

KENDALL GATE-A CONDOMINIUM INC
C/O Bridgestone Property Management
8785 SW 165 Ave, Suite 200-2014 Miami, FL 33193
Phone: (877) 331-8451 Business hours: M-F 9:30 AM – 4:30 PM

INSTRUCTIONS FOR SALE OR LEASE APPLICATIONS

LISTED BELOW ARE PROCEDURES AND DOCUMENTS THAT WILL BE REQUIRED FOR APPROVAL OF SALE OR LEASE APPLICATIONS:

Please complete and sign all required forms. When submitting the application package, ensure it includes all pages in the correct order along with the following items.

1. Completed Application.
2. A Copy of Lease or Sale Agreement (all pages).
3. Signed and completed Screening & Disclosure and Authorization Agreement form (one form per applicant).
4. A non-refundable application screening fee of \$150.00 (over the age of 18) per first applicant or married couple (marriage certificate must be attached to the application). \$50.00 per additional applicant. A non-refundable processing fee of \$50.00. Please make money orders or cashier's checks payable to **Bridgestone Property Management (include the address and unit number in the note section). Zelle payments to zelle@bridgestonepropertymgmt.com. CASH OR PERSONAL CHECKS WILL NOT BE ACCEPTED; only cashier's checks, money orders, or Zelle payments are accepted. For rush orders (2 weeks) there is an additional fee of \$100.00.**
5. COPY OF PICTURE IDENTIFICATION FOR ALL ADULT APPLICANTS: Driver License, state identification card, green card, or passport.
6. COPY OF ALL VEHICLE REGISTRATIONS AND INSURANCE.
The completed package must be submitted to the association management agent whose name appears below at least 30 days prior to the interview meeting.

Applicants without a Social Security Number require an additional processing fee. Please note that these applications will take up to two (2) additional weeks to complete **before** the application review and interview process can begin.

Application Fees (No Social Security Number):

- **North America (excluding the USA), South America, Western Europe, and the UK**

1 Applicant: \$150.00

2 Applicants: \$250.00

● **Eastern Europe, Asia, Africa, and Oceania**

1 Applicant: \$250.00

2 Applicants: \$450.00

HAND-DELIVER THE ABOVE TO:
Kendall Gate-A Condominium Association
10850 SW 88 St MIAMI, FL 33176
or email to: marta@bridgestonepm.com

Once the application is complete and approved, an interview will be scheduled with the applicants. Please refrain from calling if the application is still within the standard processing time-frame, as no updates will be available during this period.

Acknowledged and Agreed:

Name: _____ **Signature:** _____ **Date:** _____

Name: _____ **Signature:** _____ **Date:** _____

Application Submission Instructions

Any individual over the age of 18 must apply

The completion and submission of this application is the sole responsibility of the applicant. Please read these instructions carefully before submitting your package.

1. Responsibility of the Applicant

- It is your responsibility to review the application in full and ensure that all required forms, supporting documents, and signatures are included.
- Incomplete applications will not be processed or accepted.

2. Submitting in Person

- If you are delivering your application in person, the package must be fully completed and include all required documentation and fees at the time of submission.
- Incomplete applications will not be accepted in person.

3. Submitting by Email (Online)

- If submitting electronically, you are responsible for confirming the package is complete.
- All documents must be combined into one single PDF file and sent in one email only.
- The email must include all required documents, completed forms, and applicable fees screenshot.
- Partial submissions or multiple emails will be considered incomplete and will not be processed.
- Management will not review your application to tell you what is missing. We will only send an email response as "Incomplete." It is your responsibility to compare with the checklist and fully review and assure it is complete before submission again.

4. Required Documents & Fees

As outlined in the application, the following items must be included (see checklist in the application package for details):

- Completed and signed application forms.
- Copy of Sales Contract (all pages) or Lease if Renting
- New Owner Accounting Information Sheet (Buyer).
- Background/Security Screening Authorization (one form per applicant).
- Copies of valid ID (Driver's License, Green Card, US Passport, or Visa).
- Social Security Card (if applicable).
- Vehicle registration(s) and proof of insurance.
- Application and screening fees (money order, cashier's check, or Zelle — no cash or personal checks accepted).

5. Processing Timeline

- The processing time begins only when a fully completed application, including all required documents and fees, has been received.
- Rush Applications: Can take up to two (2) weeks business days for processing.
- Standard Applications: Processing can take up to thirty (30) business days.
- Incomplete submissions will delay the process and will not be scheduled for review until corrected.

✂ Reminder: It is the applicant's responsibility to make sure the application package is complete and submitted in the correct format. The Association and Management will not assemble or correct incomplete submissions.

BACKGROUND INVESTIGATION AUTHORIZATION

- I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history, criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions, state Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration, military records from the National Personnel Record Center, education records including transcripts, and requests for records and information from any individual, company, firm corporation, present and/or past employers and public agencies (including the Social Security Administration and the Immigration & Naturalization Service). I fully understand that Global Background Analysis, Inc., may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent for Global Background Analysis, Inc. to do so.
- II. According to the Fair Credit Reporting Act (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and be given the name of the agency providing that report.
- III. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies.
- IV. I hereby authorize, without reservation, any one contacted by Global Background Analysis, Inc., to furnish the information described in Section 1.
- V. I hereby authorize, without reservation, Global Background Analysis, Inc., to contact my present employer for employment verification/references.

APPLICANT: COMPLETE THE FOLLOWING:

☐ Credit & Criminal ☐ Criminal Only

Signature

Today's Date

Please print full name

Unit #

The following information is required, it is confidential and will not be used for any other purposes.

Please print other names you have used

Social Security Number - Your Social Security Number will be used in order to confirm your identity for purposes of completing an accurate background investigation and credit check.

Date of Birth - Your date of birth is required on this form in order to confirm your identity for purposes of completing an accurate background investigation.

Home Address

City

State

Zip

Driver's License Number and State

Name as it appears on License

Have you ever been arrested, convicted of, plead guilty, or "no contest" to a crime that has or has not been expunged or removed from your record? ☐ No ☐ Yes **If yes, please explain:** (Make sure to include the city/state/county and the year the crime occurred for each conviction.) **IF YOU PROVIDE FALSE INFORMATION, YOU WILL BE AUTOMATICALLY DENIED.**

FAIR CREDIT REPORTING ACT, DRIVER'S PRIVACY PROTECTION ACT, and ANY APPLICABLE STATE STATUTE (S) NOTICE:
In accordance with the Fair Credit Reporting Act, this information may only be used to verify a statement(s) made by an individual in conjunction with legitimate business needs. The depth of information available varies from state to state. The report that will be generated it is in compliance with the Fair Credit Reporting Act, the Driver's Protection Act, and any applicable state statute(s).

Global Background Analysis, Inc.
2420 Brickell Avenue, Ste 307-B, Miami, FL 33129
Phone: (305) 857-0200 | Fax: (305) 857-0110
www.globalbackground.net email: applications@globalbackground.net

APPLICATION COVER SHEET

TYPE OR PRINT

THIS FORM MUST BE LEGIBLE IN ORDER FOR APPLICATION TO BE PROCESSED

DATE OF APPLICATION:			
NAME OF COMMUNITY:			
EMAIL RESULTS BACK TO:			
PROPERTY ADDRESS:	OWNER'S MAILING ADDRESS:		
MOVE IN DATE:	# OF APPLICANTS:		

APPLICANT 1

NAME:			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
CELL NUMBER:	HOME PHONE NUMBER:		
EMAIL:			
SS#:	DOB:	Current Rental Amount:	
INCOME DETAILS	GROSS MONTHLY INCOME:		
	ADDITIONAL MONTHLY INCOME:		
	TOTAL GROSS MONTHLY INCOME:		

APPLICANT 2

NAME:			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
CELL NUMBER:	HOME PHONE NUMBER:		
EMAIL ADDRESS:			
SS#:	DOB:	Current Rental Amount:	
INCOME DETAILS	GROSS MONTHLY INCOME:		
	ADDITIONAL MONTHLY INCOME:		
	TOTAL GROSS MONTHLY INCOME:		

CO-SIGNER 1

NAME:			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
CELL NUMBER:	HOME PHONE NUMBER:		
EMAIL ADDRESS:			
SS#:	DOB:	Current Rental Amount:	
INCOME DETAILS	GROSS MONTHLY INCOME:		
	ADDITIONAL MONTHLY INCOME:		
	TOTAL GROSS MONTHLY INCOME:		

CO-SIGNER 2

NAME:			
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
CELL NUMBER:	HOME PHONE NUMBER:		
EMAIL ADDRESS:			
SS#:	DOB:	Current Rental Amount:	
INCOME DETAILS	GROSS MONTHLY INCOME:		
	ADDITIONAL MONTHLY INCOME:		
	TOTAL GROSS MONTHLY INCOME:		

APPLICANT'S INFORMATION

APPLICANT'S NAME:						
SS#:		DOB:		MARITAL STATUS:		
DRIVER'S LICENSE:					STATE:	
CELL NUMBER:		HOME PHONE NUMBER:				
HAVE YOU EVER BEEN ARRESTED?						
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? INCLUDING MISDEMEANORS, DUI, ETC.? If YES, Please Explain:						

SPOUSE/ CO-APPLICANT:						
SS#:		DOB:				
DRIVER'S LICENSE:					STATE:	
CELL NUMBER:		HOME PHONE NUMBER:				
HAVE YOU EVER BEEN ARRESTED?						
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? INCLUDING MISDEMEANORS, DUI, ETC.? If YES, Please Explain:						

OTHER OCCUPANTS (UNDER 18 YRS. OF AGE):

NAME:					
RELATIONSHIP:				AGE:	
NAME:					
RELATIONSHIP:				AGE:	
NAME:					
RELATIONSHIP:				AGE:	

RESIDENT HISTORY

PRESENT ADDRESS

STREET:		APT#:
CITY:	STATE:	ZIP CODE:
DATES TO/FROM:		MONTHLY PAYMENT:
APT. NAME/IF HOME, MORTGAGE COMPANY AND LOAN #		PHONE #:
REASON FOR MOVING:		

PREVIOUS ADDRESS

STREET:		APT#:
CITY:	STATE:	ZIP CODE:
DATES TO/FROM:		MONTHLY PAYMENT:
APT. NAME/IF HOME, MORTGAGE COMPANY AND LOAN #		PHONE #:
HAVE YOU EVER BEEN EVICTED FROM ANY LEASED PREMISES? IF YES, EXPLAIN:		

EMPLOYMENT

PRESENT EMPLOYER:		POSITION:	
BUSINESS ADDRESS:		BUSINESS PHONE:	
SUPERVISOR:		EMPLOYED SINCE:	
GROSS WEEKLY SALARY:			

PREVIOUS EMPLOYER:		POSITION:	
BUSINESS ADDRESS:		BUSINESS PHONE:	
SUPERVISOR:		EMPLOYED SINCE:	
GROSS WEEKLY SALARY:			

SPOUSE/CO-APPLICANT'S EMPLOYER:		POSITION:	
BUSINESS ADDRESS:		BUSINESS PHONE:	
SUPERVISOR:		EMPLOYED SINCE:	
GROSS WEEKLY SALARY:			

VEHICLES

(Rules & Regulations may limit number of vehicles permitted.)

MAKE	MODEL	YEAR	TAG #	COLOR	REGISTERED TO:

MAKE	MODEL	YEAR	TAG #	COLOR	REGISTERED TO:

GIVE A DESCRIPTION AND TAG NUMBERS OF ANY BOAT, MOTORCYCLE, CAMPER, VAN, ETC. YOU MAY OWN:	
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EMERGENCY CONTACTS

NAME:			
RELATIONSHIP:		AGE:	
ADDRESS:		PHONE:	
NAME:			
RELATIONSHIP:		AGE:	
ADDRESS:		PHONE:	
NAME:			
RELATIONSHIP:		AGE:	
ADDRESS:		PHONE:	

Applicant hereby represents that all the above statements are true and correct and are made to induce owner and its agents to lease or rent an apartment. Owner and its agents are hereby authorized and given the right to verify by reasonable means the application, including, without limitation, ordering credit and criminal reports, and authorized to exercise in its sole discretion as to whether to reject the application and/or to terminate any lease which may be entered into between the parties, pursuant to this application, whether during the term of said lease or any extensions or renewals thereof, if the applicant has made any false or misleading statements or misrepresentations in this application.

Applicant's Signature: _____	Date: _____
Spouse/Co-applicant: _____	Date: _____
Co-signer: _____	Date: _____
Second co-signer: _____	Date: _____
Owner/Leasing Agent: _____	Date: _____

KENDALL GATE – A CONDOMINIUM, INC.

NOTICE TO ASSOCIATION OF INTENTION TO SELL OR LEASE

Dear Sir/Madam:

In accordance with the provisions of the Declaration of Condominium and related documents, this shall constitute notice of our intention to (SELL) (LEASE) CONDOMINIUM UNIT NUMBER _____, IN BUILDING _____, OF KENDALL GATE – A CONDOMINIUM, INC., having a street address of 1085__ North Kendall Drive, Miami, FL 33178.

I/We understand, with the culmination of this transaction, my/our right to the use of all Kendall Gate facilities is transferred to the (BUYER) (LESSEE).

I/We also understand that if I/we purchased this unit after June 1, 1996, I/we are not permitted to lease this unit.

I/We purchased this unit on _____ month/day/year

Signature (Current Owner)

Signature (Current Owner)

Print Name (Current Owner)

Print Name (Current Owner)

STATE OF FLORIDA
COUNTY OF DADE

The foregoing instrument was acknowledged before me this _____ day of _____, 20__ by _____ who is (personally known to me) or (who has produced _____ as identification) and who did / did not take an oath.

Notary Public

Printed name

Make sure you review all documents before clicking "FINISH & SUBMIT ELECTRONICALLY"

Initials:

If there is information that does not Apply to you type N/A

KENDALL GATE – A CONDOMINIUM, INC.

OWNER SURVEY FORM

Property Address _____

Owner's Name(s) _____

Mailing Address _____
(if different)

Phone Numbers Day _____ Eve _____

Fax _____ Beeper _____

Cell _____ Email _____

Other _____

Occupant's Name(s) _____

*****EMERGENCY CONTACT*****

(Someone who has a key to the unit)

Name _____ Ph _____

Name _____ Ph _____

Please complete if unit is rented or occupied by someone other than owner.

Renter's Name _____

(As it appears on lease agreement, specify if not paying rent, i.e. Family)

Phone Numbers

Day _____ Eve _____

Cell _____ Beeper _____

Email _____

Other _____

Occupants Name(s) _____

If there is information that does not apply to you type N/A

**KENDALL GATE – A CONDOMINIUM, INC.
NEW OWNER SURVEY FORM**

Property Address: _____ Bldg. # _____ Unit # _____ # Bedrooms _____

Owner's Name(s) as appears on title: _____

Date Purchased: _____ Owner occupied ☐ Vacant ☐ Rented ☐

If seasonal, provide months you are usually away: _____

Mailing Address: (If different) _____

Phone Number(s): Home _____ Work _____
Cell _____ Email _____

EMERGENCY CONTACT INFORMATION (OWNERS & RENTERS)

Extremely important. List as many as possible and all those who have a key to the unit.

1st - Name _____ Phone(s) _____

2nd - Name _____ Phone(s) _____

3rd - Name _____ Phone(s) _____

RESIDENT NAME (S) and age if minor

LEASED UNITS

Please complete if rented or occupied by someone other than owner.

Renter's Name(s) _____
(as it appears on lease agreement or, if no lease, specify relationship to owner)

Date of Lease Agreement _____

Phone Number(s): Home _____ Work _____
Cell _____ Email _____

Kendall Gate - A Condominium, Inc.

Bldg _____
Unit _____

**ASSOCIATION RULES AND REGULATIONS
ACKNOWLEDGEMENT OF RECEIPT**

The undersigned acknowledges receipt of the Kendall Gate -- A Condominium, Inc. Rules and Regulations, including, but not limited to the following:

NO PET POLICY

16 (c) of Amended and Restated Declaration of Condominium recorded 6/14/00

"Unit owners and Occupants shall not be permitted to keep pets within units or upon the Common Elements of the Condominium."

RULE REGARDING FLOOR COVERINGS

*17.13 of Amended and Restated Declaration of Condominium recorded 6/14/00
Originally adopted by the Board of Directors at a meeting held on 3/25/98*

"FLOORING - All bedroom floor areas must be covered with wall-to-wall carpeting. All other floor areas, with the exception of bathrooms, kitchens & foyers, must be covered with wall-to-wall carpeting unless the Unit Owner(s) shall first submit plans for such work to the Board, and the Board, by resolution adopted by the affirmative vote of a majority of the Board members thereof, shall approve and consent to the installation of a different flooring material. Approval may be conditioned upon the use of appropriate procedures and the installation of appropriate materials to protect against the sound transmissions as more fully set forth in specifications, rules and regulations promulgated by the Board."

NO WASHERS AND DRYERS

17.4 of Amended and Restated Declaration of Condominium recorded on 9/11/03

"Washers & Dryers - A Clothes washer and/or dryer may not be installed or used within a Unit, balcony, loggia, lanai, Florida Room, canopy, stairway or other portion of the Building appurtenant to such Unit."

Signature (Buyer)

Signature (Buyer)

Print Name (Buyer)

Print Name (Buyer)

STATE OF FLORIDA
COUNTY OF DADE

The foregoing instrument was acknowledged before me this ____ day of _____,
20__ by _____ who is (personally known to me) or (who has produced
_____ as identification) and who did / did not take an oath.

Notary Public

Printed name

Kendall Gate – A Condominium, Inc.

Bldg _____
Unit _____

MOVING GUIDELINES

The screening process takes Twenty (20) days. Buyer/Renter may not have access to, or take possession of, the unit until after they have met with the screening committee and have been approved.

Moving Hours

Notify Management Company Forty-eight (48) hours prior to moving in. You will need to provide your driver's license or passport as collateral for the elevator stop key on moving day.

Monday – Friday: 8:00 a.m. to 4:00 p.m.

Saturday: 8:00 a.m. to 12:00 Noon

SUNDAYS AND HOLIDAYS: PROHIBITED

You must complete your move no later than the hours specified, while the staff is on-site. The Association has an obligation to ALL residents to be certain the building is secure, elevator pads are stowed away and the lobby is clean.

Location of Moving Truck Not to Block Entrances

Building 1 – rear – opposite tennis courts

Building 2 – front – between buildings 2 & 3

Building 3 – front – parallel to grass, not on grass and not blocking cars

Cartons & Boxes

All cartons and boxes must be taken to the first floor dumpster room and flattened to fit in dumpster.

Signature (Buyer)

Signature (Buyer)

Print Name (Buyer)

Print Name (Buyer)

STATE OF FLORIDA
COUNTY OF DADE

The foregoing instrument was acknowledged before me this ____ day of _____,
20__ by _____ who is (personally known to me) or (who has produced
_____ as identification) and who did / did not take an oath.

Notary Public

Printed name