Residential Application for Buyers
901 S. Surf Rd Hollywood Fl. 33019

Date:_____

Realtor/Agent
Name:_____ Phone:_____ Email_____

Property Address:_____ Unit# _____ Expected Closing Date:_____
Is this property will be used as _____Expected Move in date:_____

Closing/Title Company Contact info_____Agent Name_____
Email:_____Phone_____

Applicant Information:
Name:_____Mi_____Last_____ Dob:_____
Phone:_____Email:_____
Marital Status_____ ID_____ #_____State:_____ SSN_____
Have you ever convicted for a Crime ? _____ if Yes, when? _____Case Status:_____
Explain_____

Employment Information:
Employment Status:_____ Other Source of Income_____
Current Employment Information:_____Position:_____
Avg Salary:_____ Date of employment From_____To _____

Bank Information:
Type of Account_____Bank Name_____
Type of Account_____Bank Name_____
Type of Account_____Bank Name_____

Residential History:
Current Address:_____City_____State_____Zip code_____
Living there from:_____ To_____ Rent Own Family Other _____

Previous Address: _____City_____State_____Zip code_____
Living there from:_____ To_____ Rent Own Family Other _____

Do you have a Co Applicant?_____What is your relationship with Co-Applicant:_____

In the case of a legally married couple, a copy of the marriage certificate must be submitted along with the application.

Co-Applicant Information:

Name:_____Mi_____Last_____ Dob:_____

Phone:_____Email:_____

Marital Status_____ ID_____ #_____State:_____ SSN_____

Have you ever convicted for a Crime ? _____ if Yes, when? _____Case Status:_____

Explain_____

Employment Information:

Employment Status:_____ Other Source of Income_____

Current Employment Information:_____Position:_____

Avg Salary:_____ Date of employment From_____To _____

Bank Information:

Type of Account_____Bank Name_____

Type of Account_____Bank Name_____

Type of Account_____Bank Name_____

Residential History:

Current Address:_____City_____State_____Zip code_____

Living there from:_____ To_____ Rent Own Family Other _____

Previous Address: _____City_____State_____Zip code_____

Living there from:_____ To_____ Rent Own Family Other _____

Additional Occupants that will reside at the Unit Including Adults or Children's? How Many?

Name:_____Mi_____ Last_____ Age_____ Relationship_____

Name:_____Mi_____ Last_____ Age_____ Relationship_____

Name:_____Mi_____ Last_____ Age_____ Relationship_____

Important Notice:

Each additional adult listed on this application must complete and submit a separate Application for Occupancy and pay the corresponding application fees.

Pet information:
Do you have pets? How many?

Type:_____Breed_____Weight_____Age:_____ Name_____

Type:_____Breed_____Weight_____Age:_____ Name_____

Vehicle Information
How Many Vehicles do you have?

Make_____Model_____Year_____Tag_____ State_____ type
Make_____Model_____Year_____Tag_____ State_____ type
Make_____Model_____Year_____Tag_____ State_____ type

Please provide three (3) personal references and indicate which reference should be considered your primary contact, including their complete contact information.

Name_____Phone_____Email_____
Address_____Relationship_____
Set as Authorized to Access your unit in case of emergency?

Name_____Phone_____Email_____
Address_____Relationship_____
Set as Authorized to Access your unit in case of emergency?

Name_____Phone_____Email_____
Address_____Relationship_____
Set as Authorized to Access your unit in case of emergency?

Applicant Authorization and Acknowledgment
By Signing below, I/we acknowledge and authorize Andoric Apartments, its property management company Platinum Property Management, and their respective officers, agents, and/or Board of Directors to obtain and review background information for all applicants listed on this application. This authorization includes, but is not limited to, credit reports, criminal background checks, and other relevant screening reports deemed necessary to evaluate this application.
I/we understand that this information will be used solely for the purpose of determining eligibility for occupancy and will be handled in accordance with applicable laws and regulations.

Applicant

Signature_____
Name_____
Date_____

Co-Applicant

Signature_____
Name_____
Date_____

ACKNOWLEDGMENT OF COOPERATIVE STRUCTURE AND LAND LEASE REVIEW

This Acknowledgment is executed on this ___ day of _____, 20____, by the undersigned purchaser(s)/shareholder(s) of a proprietary lease in Andoric Apartments, Inc. (the "Cooperative"), located at 901 S Surf Rd, Hollywood, FL 33019 (the "Property").

WHEREAS, Andoric Apartments, Inc. is a Florida cooperative housing corporation formed pursuant to Chapter 719, Florida Statutes;

WHEREAS, the Cooperative operates under a land lease dated August 26, 1965, by and between the landowners and Andoric Apartments, Inc. (the "Land Lease"); and

WHEREAS, the undersigned is acquiring a proprietary lease and stock certificate/ownership interest in the Cooperative, thereby becoming a shareholder and resident of the Cooperative;

NOW, THEREFORE, the undersigned hereby acknowledges, agrees, and affirms the following:

1. The undersigned acknowledges and understands that Andoric Apartments, Inc. is a cooperative corporation. By purchasing shares in the corporation, the undersigned is acquiring the right to occupy a specific unit pursuant to a proprietary lease and is not obtaining fee simple title to real property.
2. The undersigned affirms that they have been provided with a full and complete copy of the Land Lease governing the property upon which Andoric Apartments is situated, and have had the opportunity to review it prior to executing this Acknowledgment. The undersigned understands the terms and implications of the Land Lease.

IN WITNESS WHEREOF, the undersigned has executed this Acknowledgment as of the date first written above.

Signature of Purchaser/Shareholder: _____

Printed Name: _____

Unit Number: _____

Signature of Co-Purchaser/Shareholder (if applicable): _____

Printed Name: _____

ADDENDUM OF OCCUPANCY TO APPLICATION FOR RESIDENCY

This Addendum is made part of the Application for Residency submitted to Andoric Apartments, Inc., a Florida Cooperative.

Unit Number: _____
Address: _____
Date of Application: _____

1. RESIDENT MEMBER(S)
□ Check if Resident Member is the same as the Purchaser/Shareholder

Primary Resident Member
- Full Legal Name: _____
- Relationship to Purchaser/Shareholder (if not self): _____
- Phone Number: _____
- Email Address: _____

Second Resident Member (if applicable)
- Full Legal Name: _____
- Relationship to Primary Purchaser/Shareholder: _____
- Phone Number: _____
- Email Address: _____

Note: Resident Members must be approved in accordance with the Bylaws. Only individuals approved by the Association may reside in the unit.

2. IMMEDIATE FAMILY MEMBERS RESIDING IN THE UNIT
Full Name Relationship to Resident

Member(s)
Name_____Age_____ Relationship_____
Name_____Age_____ Relationship_____
Name_____Age_____ Relationship_____

Any individual not listed above must complete and submit a Guest Registration Form in accordance with the Bylaws prior to occupying or staying in the unit. Unauthorized occupancy is a violation of the governing documents.

3. ACKNOWLEDGMENT OF OCCUPANCY LIMITS

By signing below, the undersigned acknowledge and agree to the following:
- They will comply with the occupancy limits as set forth in the Bylaws of Andoric Apartments, Inc.

- All persons residing in the unit have been listed and approved.
- Any guest or additional occupant not listed in this form must be pre-registered and approved by Management using the Guest Registration Form.

-Any changes in occupancy must be reported in writing and approved in advance.

4. SIGNATURES
Primary Resident Member Signature: _____
Printed Name: _____
Date: _____

Second Resident Member Signature (if applicable): _____
Printed Name: _____
Date: _____
Purchaser/Shareholder Signature (if different): _____
Printed Name: _____
Date: _____

Once you submit all digital application documents, no further action is required.

Please ensure to provide the following:

- Fully executed and signed Purchase Agreement
- Addendum to Contract for Sale and Purchase of Cooperative
- Copies of applicants' IDs
- Marriage certificate (if applicable)
- Proof of income (either 3 months of bank statements or pay stubs)

Please submit your application fee via Zelle to management@pppservicesfl.com.

Important: Make sure all documents are properly scanned. Screenshot or image files may delay the processing of your application.