

## VIZCAYA AT LAKE CORAL SPRINGS

### SALES & LEASE APPLICATION REQUIREMENTS

**SALES & LEASES – NO BACKGROUND SCREENING OR BOARD APPROVAL REQUIRED – JUST COMPLETE THE APPLICATION AND PROVIDE A COPY OF THE CONTRACT FOR LEASE/SALES WITH IT IN ONE PDF ATTACHMENT (NOT SEPARATE EMAILS OR ATTACHMENTS). YOU WILL NEED TO INCLUDE A COPY OF ALL DRIVERS LICENSES FOR ANYONE 18+ LIVING IN THE HOME AS WELL.**

**For Sales:** Prior to Closing, an estoppel will need to be requested. You can obtain this information by visiting the Closing Portal at [www.ciranet.com](http://www.ciranet.com)

After the Closing, please submit a copy of the recorded warranty deed to me so I can forward to the appropriate department and the new owners can be uploaded into our system. This process could take about 2 business days to finalize.

Again, there is no Board approval for this community. They solely want to be sure that they have the owner's information on file, a copy of the contract, and drivers' licenses.

Appropriate steps in collecting the owner's information prior to an estoppel and closing is standard, and we thank you for your patience and understanding.

Don't forget to forward a copy of the warranty deed to me at [Vizlakec@ciramail.com](mailto:Vizlakec@ciramail.com) so I may forward it to the accounting department to update the owner's information.

VIZCAYA AT LAKE CORAL SPRINGS  
COMMUNITY ASSOCIATION, INC

C/O Realmanage

11784 West Sample Road Suite 103

Coral Springs, Florida 33065

954-752-8119 Ext 7315

[VIZLAKEC@ciramail.com](mailto:VIZLAKEC@ciramail.com)

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

Desired Occupancy/Closing Date: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Purchaser(s) / Tenant (s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Real Estate Agent for Seller:

\_\_\_\_\_ Phone: \_\_\_\_\_

Real Estate Agent for Buyer/ Tenant:

\_\_\_\_\_ Phone: \_\_\_\_\_

**Vizcaya at Lake Coral Springs Community Association, Inc.**

Information for Occupancy – Please Print

Purchase \_\_\_ Lease \_\_\_ Desired date of occupancy: \_\_\_\_\_ Number of adult occupants over the age of 18: \_\_\_\_\_

Property Address: \_\_\_\_\_ Have you lived here before: \_\_\_\_\_

Applicant #1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Current Address: \_\_\_\_\_

Applicant #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Current Address: \_\_\_\_\_

	Applicant #1	Applicant #2
Have you ever been arrested or convicted of a Felony?	___ Yes ___ No	___ Yes ___ No
Do you intend to operate a business from this unit?	___ Yes ___ No	___ Yes ___ No
Do you own a commercial vehicle, boat or RV?	___ Yes ___ No	___ Yes ___ No
Will you have more than 2 vehicles in the household?	___ Yes ___ No	___ Yes ___ No

Character Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

I (we) hereby affirm that this information is true and correct.

Date: \_\_\_\_\_ Signature of Applicant #1: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant #2: \_\_\_\_\_

Vizcaya at Lake Coral Springs Community Association, Inc.

## PET REGISTRATION FORM

OWNER/LANDLORD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

LEASER/ LESSEE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

BREED OF PET: \_\_\_\_\_ APPROXIMATE FULL GROWN WEIGHT OF PET: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE AND TYPE OF MOST RECENT VACCINE(S): \_\_\_\_\_

---

**\*\* Please include a picture of the pet for identification purposes\***

\_\_\_\_\_ I DO NOT OWN A PET (INITIAL HERE: \_\_\_\_\_)

Please remember all dogs are to be walked in the specified "dog walk area," and the dog owner must pick up all excrement. Dogs must be on a leash at all times.

By signing below, I verify I have read and understood the above and will abide by the Rules and Regulations set forth in this regard.

\_\_\_\_\_  
Purchaser / Lessee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Purchaser/ Lessee

\_\_\_\_\_  
Date

**Vizcaya at Lake Coral Springs Community Association, Inc.**

GENERAL RESIDENT INFORMATION

Primary Owner's Name

Last: \_\_\_\_\_ First: \_\_\_\_\_

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

\_\_\_\_\_

Email: \_\_\_\_\_

Phone Number To Be Programmed Into Gate:

First name and number: \_\_\_\_\_

Second name and number: \_\_\_\_\_

Alternate Mailing Address:

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Tenant Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Copy of Current Lease: \_\_\_\_\_

**Vizcaya at Lake Coral Springs Community Association, Inc.**

Vehicles

Make/ Color: \_\_\_\_\_ Year: \_\_\_\_\_ Tag #: \_\_\_\_\_ Bar Code #: \_\_\_\_\_

Make/ Color: \_\_\_\_\_ Year: \_\_\_\_\_ Tag #: \_\_\_\_\_ Bar Code #: \_\_\_\_\_

Make/ Color: \_\_\_\_\_ Year: \_\_\_\_\_ Tag #: \_\_\_\_\_ Bar Code #: \_\_\_\_\_

Make/ Color: \_\_\_\_\_ Year: \_\_\_\_\_ Tag #: \_\_\_\_\_ Bar Code #: \_\_\_\_\_

I understand that if at any time I am 60 days behind in my monthly dues my transponder will be deactivated, and I will have to use the guest entrance.

Print: \_\_\_\_\_ Sign: \_\_\_\_\_

Print: \_\_\_\_\_ Sign: \_\_\_\_\_

Please notify the Association immediately of any changes in this list:

Mail back to:

Vizcaya at Lake Coral Springs c/o Reamanager

11784 West Sample Road Suite 103, Coral Springs, Florida 33065