATION COMPLETED
11. _____ PROCESSING FEES SUBMITTED PER APPLICANTS - BACKGROUND CHECKS - CASHIER CHECK OR MONEY ORDER ONLY \$100.00 PER ADULT
12. _____ COPY OF UNEXCUTED LEASE MUST BE ENCLOSED WITH APPLICATION
13. _____ COPY OF GOVERNMENT IDENTIFICATION OR GOVERNMENT ISSUED PASSPORT
14. _____ COPY OF DRIVER LICENSE
15. _____ COPY OF VEHICLES REGISTRATIONS

LEASE RENEWAL APPLICATIONS

- 17. _____ IS THE APPLICATION FULLY COMPLETED - NO PAGES LEFT BLANK
- 18. _____ ONE APPLICATION PER ADULT APPLICANTS MUST BE SUBMITTED
- 19. _____ DETAIL OF EMPLOYMENT LISTED
- 20. _____ VEHICLE INFORMATION LISTED
- 21. _____ PET INFORMATION COMPLETED
- 22. _____ PET PICTURES AND VACCINE INFORMATION INCLUDED - \$250.00 YEARLY
- 23. _____ TENANT INFORMATION COMPLETED
- 24. _____ VEHICLES INFORMATION COMPLETED
- 25. _____ LEASE ADDENDUM FOR DRUG FREE HOUSE FORM COMPLETED
- 26. _____ AUTHORIZATION TO RELEASE INFORMATION COMPLETED
- 27. _____ COPY OF UNEXCUTED LEASE MUST BE ENCLOSED WITH APPLICATION

- 28. _____ COPY OF GOVERNMENT IDENTIFICATION OR GOVERNMENT ISSUED PASSPORT

- 29. _____ COPY OF DRIVER LICENSE
- 30. _____ COPY OF VEHICLES REGISTRATIONS

SELLER - BUYERS APPLICATIONS

- 33. _____ SELLER APPLICATION COMPLETED
- 34. _____ BUYERS APPLICATION COMPLETED
- 35. _____ PET INFORMATION COMPLETED
- 36. _____ AUTHORIZATION TO RELEASE INFORMATION COMPLETED
- 37. _____ PROCESSING FEES SUBMITTED PER APPLICANTS - BACKGROUND CHECKS - CASHIER CHECK OR MONEY ORDER ONLY \$100.00 PER ADULT

BEFORE SUBMITTING FEES, PLEASE REVIEW DESTINY SPRINGS'S RULES AND REGULATIONS

The Association shall not assume any responsibility for the denial of an application if any denial is based upon any of the following factors:

- The person(s) seeking approval has been convicted of a crime involving violence to persons, a crime demonstrating dishonesty or moral turpitude or any felony.
- The application facts discovered in connection with the Association's investigation, or the conduct of the applicant, indicate that the person(s) seeking approval intends to conduct himself in a manner inconsistent with the Condominium Documents.
- The person(s) seeking approval has a history of disruptive behavior or disregard for the rights and property of others as evidenced by his conduct in other housing facilities or associations.
- The person(s) seeking approval has a poor rental history or has an eviction history.
- **The new tenant(s) seeking approval must not move in prior to approval.**

AFTER THE BACKGROUND CHECK, THE NEW RESIDENT(S) MUST ATTEND A RULES AND REGULATIONS ORIENTATION, TO BE SCHEDULED BY THE ASSOCIATION'S OFFICE.

PLEASE SIGN BELOW AGREEING YOU HAVE READ AND UNDERSTAND THE APPLICATION PROCESS:

(Sign) _____ (Date) _____

(Sign) _____ (Date) _____

DESTINY SPRINGS CONDOMINIUM ASSOCIATIONS, INC.

928 Lake Destiny Rd ♦ Altamonte Springs, Fl 32714
C/O Odin Property Management
8 W Darlington Ave, Kissimmee, FL 34741
info@odinflorida.com

INTENT TO SELL

**THE BOARD WILL NOT ACCEPT OR WILL DENY PARTIALLY COMPLETED FORMS
WITHOUT PREJUDICE TO RE-SUBMISSION WHEN COMPLETED**

DSC Unit Number & Address: _____

Owner(s): _____

Owner(s) Current Address: _____

Application Date: _____

TO BE COMPLETED BY THE SELLER:

IN COMPLIANCE WITH THE DECLARATION OF COVENANTS AND RESTRICTIONS OF DESTINY SPRINGS, I (WE) HEREBY SERVE
NOTICE THAT, AS OWNER(S) OR AGENT OF THE ABOVE REFERENCED UNIT, I (WE) INTEND TO OFFER THE SALE OF OUR UNIT.
SAID UNIT IS TO BE SOLD FOR THE CLOSING PERIOD _____ FOR UNIT _____, UNLESS I AM NOTIFIED TO THE
CONTRARY WITHIN 10 DAYS FROM THE RECEIPT OF THIS COMPLETED NOTICE AND ATTACHMENT, I WILL ADVISE THE
LESSEE(S) THAT THE PROPOSED LEASE HAS BEEN APPROVED.

SELLER SIGNATURE

DATE

PLEASE PRINT NAME

Phone No(s)

SELLER SIGNATURE

DATE

PLEASE PRINT NAME

Phone No(s)

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ADDENDUM FOR INTENT TO BUY

\$100.00 fee made payable to Odin Property Management for the background check.

THE BOARD WILL NOT ACCEPT PARTIALLY COMPLETED FORMS

UNIT ADDRESS: _____

NAME(S): _____

TODAY'S DATE: _____

I/We _____ have read and understand the Rules & regulations and all governing documents for Destiny Springs Condominium Association.

It is understood that condominium lifestyle is dependent upon all resident complying with all the governing documents including the Rules & Regulations. It is further understood these rules are for the good of the community in order to maintain and increase property values for the owners as well as create a peaceful community for all of the residents.

I/We _____ agree to comply with all the rules as they have been presented to us. If there are any violations by ourselves, any of our guests or members of our family, we understand that we will be held responsible.

I/We _____ further understand that alcoholic beverages are not to be imbibed while standing outside of the unit or walking down the sidewalks of the community.

I/We _____ further understand that Destiny Springs Condominium is a family-oriented community with various lifestyles and every effort must be made to respect our neighbors and the youngest member of our community.

BUYER SIGNATURE

DATE

PLEASE PRINT NAME

BUYER SIGNATURE

DATE

PLEASE PRINT NAME

ALL BLANKS MUST BE COMPLETED BEFORE INTENT TO BUY CAN BE SUBMITTED FOR APPROVAL.

TO BE COMPLETED BY BUYER(S)

I (WE) INTEND TO BUY THE ABOVE UNIT, FOR OUR PERMANENT RESIDENCE _____ OR LEASING THE UNIT _____
THE PERIOD BEFINNING _____ AND ENDING _____.

I (WE) ARE AWARE THAT ANY INCOMPLETENESS, FALSIFICATION OR MISREPRESENTATION OF THE
INFORMATION CONTAINED HEREIN WILL RESULT IN AN AUTOMATIC REJECTION OF THIS APPLICATION.

I (WE) ACKNOWLEDGE AND UNDERSTAND THAT THE PROPERTY OFFERED FOR SALE IS GOVERNED BY DEED
RESTRICTIONS AND RULES AND REGULATIONS, WHICH ARE APPLICABLE TO BOTH THE UNIT AND COMMON
PROPERTY, AND WHICH MAY BE AMENDED FROM TIME TO TIME BY THE ASSOCIATION NAMED ABOVE. I (WE)
AGREE TO ABIDE BY SUCH DEED RESTRICTIONS AND RULES AND REGULATIONS. I ACKNOWLEDGE RECEIVING A
COPY OF SAME AND HAVE HAD THE OPPORTUNITY TO EXAMINE THEM AND ASK ANY QUESTIONS THAT I MAY
HAVE ABOUT THEM.

I (WE) CONSENT THAT YOU MAY MAKE FURTHER INQUIRY CONCERNING THIS APPLICATION, INCLUDING
ANY/ALL OF THE REFERENCES GIVEN BELOW:

BUYER 1: _____ BUYER 2 _____
SSN: _____ SSN _____

OCCUPATION _____ OCCUPATION _____

EMPLOYER _____ EMPLOYER: _____

LENGTH OF EMPLOYMENT _____ LENGTH OF EMPLOYMENT _____

PHONE FOR EMPLOYER _____ PHONE FOR EMPLOYER _____

BIRTH DATE _____ BIRTH DATE _____

MONTHLY INCOME _____ MONTHLY INCOME _____

CURRENT HOME ADDRESS _____

LENGTH OF RESIDENCY _____

CURRENT HOME PHONE _____

NAME AND ADDRESS OF CURRENT LANDLORD OR MORTGAGE COMPANY: _____

PHONE NUMBER _____

CURRENT MONTHLY RENT OR MORTGAGE PAYMENT _____

PREVIOUS ADDRESS OF RESIDENCY _____

NAME AND ADDRESS OF CURRENT LANDLORD OR MORTGAGE COMPANY: _____

PHONE NUMBER: _____

I (WE) UNDERSTAND THAT I (WE) ARE SUBJECT TO THE DECLARATION, RULES & REGULATIONS, AND BYLAWS
OF THE ASSOCIATION AND MUST ABIDE AN OWNER IN DESTINY SPRINGS CONDOMINIUM ASSOCIATION. I (WE)
HAVE RECEIVED COPIES OF THESE DOCUMENTS AND HAVE READ THEM. **BUYER(S) TO INITIAL HERE:**

UNITS ARE FOR SINGLE-FAMILY RESIDENTS ONLY. THE FOLLOWING PERSON(S), IN ADDITION TO THE BUYER(S) WILL OCCUPY THE UNIT:

NAME:

NAME:

RELATIONSHIP TO BUYER:

RELATIONSHIP TO BUYER:

THE FOLLOWING PET(S) WILL OCCUPY THE UNIT: (ONLY 2 PETS ALLOWED, 40LB WEIGHT LIMIT; MUST PROVIDE VACCINATION RECORDS)

TYPE:

TYPE:

WEIGHT:

WEIGHT:

LIST TWO (2) PERSONAL REFERENCES (LOCAL, IF POSSIBLE):

NAME:

NAME:

ADDRESS:

ADDRESS:

PHONE:

PHONE:

VEHICLE INFORMATION:

MAKE:

MODEL:

YEAR:

TAG:

STATE:

MAKE:

MODEL:

YEAR:

TAG:

STATE:

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME:

ADDRESS:

PHONE:

MANAGEMENT COMPANY INFORMATION (IF APPLICABLE):

NAME OF COMPANY:

NAME OF PROPERTY MANAGER:

PHONE OF PROPERTY MANAGER:

SELLER ACKNOWLEDGES THAT A COPY OF THE RULES AND REGULATIONS HAS BEEN PROVIDED

SELLER SIGNATURE: _____

OWNER IS RESPONSIBLE FOR NOTIFYING MANAGEMENT COMPANY IN WRITING OF ANY CHANGES TO THE ABOVE INFORMATION, INCLUDING CHANGE OF MAILING ADDRESS

BUYER SIGNATURE: _____

A FEE OF \$100.00 MADE PAYABLE TO ODIN PROPERTY MANAGEMENT LLC WITH THIS APPLICATION.

I (WE) UNDERSTAND THAT ANY VIOLATION OF THE TERMS, PROVISIONS, CONDITIONS, AND COVENANTS OF DESTINY SPRINGS' DOCUMENTS PROVIDES CAUSE FOR AVAILABLE IMMEDIATE ACTION AS THEREIN PROVIDED OR TERMINATION OF THE LEASEHOLD UNDER APPROPRIATE CIRCUMSTANCES. PLEASE NOTIFY THE ON-SITE OFFICE WHEN YOUR PHONE NUMBER IS ISSUED TO YOU.

I (WE) HEREBY ACKNOWLEDGE, UNDERSTAND, ACCEPT AND AGREE TO ALL OF THE ABOVE TERMS AND CONDITIONS.

I (WE) REPRESENT THAT THE ABOVE STATEMENTS ARE TRUE AND COMPLETE AND I (WE) ALSO UNDERSTANDS THAT WE ARE HEREBY AUTHORIZING YOU TO OBTAIN AND CONSIDER AN INVESTIGATIVE CONSUMER REPORT AND VERIFICATION OF ANY AND ALL INFORMATION RELATING TO RESIDENTIAL, EMPLOYMENT, AND CRIMINAL HISTORY, COURT RECORDS AND CREDIT REPORTS. I (WE) FURTHER ACKNOWLEDGE THAT FALSE OR INCOMPLETE INFORMATION HEREIN SHALL CONSTITUTE GROUNDS FOR REJECTION OF THIS APPLICATION, TERMINATION OF THE RIGHT OF OCCUPANCY AND/OR FORFEITURE OF DEPOSITS AND MAY CONSTITUTE A CRIMINAL OFFENSE UNDER STATE LAW.

BUYER SIGNATURE

DATE

PLEASE PRINT NAME

PHONE NUMBER

BUYER SIGNATURE

DATE

PLEASE PRINT NAME

PHONE NUMBER

THIS SECTION FOR ASSOCIATIONS USE ONLY:

APPLICATION FEE RECEIVED: \$ _____ DATE: _____

SALE ADDENDUM FOR DRUG FREE HOUSING

In consideration of the execution of sale for the dwelling unit identified, the BUYER agrees as follows:

1. BUYER, any member of the BUYER's household, or a guest or other person under the BUYER's control, shall not engage in criminal activity, including drug-related criminal activity, on or near the premises. "Drug related criminal activity" means the illegal manufacture, sell, distribute, or use of a controlled substance (as defined in section 102 of the Control Substances Act (21 U.S.C. 802))
2. BUYER, any member of the BUYER's household, or guest or other person under the BUYER's control "shall not engage in any act intended to facilitate criminal activity," including drug related criminal activity, on or near the unit premises.
3. BUYER, or members of the household "will not permit the dwelling unit to be used for, or to facilitate criminal activity," including drug related criminal activity.
4. BUYER, or members of the household will not engage in the manufacture, sale, or distribution of illegal drugs at any located whether on or near the unit premises or otherwise.
5. BUYER, any of the BUYER's household, or guest or another person under BUYER's control "shall not engage in acts or threats of violence," including, but not limited to, the unlawful discharge of firearms, on or near the lease premises.

BUYER SIGNATURE

DATE

BUYER PRINTED NAME

DATE

BUYER SIGNATURE

DATE

BUYER PRINTED NAME

DATE

APPLICANT AUTHORIZATION RELEASE

In connection with the unit for residence at _____
I hereby authorize any consumer agency, current and previous employer, current and any former landlord, law enforcement agency, any check authorization agency, and state employment security agency to release all information any of them may have about me to Appfolio. I hereby release all these parties from any liability in connection with the release of such information. I also authorize the use of Appfolio of data contained in my application for residence for demographically or other types of studies or reports.

A facsimile or other copy of this authorization shall be sufficient for the release of aforesaid parties.

I have submitted a non-refundable fee of \$ _____ to process my application for residence. I understand that this sum is not a rental payment or deposit and will not be refunded even if my application is denied or cancelled by me after submission.

This authorization is for the transaction only and continues in effect for one (1) year unless limited by state law, in which case the authorization form continues in effect for the maximum period not to exceed one (1) year allowed by law.

DATE

BUYER'S SIGNATURE

SOCIAL SECURITY NUMBER

BUYER'S PRINTED NAME

DRIVER'S LICENSE NUMBER

DATE OF BIRTH

DATE

BUYER'S SIGNATURE

SOCIAL SECURITY NUMBER

BUYER'S PRINTED NAME

DRIVER'S LICENSE NUMBER

DATE OF BIRTH

Board of Directors

In Consideration of Leasing Unit #: _____



State of Florida
Seminole County

In Consideration of Purchasing Unit #: _____

DESTINY SPRINGS CONDOMINIUM ASSOCIATES, INC.

As a Member of the Board of Directors of
Destiny Springs Condominium
I have fully read and understand all information
Included with the Application.

Applications Interviewed By:

				Title:(
_____	Title:(_____	Title:(_____	_____
) Date) Date			

Directors: Please read and check appropriate area and sign

1. President: Accept: _____ Deny: _____ 2. Vice President: Accept: _____ Deny: _____
3. Treasurer: Accept: _____ Deny: _____ 4. Secretary: Accept: _____ Deny: _____
5. Director/Asst Secretary: Accept: _____ Deny: _____

Decisions based solely upon detailed Amendments Adopted in the
By-Laws of
Destiny Springs Condominium Association, Inc.

DESTINY SPRINGS CONDOMINIUM ASSOCIATIONS, INC.

928 Lake Destiny Rd ♦ Altamonte Springs, Fl 32714

Phone 407-788-2107 ♦ Fax 407-788-0738

INTERVIEW

Unit #: _____

Applicant(s): _____

Interview Day/Date: _____

Interview Time: _____

Notes: _____
