

# Wisperwood Village

## Condominium Association, Inc.

Managed by The Foster Company of South Florida  
9301 SW 92 Avenue, C-116, Miami, Fl. 33176  
Ofc: 305 274-8990 Fax: 305 595-0791  
wisperwood@fostercompany.net

### Dear New Prospective Resident(s):

Thank you for considering Wisperwood Village as your home. The attached documents **MUST** be fully completed in order to be considered for approval to reside in this community.

**Prior to completing this application, review all the Rules and Regulations which are strictly enforced**

### **MAXIMUM OCCUPANTS PER UNIT**

- 1 Bedroom= 2 persons
- 2 Bedroom = 4 persons

**PARKING** - **Maximum two (2) decal permits per unit.** Only one (1) assigned parking space per unit. Additional vehicle must be parked in Guest Parking. Vehicles without any ID (decal or pass) will be towed at the owner's expense. It is Resident's responsibility to keep track of Guest Passes. Maximum Guest Passes per unit = 2. Fee to replace Guest Passes - \$25

**NOT PERMITTED** - Commercial Vehicles, Trailers after **5:30PM M-Sat** (Never on Sunday) and NO Motorcycles/Scooters Permitted **Anytime**

### **APPROVAL PROCESS & FEES** -Allow 10 business days for approval

- **\$150 per adult who will occupy unit-OR**
  - o \$150 per unit if married couple with **SAME** name
  - o \$150 per unit for Married Couples with different last names - copy of Marriage Certificate with different last names **required**
- **\$300 Refundable Security Deposit** to be held in an Escrow Account. A written request for deposit return required with forwarding address when lease will not be renewed. Full deposit will be returned providing all fines and/or property damages have been satisfied.
- **\$150 Pet Registration** (if applicable)- Dog must be under 30 lbs.; maximum two pets per unit . DNA registration is **REQUIRED** which will be completed by management (mouth swab).

### **ORIENTATION MEETING REQUIRED** (all adult residents must attend)

After Receiving Written Approval call the Office to schedule an appointment for the Orientation Meeting (35-45 Minutes).

Orientation Meeting will include receipt of Parking decal(s), Assigned Parking Space, Moving Pass, Pool Pass, Fitness Room FOB, Guest Passes, a Review of all Rules and Regulations and Emergency Phone numbers.

# Wisperwood Village

Condominium Association, Inc.

## APPLICATION CHECKLIST

### Application Fees

**Screening Fee - \$150 each adult** (Money Order/Cashier's Check ONLY)

- **Exception:** Married couples with the same last name = **\$150 total**
  - **Married couples with two (2) different last names** MUST include a copy of their marriage certificate with both names = **\$150 total**
- \$300 Refundable Security Deposit** (For Lease Applications ONLY)

### Documents Required for Processing

Lease and/or Sales Application

Page 1 - Cover Letter

Page 2 - Application Check List

Page 3 & 4 - Application for Approval - 2 Pages

Page 5 - Non-Refundable Screening Fee Agreement

Page 6 - Residential Screening Request

Page 7 - Disclosure & Authorization Agreement

*If two adult applicants - BOTH must sign a form individually*

Page 8 - ~~Authorization for Release of Bank Information~~

*If two adult applicants - BOTH can sign one form*

Page 9 - Parking Decal Application Form

Page 10A & 10B - Pet Application & Rules (if applicable)

Page 11 - Florida Law

Copy of Driver's License for each adult

Vehicle Registration and Insurance for each vehicle

Signed copy of Rules & Regulations Agreement

### Dog Owners (If Applicable)

Fully completed Pet Application Form with Photo of Pet(s) with initial application \$150 (1 dog). Pet DNA Registration Fee Due at Orientation or with Application

*No Fee required for ESA dogs with physician documentation*

---

AFTER WRITTEN APPROVAL

Appointment (305 274-8990) wisperwood@fostercompany.net

**ORIENTATION REQUIRED PRIOR TO MOVING INTO UNIT**

*Community Association Screenings*  
PO Box 161798- Miami, Fl. 33116-1798

**NON-REFUNDABLE SCREENING FEE:** \$150 per adult.  
Check or Money Order payable to:

## **Wisperwood Village Condominium Association**

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

Name(s) of Applicant(s) \_\_\_\_\_

Property Address 9301SW 92 Avenue, Miami, Fl. 33176 Unit Number \_\_\_\_\_

**THIS IS TO INFORM YOU OF OUR PROCEDURE TO HANDLE APPLICATIONS FOR LEASE OR PURCHASE APPROVALS SO THAT YOU CAN PLAN ACCORDINGLY.** Please sign and return this form with your application.

1. Processing an application takes up to 7-10 business days
2. Application is to be approved by the Board of Directors after screening is complete.
3. The screening fee is **non-refundable** even if you change your mind or are not approved

***Screening your application takes some time and follow-up is vital. Sometimes we must telephone your list of references several times as not everyone is available during working hour., This is why we ask you for their home and office telephone numbers. We pride ourselves in being one of the fastest screening organizations in the industry. The above information should give you an understanding why applications cannot be "pushed".***

Thank you for your cooperation and understanding,

Applicant Signature: \_\_\_\_\_

**WISPERWOOD VILLAGE CONDOMINIUM ASSOCIATION**

**APPLICATION FOR LEASE APPROVAL**

This form and the attached Application for Occupancy must be completed in detail

**Unit#:**

**Move-in Date:**

Applicant

(Last)

(First)

(Middle)

Co-Applicant

(Last)

(First)

(Middle)

Current Address/Name:

Phone Number

Email

Phone Number

Email

Who do you pay rent/mortgage to?

Name

Phone Number

Email

Total Number of people to occupy the unit:

Is Co-applicant a Spouse?

If "NO" Specify Relationship

Signature of Applicant

Signature of Co-Applicant (if applicable)

In case of Emergency, notify \_\_\_\_\_ Telephone \_\_\_\_\_

Vehicle 1, type and color \_\_\_\_\_ Tag Number \_\_\_\_\_

Vehicle 2, type and color \_\_\_\_\_ Tag Number \_\_\_\_\_

---

**EMPLOYMENT INFORMATION**

Applicant's Employer \_\_\_\_\_ Employer's Address \_\_\_\_\_

(Position) \_\_\_\_\_ (Date of Employment) \_\_\_\_\_ (Phone Number of Employer) \_\_\_\_\_

Co-Applicant's Employer \_\_\_\_\_ Employer's Address \_\_\_\_\_

(Position) \_\_\_\_\_ (Date of Employment) \_\_\_\_\_ (Phone Number of Employer) \_\_\_\_\_

NAME, ADDRESS & PHONE OF RELATIVE:

\_\_\_\_\_

---

**BANK REFERENCE**

\_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_

\_\_\_\_\_

Type Account \_\_\_\_\_ Acct Number \_\_\_\_\_ Telephone# \_\_\_\_\_ Date Opened \_\_\_\_\_

CHARACTER REFERENCES OTHER THAN "RELATIVES"

1. \_\_\_\_\_

Name \_\_\_\_\_ Telephone# \_\_\_\_\_ Office/Work Telephone# \_\_\_\_\_

2. \_\_\_\_\_

Name \_\_\_\_\_ Telephone# \_\_\_\_\_ Office/Work Telephone# \_\_\_\_\_

**Approval is hereby granted to WISPERWOOD VILLAGE CONDOMINIUM ASSOCIATION, INC. (hereafter referred to as the "Condominium Association" or "Community Associations Screenings", as Agent to investigate all information supplied on this application and a full disclosure of pertinent facts may be made to the Condominium Association, who is also authorized to obtain a credit rating through a credit reporting agency.**

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Signature of Co-applicant \_\_\_\_\_

**THIS APPLICATION MUST BE COMPLETED IN FULL BY PROSPECTIVE TENANTS OR OWNER(S)**

Community Association Screening/Ref# \_\_\_\_\_

**RESIDENTIAL SCREENING REQUEST**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

SSN: \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_

Telephone# \_\_\_\_\_ Cell# \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Co-Applicant (If applicable)**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

SSN: \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_

Telephone# \_\_\_\_\_ Cell# \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# **DISCLOSURE AND AUTHORIZATION AGREEMENT REGARDING CONSUMER REPORTS**

**(This agreement needs to be completed by each adult)**

## **DISCLOSURE**

The undersigned acknowledges that a consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for residence.

## **AUTHORIZATION**

The undersigned acknowledges that they are authorizing and requesting, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheck USA with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

If you dispute any information found in your consumer report and would like to request a copy of the report, please send a request letter via certified mail to: AmeriCheckUSA, 7777 Davie Rd Extension #101B, Hollywood, FL 33027

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DISCLOSURE AND AUTHORIZATION AGREEMENT  
REGARDING CONSUMER REPORTS**

**(This agreement needs to be completed by each adult)**

**DISCLOSURE**

The undersigned acknowledges that a consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for residence.

**AUTHORIZATION**

The undersigned acknowledges that they are authorizing and requesting, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheck USA with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

If you dispute any information found in your consumer report and would like to request a copy of the report, please send a request letter via certified mail to: AmeriCheckUSA, 7777 Davie Rd Extension #101B, Hollywood, Fl. 33027

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**AUTHORIZATION FOR RELEASE  
OF BANKING, RESIDENCE, EMPLOYMENT,  
CREDIT AND POLICE INFORMATION**

**I/We** \_\_\_\_\_

Hereby authorize the release of information to the Credit Agency and their attorneys or Representatives, and Community Association Screenings, as Agents, concerning my banking, credit, residence, employment or police records in reference to this application for housing at WISPERWOOD VILLAGE CONDOMINIMUM ASSOCIATION, INC., hereinafter referred to as "The Condominium Association",

**I/We** understand that the Board of Directors of The Condominium Association may cause to be instituted such an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors of The Condominium Association or Community Association Screenings, as Agent, (to include: employees; officers; directors; brokers, agents; and representatives of the foregoing) and all persons and firms providing or receiving information in this report, from any and all claims or liability which might arise from the release, transmission, assembly, interpretation of information, denial of application or other adverse action.

**I/We are also authorizing the Management Agent/Company to furnish the Lessor with a copy of the Credit and Police Reports.**

Applicant's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# WISPERWOOD VILLAGE

CONDOMINIUM ASSOCIATION, INC.

## RESIDENT PARKING DECAL

Copy of Vehicle Registration & Proof of Insurance for Each Vehicle **REQUIRED** with this form

UNIT#: \_\_\_\_\_,

**DRIVER'S NAME:** -----

(Management will complete)

Decal# \_\_\_\_\_

### VEHICLE #1

- Year: \_\_\_\_\_
- **Make:** -----
- Model: \_\_\_\_\_
- Color: \_\_\_\_\_
- Tag#: \_\_\_\_\_

**DRIVER'S NAME:** -----

(Management will complete)

Decal# \_\_\_\_\_

### VEHICLE #2

- Year: \_\_\_\_\_
- Make: \_\_\_\_\_
- Model: \_\_\_\_\_
- Color: \_\_\_\_\_
- Tag#: \_\_\_\_\_

# Wisperwood Village

## Condominium Association, Inc.

### PET APPLICATION FORM

Dogs must be registered with a DNA Swab by Management (swab inside mouth)

- One-time \$150 registration fee (check or money order only) per dog.
- Two (2) dog maximum, thirty (30) pound limit per dog.
- Dogs must **NOT** have food or water for AT LEAST one (1) hour prior to testing.

*\*Emotional Support dogs(ESA) must have a local physician's documentation Included with application*

Unit# \_\_\_ Resident Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

<b><u>Pet#1</u></b>	
Pet's Name _____	Age ____
Breed _____	Sex ____
Weight _____	
M-D County License _____	
<i>Management will issue PoolPrint Tag #</i>	
PooPrint Tag #	DN _____

<b><u>Pet#2</u></b>	
Pet's Name _____	_____
Breed _____	Sex _____
Weight _____	
M-D County License _____	
PooPrint Tag #	DN _____

**Pet Reference**

- Veterinarian \_\_\_\_\_
- Address/Phone # \_\_\_\_\_

**Renter's or Homeowner's Insurance**

- Agency \_\_\_\_\_
- Address & Phone # \_\_\_\_\_

**Pet's Emergency Caretaker**

- Name (relationship)-Phone # \_\_\_\_\_

I have read and understand the policies related to keeping pets in this Community, and I and members of my household promise to fully comply. Pet waste will be tested if not picked up and if the DNA results in an identity match to your dog, an automatic \$100 fine plus the cost of the testing (\$75.00) will be charged to you.

Signature of Pet Owner: \_\_\_\_\_ Date: \_\_\_\_\_

*\*HB 209/SB 1084: Emotional Support Animals*

*This bill also allows a housing provider to request supporting information regarding the individual's disability or disability-related need for the ESA, and creates a new cause for disciplinary action against a health care practitioner's license for providing supporting documentation for an ESA to individuals who they haven't treated. Finally, the bill creates criminal liability for providing false or fraudulent documentation in support an accommodation request for an ESA. Registration fees waived for ESA pets.*

# WISPERWOOD VILLAGE

CONDOMINIUM ASSOCIATION, INC.

## RULES AND REGULATIONS

### Pet Rules

Wisperwood is a "pet friendly" community however; ALL rules will be strictly enforced to maintain a safe and clean environment for all residents.

#### **GENERAL RULES:**

- ALL pets MUST be registered with Management & submit to a DNA test (mouth swab) & wear PooPrints registration tag at all times. Security will be observing dogs for compliance.
- No more than two (2) dogs maintained in a single unit
- MUST be registered with Miami-Dade County and wear the County tag
- MUST be no more than thirty (30) pounds unless ESA animal\*
- MUST be on a leash at all times while on Condominium property
- Pet Owners MUST pick up pet waste and deposit in the Pet Stations provided
- MUST be walked along the North and East side of the property, along the walls.
  - **THESE ARE THE ONLY APPROVED PET AREAS**

#### **OTHER PET RULES**

- Pet waste found in the community will be tested. DNA match= \$100 fine+ \$75 for the cost of testing (\$175.00 total fine).
- Guest Pets - Rules apply to your guests who bring their dogs for a visit. No extended stay allowed.
- Pet Grooming Trucks- No parking inside the community. Park on the grassy area outside the entrance.
- NO Pet Sitting Business for multiple days allowed
- No animal may create a nuisance to any other unit resident, including excessive barking, howling
- No dogs allowed unattended on the balcony
- Aggressive behavior from your dog will not be tolerated
- If your pet urinates or defecates on any staircase, elevator, walkway or hallway, it is **YOUR** responsibility to clean the area
- No fences of any type allowed on balcony

#### **PETS STRICTLY PROHIBITED IN THE FOLLOWING AREA:**

Landscaped areas including near building entrances, grassy areas between fence/road (94 St-92 Ave) - Tennis Courts - Pool/Jacuzzi and Deck Area - Bar-b-Que area - Gym - Clubhouse - Management Office (unless registering pet) - Laundry Rooms

---

Any violation of the above rules may result in a fine and your pet being removed from the property. In compliance with Miami-Dade County Statutes and as a courtesy to neighborhood, please pick up your dog's waste outside of our property.

#### ***\*HB 209/SB 1084: Emotional Support Animals***

*This bill also allows a housing provider to request supporting information regarding the individual's disability or disability-related need for the ESA, and creates a new cause for disciplinary action against a health care practitioner's license for providing supporting documentation for an ESA to individuals who they haven't treated. Finally, the bill creates criminal liability for providing false or fraudulent documentation in support an accommodation request for an ESA. Emotional Support dogs (ESA) must have a local physician's documentation included with application. Online ESA certificates will NOT be accepted.*