



**Las Casitas Sales Application**  
*175 Toney Penna Drive, #100, Jupiter, FL 33458*  
**T: 561-250-6565 | F: 561-277-2535**

### **Sales Application Instructions/Checklist**

***Please return the completed package to the Triton Office for processing.***

***A complete package includes:***

- A Sales Application - the remainder of this package
- Fully executed Sales/Purchase Contract
- Copy of driver license(s)
- \$100.00 Background Screening Fee (non-refundable) per applicant (unless married or child under 18 years of age) made payable to Triton Property Management
- A \$150.00 non-refundable application fee made payable to **Las Casitas Homeowners Assoc. Inc**
- **A \$3,500.00 Transfer Fee payable to Palm Beach Polo POA will be collected at closing.**
- All applicants are interviewed, either a phone interview or a personal meeting will be scheduled upon receipt of all items required. Be sure to list phone contact numbers where tenants are accessible during business hours.
- Association Documents must be forwarded to the buyer from the seller. If Documents are not available, a copy can be ordered by the buyer or realtor charges apply.
- A notarized Certificate of Approval is issued after the interview. You will be contacted when available for pick up from our office. Be sure to list the phone contact number(s) where the buyer(s) can be reached.

**Applications will not be accepted via fax or email. If an application is submitted incomplete, it will not be accepted or processed until all the required information is received. Please return this completed application, along with payment to the address below:**

**Triton Property Management  
175 Toney Penna Drive, Suite 100  
Jupiter, FL 33458  
561-250-6565**

A sale is not effective without prior written approval by the Board. Please allow for 30 days for processing.

*Updated 9/1/22*



## **Sales Application**

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

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

### **General Submission requirements:**

- **Title Company Information:**
  - Name & Address: \_\_\_\_\_
  - Phone # & Email: \_\_\_\_\_
- **Buyer's Realtor Information:**
  - Name & Address: \_\_\_\_\_
  - Phone # & Email: \_\_\_\_\_
- **Owner/Seller's Realtor Information:**
  - Name & Address: \_\_\_\_\_
  - Phone # & Email: \_\_\_\_\_
- **Certificate of approval for delivery options (Mark "X" by delivery option):**
  - \_\_\_\_\_ Email Copy to Title Company: Email address: \_\_\_\_\_
  - \_\_\_\_\_ Mail original to Title Company: Address: \_\_\_\_\_
  - \_\_\_\_\_ Email Copy to Current Owner/Seller: Email address: \_\_\_\_\_
  - \_\_\_\_\_ Email Copy to Buyer: Email address: \_\_\_\_\_

*I/We certify that the information requested above and contained in this application are attached, true and correct. I understand that any falsification, misrepresentation, or omission is grounds for refusal to approve this sale application.*

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Co-Applicant Signature**



**Current Property Owner Information:**

Owner Name: \_\_\_\_\_

Owner phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

New Mailing Address: \_\_\_\_\_

Owner email: \_\_\_\_\_

**Applicant(s) Information:**

**Applicant Name:** \_\_\_\_\_

Applicant phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Applicant email: \_\_\_\_\_

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

How long at this address: \_\_\_\_\_ If less than one (1) year, include previous addresses?

\_\_\_\_\_

**Employed by:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

How long: \_\_\_\_\_ **Dept or Position:** \_\_\_\_\_

Monthly Income: \_\_\_\_\_

**Bank reference:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

How Long: \_\_\_\_\_

Check Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

# TRITON

PROPERTY MANAGEMENT

**Co-Applicant Name:** \_\_\_\_\_

Applicant phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Applicant email: \_\_\_\_\_

**Employed by:** \_\_\_\_\_ Phone: \_\_\_\_\_

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

How long: \_\_\_\_\_ Dept or Position: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

**Bank reference:** \_\_\_\_\_ Phone: \_\_\_\_\_

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

How Long: \_\_\_\_\_

Check Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

**Occupant Information:**

Will there be occupants other than the immediate family: [  ] Yes [  ] No

If yes, name(s), relationship, and age(s): \_\_\_\_\_

\_\_\_\_\_



# TRITON

PROPERTY MANAGEMENT

The information provided in this Application is true and complete. Any misstatements or omission of fact on this application may result in the rejection of my application. If you decide to engage an agency report on my credit and personal history or criminal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in this report. I will be responsible for the costs of all reports or histories

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

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

The Association will review the application within 30 days of receipt. Incomplete applications will be rejected.

Reviewed for Association by: \_\_\_\_\_ Approved \_\_\_ Denied \_\_\_\_\_

If denied, please explain:

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Sale Application Address

DISCLOSURE AND AUTHORIZATION FOR CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

Company Name: TRITON PROPERTY MANAGEMENT

Community \_\_\_\_\_

In connection with your application and/or employment with above listed Company (hereinafter "the Company") this notice is provided to inform you that a "consumer report" and/or "investigative consumer report," as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), may be obtained from a consumer reporting agency for employment purposes. These reports may include information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information about you relating to criminal history, credit history, motor vehicle records such as driving records, workers' compensation claims (post job offer, or conditional job offer), verification of education or employment history, social media or other background checks. They may involve personal interviews with sources such as your neighbors, friends or associates. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to the Company and National Crime Search, Inc., 3452 E. Joyce Blvd., Fayetteville, AR 72703 – 888-527-3282. For information about National Crime Search, Inc.'s privacy practices see www.nationalcrimesearch.com. The scope of this notice and authorization is not limited to the present and, if you are hired, will continue and allow the Company to conduct future background screenings for retention, promotion or reassignment, unless revoked by you in writing. The Company also reserves the right to share your report with any third-party for whom you will be placed to work with as a representative of the Company.

Acknowledgement and Authorization

You hereby authorize the obtaining of a consumer report and/or investigative consumer report at any time after receipt of this authorization by the Company, and if you are hired, throughout your employment, as permitted by law. You also confirm your understanding and provide consent for this report to be shared with a third-party for whom you may be placed to work as a representative of the Company, if applicable.

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

Full Legal Name (please print) \_\_\_\_\_

Other or Former Names (please print) \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

County \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth\*\* \_\_\_\_\_ SSN \_\_\_\_\_

Name on Driver's License (if different from legal name) \_\_\_\_\_

Driver's License # \_\_\_\_\_ State issued \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

\*\*This information will be used for background screening purposes only and no other purpose.

**The Las Casitas Homeowners Association**

***CERTIFICATE OF APPROVAL FOR SALE***

This is to certify that the following named buyer has hereby obtained the approval for purchase by the Board of Directors of The Las Casitas Homeowners Association.

Address/Unit#: \_\_\_\_\_

Current Owner: \_\_\_\_\_

Buyer: \_\_\_\_\_

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

Comments: SUBJECT TO ALL DUE AND PAYABLE ASSESSMENTS BEING PAID CURRENT

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

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

\*\*\*\*\*

State of Florida  
Palm Beach County

The foregoing instrument was acknowledged before me this day \_\_\_\_\_(day) of \_\_\_\_\_  
(month), \_\_\_\_\_ (year) by \_\_\_\_\_ (name) \_\_\_\_\_  
(title), who is personally known or provided \_\_\_\_\_ as identification and who did/did not take  
an oath.

Signature of Notary: \_\_\_\_\_

(Seal)