ISLAND PLACE AT NORTH BAY VILLAGE CONDO

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 (i.e., 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 completely 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/CALL the management office to RUSH the process as this will only delay the application; Management will contact you when the application has been approved to schedule an interview with the Association.

ISLAND PLACE AT NORTH BAY VILLAGE CONDO

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 per married couple 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: _____

Phone: _____ **(Home)** _____ **(Work)**

Date of Birth: _____ **Spouse DOB:** _____

Social Security #: _____ **Spouse SSN:** _____

Number of Children: _____ **Ages:** _____ **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 #:** _____

Bank Reference: _____

(Name of bank and location)

Bank Telephone #: _____ **Acct#:** _____

Applicants Employer: _____

Employer Address: _____

Position: _____ **Date 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, to investigate all information supplied on this application, and full disclosure of pertinent facts may be made to the association. The association is also authorized to obtain a credit rating through a credit reporting agency if required.

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_____**AT Island Place at North Bay Village Condominium Association, Inc. on**_____**, 202**_____**at**_____**am/pm**

HAVE READ THE RULES AND REGULATIONS AND FULLY UNDERSTAND EACH OF THE RULES. I/WE WILL ABIDE BY THEM SO LONG AS I RESIDE AT:

Building: **ISLAND PLACE AT NORTH BAY VILLAGE CONDO**
1455 North Treasure Drive Unit_____**, North Bay Village Florida 33141**

WE/I FURTHER UNDERSTAND THAT A VIOLATION OF THE RULES AND REGULATIONS COULD RESULT IN A LETTER AND/OR FINE AS DETERMINED BY THE BOARD OF DIRECTORS AND THE ASSOCIATION RULES AND REGULATIONS.

Signed this_____**day of**_____**20( )**

Tenant:_____

_____
(Signature)

Print Name: _____

Tenant:_____

_____
(Signature)

Print Name: _____

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

ISLAND PLACE AT NORTH BAY VILLAGE CONDO

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 answer the following questions for our knowledge when you are away*****

Street #: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone #: _____ **Owner:** _____ **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 **Print Name**

ISLAND PLACE AT NORTH BAY VILLAGE CONDO

Condominium Association, Inc.

PARKING DECAL PROGRAM

Decal# /
Parking Space#: _____
Issued by: _____
Date: _____
(FOR OFFICE USE ONLY)

The Association is enforcing a MANDATORY PARKING DECAL PROGRAM in order to assist the association in identifying unauthorized vehicles on the property. Every resident who parks a vehicle on the property must obtain and place a parking decal on their vehicle in order to avoid having their vehicle towed. It should be placed on the rear window or may be placed on the rear bumper. Do not place it in a way that it cannot be seen. It must be visible! If it is not visible, your vehicle is subject to towing.

In order to obtain the required parking decal, please fill in the following information and drop off this form or bring it with you when you come to pick it up. Be prepared to show identification (drivers license) with your current address or a copy of your current lease, and a copy of the vehicle registration. It will help expedite the process.

Name: _____
Address: _____
City: _____ **State:** _____
Zip Code: _____
Home Tel: _____
Work Tel: _____
Cell Phone: _____
Email Address: _____

Name: _____
Address: _____
City: _____ **State:** _____
Zip Code: _____
Home Tel: _____
Work Tel: _____
Cell Phone: _____
Email Address: _____

Vehicle #1 Identification Information:
License Plate# _____
VIN #: _____
Year: _____ **Make:** _____
Model _____
Color: _____

Vehicle #2 Identification Information:
License Plate# _____
VIN #: _____
Year: _____ **Make:** _____
Model _____
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.

Provided to: _____ **Print Name:** _____ **Owner** _____
Tenant _____

Provided to: _____ **Print Name:** _____ **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: _____

ISLAND PLACE AT NORTH BAY VILLAGE CONDO

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 acknowledge that if during the lease term the unit owner is delinquent in paying any monetary obligation due to the association, the association may make a written demand that I/we, as the tenant(s), pay to the association the subsequent rental payments and continue to make such payments until all monetary obligations of the unit owner related to the unit have been paid in full to the association. The tenant(s) must pay the monetary obligations to the association until the association releases the tenant(s) or the tenant(s) discontinues tenancy in the unit. The unit owners and tenants agree to incorporate the terms of Section 718.116(11), Florida Statutes hereto as the same may be amended from time to time.

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

_____ _____

Signature **Date**

_____

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.

I authorize, without reservation, any party, institution, or agency contacted by AISS to furnish the above mentioned information.

_____	_____/_____/_____	_____
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 California Civil Code, you have the request from AISS, upon proper Identification, the nature and substance of all information in its files on you, including the sources of Information, and the recipients of any reports on you, which AISS has previously furnished within two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

Signature:_____ Date: _____

Co-Applicant
Signature: _____ Date: _____