APPLICATION FORM

Applicant's Name: _____ Date of Birth: _____

SS# _____Email _____ Cell Phone: _____

Police Records ☐ Yes ☐ No
Are you a military service member? ☐ Yes ☐ No

"Service member" means any person serving as member of the United States Armed Forces on active duty or state duty and all members of the Florida National Guard and United States Reserve Forces. 250.01.(19). Florida Statutes.

Current Address _____City/State _____ Zip Code_____

Employer _____ Position _____Work Telephone _____

Employer Address _____City/State _____ Zip Code_____

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Co-Applicant's Name: _____ Date of Birth: _____

SS# _____Email _____ Cell Phone: _____

Police Records ☐ Yes ☐ No
Are you a military service member? ☐ Yes ☐ No

"Service member" means any person serving as member of the United States Armed Forces on active duty or state duty and all members of the Florida National Guard and United States Reserve Forces. 250.01.(19). Florida Statutes.

Current Address _____City/State _____ Zip Code_____

Employer _____ Position _____Work Telephone _____

Employer Address _____City/State _____ Zip Code_____

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INFORMATION ON HOUSEHOLD MEMBERS

Name for all household members:
1. _____ Age: _____ Relationship: _____
2. _____ Age: _____ Relationship: _____
3. _____ Age: _____ Relationship: _____
4. _____ Age: _____ Relationship: _____
5. _____ Age: _____ Relationship: _____

*The maximum number of persons allowed to occupy a unit is: 3 persons in a one-bedroom unit and 5 persons in a 2 bedroom or 2-bedroom plus den unit.

CONTACT PERSON IN CASE OF EMERGENCY SUCH AS FIRE OR FLOOD

Name _____ Relationship _____

Cell _____ Email _____

VEHICLES (Maximum 2 vehicles per unit) - Please include copy of vehicle registration.

Vehicle #1 Make _____ Model _____ Year _____

Color _____ Plate # _____

Vehicle #2 Make _____ Model _____ Year _____

Color _____ Plate # _____

REFERENCES

Ref. #1 Name _____ Cell _____ Email _____

Ref. #2 Name _____ Cell _____ Email _____

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AUTHORIZATION

I/We authorize Parkview Point Condominium Association, Inc. to make any investigation to confirm the information contained on this application for occupancy. I/We understand that this investigation may include, but not limited to: credit report, verification of employment and background check. I/We consent to the investigations and authorize and direct any employer, past or present, credit reporting agencies, banking institutions and law enforcement agencies to release to Parkview Point Condominium Association, Inc. this information without any liability. I/We further agree that Parkview Point Condominium Association, Inc. shall be held harmless from any action or claim by me/us in connection with the use of the information contained herein.

Applicant's Name: _____ Applicant's Signature: _____Date: _____

Co- Applicant's Name: _____ Applicant's Signature: _____Date: _____

Please include a copy of a photo ID. If the transaction is a purchase, please provide a copy of the "Warranty Deed" to the Association's Management once the closing is done.

RULES & REGULATIONS HIGHLIGHTS – ACKNOWLEDGEMENT

The following are highlights of the Parkview Point Rules and Regulations Booklet. However, please read the booklet in its entirety. These rules are taken seriously, and you will be reprimanded for any violation, subject to fines.

The rules of the Association serve to maintain considerate behavior in our community, and they have been adopted on authority of the Declaration of Condominium Act of the State of Florida. They were formulated to assure all residents of this building the complete and undisturbed enjoyment of the facilities available to them and peace and quiet in the privacy of their unit.

Please initial each item.

1. _____ The pet policy does not allow pet dogs in the building.
2. _____ Shoes, Shirts, and covered swimsuits are required in the lobby.
3. _____ Alcoholic beverages are not permitted in the pool area. All beverages should be in non-breakable containers. No food is allowed around the pool area, only on the pool balcony.
4. _____ Music cannot be played openly in the pool area. Persons listening to electronic devices must wear headphones.
5. _____ Clothing, laundry, towels, bathing suits, etc., are not to be hung on balconies, from windows, or on any exterior of the building.
6. _____ No commercial vehicles, i.e., trucks, boats, campers, etc. are permitted in the parking lot.
7. _____ Children under 12 years of age are not permitted in the pool without adult supervision.
8. _____ Persons under 16 years of age are not allowed in the gym.
9. _____ The Disposal of large, bulky items (furniture, electronics, mattresses, etc.) must be done during bulk garbage weekend (the first weekend of each month).
10. _____ Smoking is not permitted in the stairways or any other common areas.
11. _____ Babies must wear swimming diapers to be allowed in the pool.
12. _____ No industry or business shall be conducted in any part of the property. Home-based businesses must obtain an occupational license and conform to the City of Miami Beach ordinances.
13. _____ Owners cannot rent apartments as a hotel (such as AirBnB); violators will receive fines.
14. _____ No individual room may be rented.
15. _____ Leases are for a period of a year.
16. _____ Guests must be registered for a period not to exceed 30 days. After 30 days, the guest must undergo standard resident procedure (background check, etc.).
17. _____ It Is imperative to leave a set of keys in the Association office for unit access to be used in case of emergencies (i.e., fire, flood, etc.).
18. _____ If a unit is rented, only the tenant may use the recreational facilities; the owner relinquishes them.
19. _____ Residents must ensure that the Association office has the correct phone number of their unit. Visitors and delivery personnel will not be allowed beyond the lobby to units that cannot be contacted by phone.
20. _____ Any vehicle parked in an unauthorized space or does not have the correct Association identification, will be towed at the vehicle owner's expense.

Please sign and date this form as evidence that you received this information and that you promise to read the booklet to comply with the Rules and Regulations of Parkview Point.

_____ _____

Print Name (s) *Apartment #*

_____ _____

Signature (s) *Date*

PARCEL RECEIPT AUTHORIZATION

To Parkview Point Condominium Association, Inc. from resident: _____

Unit No: _____

THE UNDERSIGNED, the owner(s) or tenant(s) of Unit listed above (the "Unit") of Parkview Point Condominium Association, Inc., hereby authorizes the personnel employed by the Association to accept, receive and sign for any parcels, deliveries, or mail addressed to the Unit, without imposing any liability thereon for the condition or substance of any such parcels so received.

Understanding that this Authorization is solely for the benefit of the undersigned, we hereby release the Association, its employees and agents, from any liability arising from this Authorization, including, without limitation, liability arising from the misplacement of parcels, and/or negligence of the Association, its employees or agents in such regard.

Executed this _____ day of _____ 20____.

By: _____ (On behalf of all residents of the above unit.)

Print Name: _____

PEST CONTROL SERVICES AUTHORIZATION

Date: _____

Resident Name: _____

Unit No.: _____

I hereby authorize the association to allow the exterminator, accompanied by an employee of the condominium to enter my unit for the purpose of exterminating.

I/We will assume all responsibilities regarding this procedure and hold the condominium association and the exterminators harmless for any damage from this procedure, except for damages to contents in said unit.

_____

Resident Signature

_____

Resident Signature