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SALES / LEASE APPLICATION CHECKLIST FOR UNIT NUMBER: _____

APPLICANT(S) NAME(S): _____

IF LEASING, LEASE STARTING ON: _____ENDING ON_____

- ☐ Application Instructions Acknowledgement
- ☐ Completion of Contact Information Form
- ☐ Consent to obtain consumer report on subscriber – Brown's Background Checks
- ☐ Receipt of Rules and Regulations Acknowledgement Agreement
- ☐ Rules and Regulations Initials on all Pages by the Applicant(s)
- ☐ Copy of Valid ID (not expired)
- ☐ Copy of Vehicle Registration (if applicable)
- ☐ Copy of Vehicle Card Insurance (if applicable)
- ☐ Fully Executed Sales Contract and its Addenda (for Sales)
- ☐ Fully Executed Lease Agreement (for Leasing)
- ☐ **Previous Landlord Reference Letter (for Leasing)**
- ☐ **Tenant's Certificate of Insurance**
- ☐ **Owner' Home Certificate of Insurance (HO-6 – Homeowner's Insurance Policy)**
- ☐ Pet(s) documents, including vaccines (if applicable)
- ☐ Application Fees (Please review Application Instructions)
- ☐ Exclusive Use of Service Elevator Fee (Please review Application Instructions)
- ☐ Certificate of Insurance (COI), if applicable
- ☐ Onsite Interview with The Board of Directors will be scheduled once application is complete
- ☐ Three (3) months of bank statements and Paystubs

Completed By: _____ Date: _____
Licensed Community Association Manager

Approved/Denied: _____ Date: _____
Board of Directors Member

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APPLICATION INSTRUCTIONS **UNIT #_____**

Prospective Buyers:

1. Must fill out all applications, forms, and documents completely.
2. Must provide a copy of the fully executed sales contract with each application.
3. Must provide a copy of a government issued, non-expired I.D. for identification purposes.
4. Must submit non-refundable payment for application fee of **One Hundred and Fifty Dollars (150.00)** per non-spouse applicant* for Domestic searches. However, an application fee of **Two Hundred and fifty Dollars ($200.00)** per applicant* for international searches will apply. Payment must be in the form of a check, money order or cashier's check and must be made payable to: **Cassa Brickell Condominium Association**
5. Must submit refundable Security Deposit in case of damages in the amount of Five Hundred Dollars ($500) in the form of a check, money order or cashier's check made payable to: **Cassa Brickell Condominium Association** for the exclusive use of the designated Service Elevator. Upon inspection of common area leading from the loading zone to the unit, including but limited to, the elevators and corridors, this security deposit will be returned. In the event of damages, the payment will be deposited and refunded the difference to the issuer of payment.
6. Must submit Certificate of Insurance (COI) from moving company, if applicable.
7. **Please allow up to thirty (30) business days for the application to process. The completion of this package is the applicant's responsibility. Prospective buyer(s) must complete this application form in detail.**
8. **Important: Processing of this application will begin after all required forms have been completed, signed, and submitted to the Association.**

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APPLICATION INSTRUCTIONS **UNIT #_____**

Prospective Tenants:

1. Must fill out all applications, forms, and documents completely.
2. Must provide a copy of the fully executed lease agreement and signed lease addendum and/or executed sales contract with each application.
3. Must provide a copy of a government issued, non-expired I.D. for identification purposes.
4. Must submit non-refundable payment for application fee of **One Hundred and Fifty Dollars (150.00)** per non-spouse applicant* for Domestic searches. However, an application fee of **Two Hundred Dollars ($200.00)** per applicant* for international searches will apply. Payment must be in the form of a check, money order or cashier's check and must be made payable to: **Cassa Brickell Condominium Association**
5. Must submit refundable Security Deposit equal to one (1) month's rent, in the form of a check, money order or cashier's check and must be made payable to: **Cassa Brickell Condominium Association**, must be submitted to the Association at the time of application. Upon written request to the Association and after the move-out has been completed, this security deposit will be returned in accordance with Florida Landlord and Tenant Law to the name listed on the original payment deposit received.
6. Must submit refundable Security Deposit in case of damages in the amount of Five Hundred Dollars ($500) in the form of a check, money order or cashier's check made payable to: **Cassa Brickell Condominium Association** for the exclusive use of the designated Service Elevator. Upon inspection of common area leading from the loading zone to the unit, including but limited to, the elevators and corridors, this security deposit will be returned. In the event of damages, the payment will be deposited and refunded the difference to the issuer of payment.
7. Must submit Certificate of Insurance (COI) from moving company, if applicable.
8. **Please allow up to thirty (30) calendar days for the application to process. The completion of this package is the applicant's responsibility. Prospective tenant(s) must complete this application for occupancy in detail.**
9. **Important. Processing of this application will begin after all required forms have been completed, signed, and submitted to the Association.**

*" Applicant" = A person over the age of 18 years residing in the unit

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RULES AND REGULATIONS ACKNOWLEDGEMENT AGREEMENT **UNIT #** _____

I hereby acknowledge that I will abide by the Rules, Policies and Regulations set forth by the Cassa Brickell Condominium Association Inc. I also understand that I am personally responsible for my actions as defined in Florida Statute 718.303.

I agree that I am subject to the Bylaws of Cassa Brickell Condominium Association, Inc. Failure to comply with terms and conditions thereof shall be a material default and breech of the lease agreement.

I/We understand that this application must be completed in its entirety, and declare that the information provided is true and correct. Willful misrepresentation will void any lease, contract or agreement entered into in connection with this application.

I/We authorize the Association or its agent(s) to obtain and verify a consumer credit and background reports and understand an investigation may be conducted to determine mode of living, financial ability, personal character and general reputation.

I/We release the Association, their agent(s) and members from any loss, expense or damage, which may result directly or indirectly from any information or reports furnished

Dated: This _____ day of_____, 20_____

_____ _____

Owner or Authorized Representative Signature Print Name

(CONT'D)
LEASE ACKNOWLEDGEMENT AGREEMENT FOR UNIT # _____

I hereby agree for myself and on behalf of all persons who may use the Unit, which I seek to lease that we will abide by all the restrictions contained in the Declaration of Condominium, By-Laws, Rules and Regulations, Condominium Governing Documents and other restrictions of Cassa Brickell Condominium Association, Inc.

Signature of Applicant:_____

Name:_____

Signature of Spouse/Roommate: _____

Name:_____

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☐ SALE | ☐ LEASE **APPLICATION FOR UNIT** _____

Applicant Information			
Name:			
Phone:	E-mail:		
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please	Monthly payment or rent:		How long?
Employment Information			
Current employer:			
Employer address:			How long?
Phone:	Supervisor:		
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
Emergency Contact			
Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			
Co-applicant Information, if Married			
Name:			
Phone:	E-mail:		
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please	Monthly payment or rent:		How long?
Co-applicant Employment Information			
Current employer:			
Employer address:			How long?
Phone:	Supervisor:		
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Annual income:	
References			
Name:	Address:		Phone:
I attest that the information contained herein is true and answered to the best of my ability. I have received a copy of this application.			
Signature of applicant:			Date:
Signature of co-applicant:			Date:

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UNIT #_____

BROWN'S BACKGROUND CHECKS

CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER

Cassa Brickell Condominium Association Inc.

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 Infosystems Company, 6111 Oak Tree Blvd, 4th floor, Independence, OH 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 Name | Date of Birth* | Social Security Number

***Date of Birth is requested in order to obtain accurate retrieval of records.**

If International please provide Passport Number

_____ _____/_____/_____ _____

Co-Applicants Name | Date of Birth | Social Security Number

If International please provide Passport Number

_____

Alias/Previous Name(s)
Applicant

_____ _____ _____

Current Physical Address | City & State | Zip Code
Applicant

_____

Alias/Previous Name(s)
Co-Applicants

_____ _____ _____

Current Physical Address | City & State | Zip Code
Co-Applicants