1455 N Treasure Drive, North Bay Village, FL 33141 Phone: 305-397-8329

PLEASE READ ALL INSTRUCTIONS BELOW CAREFULLY ALL FEES ARE NON-REFUNDABLE

Method of payments:

Company Checks or Money Orders ONLY. No personal checks, No credit cards.

Cashier Checks/Money Orders \$150.00 Regular Fee (15-20 business days / 15-20 dias laborales) NO RUSH
SERVICE AVAILABLE no exceptions. PLEASE NOTE THE FOLLOWING BEFORE MAILING/DROPPING
OFF YOUR APPLICATION

- 1. Fees are per applicant, unless married. If last names are different, copy of marriage certificate MUST BE PROVIDED AND ATTACHED.
- 2. Cashier Check or Money Order ONLY FOR: Common Area Security Deposit. Equivalent to One Month's Rent or \$1,000.00 whichever is less.
- 3. A copy of the lease/sale contract must be attached. Please note only the names on the contract will appear on the actual approval if granted. If a different name (ie Corporation) must be on certificate of approval corporation documents copies are required. NOTE COPIES WILL NOT BE MADE BY OUR OFFICE.
- 4. Screening Addendum and Acknowledgement of Rules and Regulations must be filled out <u>completely</u> and attached.
- 5. Application MUST BE COMPLETELY filled out and signed, please put N/A if there is no information to provide in that area and a social security must be on the application for screening purposes. IF applicant does not have a valid social security then a copy of the passport is required. NO FAXES ARE ALLOWED; ORIGINAL SIGNATURES ONLY.NO EXCEPTIONS
- 6. Application MUST BE submitted to the association not less than thirty (30) business days before the moving date or closing date. No exceptions. If application is NOT turned into the association office (30) business days before moving date or closing date, applicant is not allowed to move in.
- 7. Should a potential occupant move in without prior written approval, the Association will impose a \$200.00 FINE per day up to a thousand dollars (\$1,000.00) maximum to your account without any previous notice.

Occupancy prior to approval of the Association is PROHIBITED.

Lease is subject to renewal at the end of the lease term

It is the owner's responsibility to make sure current/updated/renewal of lease is on file prior to expiration OF CURRENT CONTRACT/LEASE to avoid possible eviction and/or deactivation of all FOBs at owners expense of any and all unapproved tenants residing on property.

OCCUPANCY REGULATIONS No more than 2 occupants per room as mandated by the Fire Department.

Applications along with the above requested information must be HAND DELIVERED to:

Island Place at North Bay Village Condominium Association, Inc. 1455 N. Treasure Drive North Bay Village, Florida 33141

NO FAXES ARE ALLOWED; ORIGINAL SIGNATURES ONLY.

• If there are any questions NOT answered or left blank on the application, the application will be returned and NOT processed. Please make sure to review your application prior to turning It into the association to avoid any delays.

NOTE: Prospective buyers and/or tenants will NOT be approved if the sellers and/or landlords are delinquent on their maintenance fees account and/or have any pending violation.

Applicant(s) Contact Information to schedule interview:

Day Number:	Evening Number:
Please DO NOT CONTACT/CA	LL the management office to RUSH the process as this will only delay the
application; Management will conta	ct you when the application has been approved to schedule an interview with

the Association.

1455 N Treasure Drive, North Bay Village, FL 33141 Phone: 305-397-8329

APPLICATION CHECKLIST FOR APPLICANT TO FOLLOW

(Please return this form with application)

Association: ISLAND PLACE AT NORTH BAY VILLAGE CONDOMINIUM ASSOCIATION
Property Address:
Owners Name:
Applicant(s) Name:
All of the items below are required prior to processing of application.
Screening Fee - \$150.00
Elevator Deposit - \$500.00 - (Check or Money Order) made payable to ISLAND PLACE AT NORTH BAY VILLAGE CONDOMINIUM ASSOCIATION (Refundable at end of lease term or upon move out)
Security Deposit – Equivalent to One Month's rent or \$1000.00 whichever is less (Check or Money Order) common area security deposit made payable to ISLAND PLACE AT NORTH BAY VILLAGE CONDOMINIUM ASSOCIATION
Pet Deposit - \$500.00 (Check or Money Order) ISLAND PLACE AT NORTH BAY VILLAGE CONDOMINIUM ASSOCIATION
Pet Fee - \$500.00 non-refundable (Check or Money Order) ISLAND PLACE AT NORTH BAY VILLAGE CONDOMINIUM ASSOCIATION
Complete Application. (One application and fee <u>per married couple</u> or one application and fee for each applicant)
Present & Former information complete
Social Security Number (if applicant does not have SS copy of passport will be needed)
Date of Birth
Copy of Driver's License or Passport
Proof of Vehicle(s) Insurance
Copy of Vehicle(s) registrations for all registered drivers.
One (1) Personal Character and One (1) Employer Reference Letter.
Copy of Rental Contract or Sales Contract.

APPLICATION FOR OCCUPANCY This Application Must Be Completed in Full by Prospective Tenant

Name:	
Spouse:	
Present Address:	
	me)(Work)
Date of Birth:	Spouse DOB:
Social Security #:	Spouse SSN:
Number of Children: Ag	ges: Pets:
Total Number of People to occupy Premises:	Adults: Children:
In case of Emergency Notify:	
Emergency Contact Number:	
Vehicle Make & Model:	Tag#:
Vehicle #2 Make & Model:	Tag #:
(Name of bank and location) Bank Telephone #:	Acct#:
Applicants Employer:	
Employer Address:	
	te of Employment:
Employers Telephone:	Contact Name:
Co-Applicants Employer:	
Employer Address:	
Position:	Date of Employment:
Employers Telephone:	Contact Name:
****************	****************
Approval is hereby granted to the association or its agent application, and full disclosure of pertinent facts may be authorized to obtain a credit rating through a credit repo	made to the association. The association is also
Signed:	Signed:
Applicant Name:	Applicant Name:

Association Name: ISLAND PLACE AT NORTH BAY VILLAGE CONDOMINIUM ASSOCIAIOTN INC.ISLAND PLACE AT NORTH BAY VILLAGE CONDO

Condominium Association, Inc.

Rules and Regulations Receiver Form

I/We				
Of Unit Number on		AT Island Plac 202at	e at North Bay Village Condo am/pm	ominium Association, Inc.
HAVE READ THE I			FULLY UNDERSTAND EA E AT:	CH OF THE RULES.
	ND PLACE AT N North Treasure D		LAGE CONDO , North Bay Village Florida	33141
	TER AND/OR FIN	NE AS DETERMI	N OF THE RULES AND REONED BY THE BOARD OF D	
Signed this	day of		20()	
Γenant:(Signature)				
Print Name:				
Гепаnt: (Signature)				
Print Name:				

PLEASE NOTE YOU ARE APPLYING TO RESIDEN IN A CONDOMINIUM NOT A RENTAL COMMUNITY. FOR YOUR

Condominium Association, Inc.

VEHICLE REGISTRATION (ONLY ONE ASSIGNED SPACE PER UNIT)

Name:			
Address:			
Phone#:	Year	Round Resident	? Yes No
*** If you checked NO above, please ar	nswer the following question	as for our knowle	dge when you are away***
Street #:			
City:	State:		Zip Code:
Telephone #:	Own	er:	Renter:
Number of Vehicles:			
VEHICLE #1			
Make:	Year:	Model	:
Color:	Tag #:		Exp. Date:
License#:		State:	
Vehicle Registered to:			
Address Vehicle is registered at:			
City:	State:		Zip:
VEHICLE #2			
Make:	Year:	Model	:
Color:	Tag #:		Exp. Date:
License#:		_ State:	
Vehicle Registered to:			
Address Vehicle is registered at:			
City:	State:		Zip:
Signature of Applicant(s):			
Signature		Print Name	
Signature			

Condominium Association, Inc.

PARKING DECAL PROGRAM

	Decal# /
	Parking Space#:
	Issued by:
	Date:
	(FOR OFFICE USE ONLY)
and place a parking decal on their vehicle in orde	 Every resident who parks a vehicle on the property must obtain r to avoid having their vehicle towed. It should be placed on the r. Do not place it in a way that it cannot be seen. It must be to towing.
bring it with you when you come to pick it up. Be	ase fill in the following information and drop off this form or prepared to show identification (drivers license) with your nd a copy of the vehicle registration. It will help expedite the
bring it with you when you come to pick it up. Be current address or a copy of your current lease, a process.	e prepared to show identification (drivers license) with your nd a copy of the vehicle registration. It will help expedite the
bring it with you when you come to pick it up. Be current address or a copy of your current lease, a process. Name:	prepared to show identification (drivers license) with your nd a copy of the vehicle registration. It will help expedite the Name:
bring it with you when you come to pick it up. Be current address or a copy of your current lease, a process. Name:	prepared to show identification (drivers license) with your nd a copy of the vehicle registration. It will help expedite the Name:
bring it with you when you come to pick it up. Be current address or a copy of your current lease, a process. Name: Address: City: State:	Prepared to show identification (drivers license) with your and a copy of the vehicle registration. It will help expedite the Name: Address: City: State:
bring it with you when you come to pick it up. Be current address or a copy of your current lease, a process. Name: Address: City: Zip Code:	Prepared to show identification (drivers license) with your and a copy of the vehicle registration. It will help expedite the Name: Address: City: Zip Code:
bring it with you when you come to pick it up. Be current address or a copy of your current lease, a process. Name: Address: City: State: Home Tel:	Prepared to show identification (drivers license) with your and a copy of the vehicle registration. It will help expedite the Name: Address: City: State: Tip Code: Home Tel:
bring it with you when you come to pick it up. Be current address or a copy of your current lease, a process. Name: Address: City: Zip Code:	Prepared to show identification (drivers license) with your and a copy of the vehicle registration. It will help expedite the Name: Address: State: State: Work Tel: Work Tel: State: Stat

Name: _____ Name: _____ Address: Address: City: _____ State: _____ City: _____ Zip Code: _____ Zip Code: ___ Home Tel: Home Tel: __ Work Tel: __ Work Tel: _____ **Cell Phone:** ______ Cell Phone: Email Address: **Email Address Vehicle #1 Identification Information: Vehicle #2 Identification Information:** License Plate# _____ License Plate# VIN #: _____ VIN #: _____ Year: _____ Make: ____ Year: _____ Make: _____ Model _____ Model _____ Color: Color: Vehicle Decals will be assigned to the unit parking space and will be subject to tow if parked in unauthorized space. Lost or replaced tags will be available at a cost of \$5.00 per vehicle. Owner _____ Provided to: Print Name: Tenant _____ Provided to: ______ Owner _____ Tenant Tenant understands that parking decal will expire automatically when their lease expires. Tenant must provide current copy of their lease to obtain a new Parking Permit. Current Copy of Lease Provided: _____ # Of Occupants: _____

Condominium Association, Inc.

ACKNOWLEDGEMENT OF PROHIBITION AGAINST UNAPPROVED OCCUPANTS AND CONTRACT FOR PAYMENT OF PENALTIES AND FINES FOR VIOLATIONS

NOTE: This is a legally binding contract. Do not sign and execute it unless and until you fully understand it and it legal significance, including the potential financial penalties and fines involved. You may take this Contract You may take this Contract to be reviewed by anyone of your choice before you execute it and we encourage you to do SO. I/We the following tenants, renters, occupants of Unit # _____ at Island Place at North Bay Village Condominium Association, Inc., 1455 North Treasure Drive, North Bay Village, Miami Dade County Florida 33141 (hereafter the" Association"), who are applying or have applied to the Association to be approved for occupancy of said Unit, do hereby understand, acknowledge, and agree that if any person(s) over the age of seventeen (17) resides (spends the night) in said Unit for more than fourteen (14) days during any calendar month. the I/We shall cause each such person to submit an application to the Association and participate in the screening process as if they were applying to become tenants. I/We further understand, acknowledge, and agree that if we refuse or otherwise fail to comply (or fail to obtain compliance by such person(s) with the terms and provisions of this Contract, that we shall be liable to the Association for liquidated damages. Given that the nature of the damages to the Association in such instances is usually difficult or impossible to measure, we hereby voluntarily agree and consent to the amount of Four Thousand Dollars (\$4,000.00) as and for agreed upon liquidated damages for each person who resides in said Unit in violation of this Contract. I/We further understand, acknowledge and agree that the liquidated damages are not the exclusive remedy available to the Association, and that the Association may take any additional action(s) to protect itself and enforce its declaration documents, bylaws and rules. In addition to the liquidated damages referenced above, I/We hereby understand, acknowledge, and agree that we shall also be responsible for payment of all reasonable attorney's fees, suit monies and costs incurred by the Association in removing the offending person(s) from the property by injunction or other legal means. READ, UNDERSTOOD AND AGREED BY: **Signature** Date **Print Full Name**

Date

Signature

Print Full Name

BROWNS BACKGROUND CHECKS CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER

I understand that you may obtain consumer reports that relate to my credit and/or criminal history. This Information will, in whole or in part, be obtained from AISS a Sterling Info systems Company, 6111 Oak Tree Blvd., 4th Floor, Independence, Ohio 44131, telephone 800-853-3228. I understand that you may be requesting Information from various federal, state and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my credit and/or criminal history. This information will be reviewed by the Association and may be reviewed by a unit owner if it's a rental.

authorize, without reservation, any paramentioned information.	rty, institution, or agency contac	ted by AISS to furnish the above
	/ /	
Applicant	DOB	Social Security If International please provide Passport Number
	/	
Applicant	DOB	Social Security If International please provide Passport Number
Alias/Previous Name(s)		
Current Physical Address	City & State	Zip Code
Notice to CALIFORNIA Applicants Under Section 1786.22 of the Californi Identification, the nature and substance Information, and the recipients of any reperiod preceding your request. You may hours. You may also obtain a copy of the duplication services. Upon making a way of the california and the recipients of any reperiod preceding your request.	e of all information in its files on reports on you, which AISS has p ay view the file maintained on you his file upon submitting proper ion	you, including the sources of previously furnished within two-year ou by AISS during normal business
Signature:		Date:
Co-Applicant		
Signature:		Date: