FORUM
AVENTURA

FORUM AVENTURA CONDOMINIUM ASSOCIATION, INC

CHECKLIST FOR NEW OWNER OR TENANT

Unit #_____

A package is deemed complete once ALL OF the following required documents are submitted.

TENANT CHECKLIST

- ☐ New Tenant Information Forms filled out.
- ☐ Copy of Fully Executed lease
- ☐ Provide a copy of a government issued, non-expired I.D. for all new tenants / staff in suite.
- ☐ Vehicle Registrations
- ☐ Move in/ Move Out Security Deposit ($150)
- ☐ Fob Acknowledgment (fobs are Only for Owners, Tenants, Registered in Suite staff)
  - $25 each _____
- ☐ Common Area Deposit
- ☐ Schedule Orientation

OWNER CHECKLIST

- ☐ New Resale Information Forms filled out.
- ☐ Copy of Executed Sales Contract
- ☐ Provide a copy of a government issued, non-expired I.D. for all new owners/ staff in suite.
- ☐ Fob Acknowledgement (fobs are Only for Owners, Tenants, Registered In-Suite staff).
  - $25 each _____
- ☐ Unit Access Authorization Form
- ☐ Complete Closing Documents Package (HUD1, parking assignment etc…)
- ☐ Schedule Orientation

Main Point of Contact for Application

Name _____

Phone #_____Email: _____

Management Use ONLY

Reviewed by:_____ Date: _____

Forum Aventura Condominium Association, Inc
19790 W Dixie Hwy Miami, FL 33190 | (786) 530-4003 | Lpion@kwpmc.com

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APPLICATION INSTRUCTIONS:

(i) Prospective tenants and owners must fill out all applications, forms, and documents completely.

(ii) Tenants must be able to provide proof of applicable unit insurance policies. Please contact Association for required policy limits.

(iii) Provide a copy of the fully executed lease/ or sales agreement must be included with the New Owner/ Tenant Applicant form.

(iv) Provide a copy of a government issued, non-expired I.D. for identification purposes.

(v) A common area security deposit, in the form of a check must be submitted to the association at the time of application.

(vi) Provide all other applicable Security Deposits or fees

(vii) Please allow up to seven (7) days for the application to process. The completion of this package is your responsibility. Please submit as soon as possible. Prospective new owner/ or tenant(s) must complete this application for occupancy in detail. Processing of this application will begin after all required forms have been completed, signed and submitted to the Association.

(viii) *Move in/out* must be scheduled directly with the Association by calling *(786) 530-4003* or emailing Lpion@kwpmc.com . Please allow at least 24 business hrs. for a response. Service elevator reservation & instructions will be provided once application has been reviewed.
** Movers must be able to provide a Certificate of Insurance COI to the Association prior to the scheduled date. Please contact the Association for Certificate of Insurance (COI)requirements. **

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RE-SALE/ LEASE APPLICATION FOR UNIT _____

Applicant Registration Information				
Individual Name or Business Name:				
Phone:	E-mail:			
Main Office address:				
City:	State:	ZIP Code:		
Own ☐ Rent ☐		Monthly rent or sale price: $	Lease Start:	Lease End:
Primary Phone # for Intercom (local only):	Type of Business?	# of Staff?		
Will unit be Leased (owners only)?	Year established?	Corp # or Employer ID:		
Emergency Contact				
Name:				
Address:				
City:	State:	ZIP Code:	Phone:	
Relationship:				
Co-applicant Information (if any)				
Name:				
Address:	Address:	Address:		
City:				

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 or Business Member Owner:	Date:
Print Name:	
Signature of co-applicant:	Date:
Print Name:	

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COMMERCIAL UNIT ACCESS AUTHORIZATION

Authorized Individuals/ Vendors allowed access to the Unit (e.g., Employee, Cleaning Services, Realtors, and/or Representatives with keys who may enter your unit at Forum Aventura).

*****Please provide copy of Individual ID*****

1. _____ 3. _____
2. _____ 4. _____
5. _____ 6. _____

******CONTRACTORS must submit a COI & modification package to the association for review before commencing work inside a unit.***

Are you or anyone in office in need of special medical attention or have restricted mobility, which would require additional assistance in the event of an emergency? ☐ **Yes** ☐ **No**

If yes, please check applicable box:
☐ Oxygen ☐ Wheelchair ☐ Blind ☐ Deaf ☐ Other:_____

Person's Name: _____

Does your Unit have a security system? ☐ **Yes** ☐ **No**
If Yes, what are the emergency access instructions? Who is the monitoring company and contact information?_____

Key Fob Identification Number(s) (FOR OWNER, TENANT USE ONLY):

ALL other visitors, vendors, realtors, contractors must check-in at the front desk for access to the property.

Key Fob #1_____ Date Activated_____
Key Fob #2_____ Date Activated_____
Additional_____ Date Activated_____
Additional_____ Date Activated_____

Storage Unit(s), if applicable:

Unit Number:_____ Storage Number: _____

Owner Signature:_____ Date: _____

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VEHICLE/PARKING REGISTRATION

Please include employee vehicles as well.

Parking Assignments: 1ST #_____2ND #_____Other: _____

Vehicle 1

Owner Name _____ Color: _____

Make: _____Model:_____Year:_____License Plate: _____

Select where you will be parking: Assigned Space Guest Parking (Floor 7 & 8)

Vehicle 2

Owner Name _____ Color: _____

Make: _____Model:_____Year:_____License Plate: _____

Select where you will be parking: Assigned Space Guest Parking (Floor 7 & 8)

Vehicle 3

Owner Name _____ Color: _____

Make: _____Model:_____Year:_____License Plate: _____

Select where you will be parking: Assigned Space Guest Parking (Floor 7 & 8)

Vehicle 4

Owner Name _____ Color: _____

Make: _____Model:_____Year:_____License Plate: _____

Select where you will be parking: Assigned Space Guest Parking (Floor 7 & 8)

Disclaimer

Proof of ownership of these parking assignments from the seller must be provided and verified by Management. ***Any vehicles without an assigned space may utilize the guest parking on the 7th or 8th floor. Due to limited guest parking; vehicles in guest parking spaces may not overstayand may park only during hours of operation. Visitors must check in at the front desk. Violators may be subject to towing at owner's expense.***

We the 'association' are not liable for any theft, loss, or damage to vehicles or personal belongings. Please practice caution while utilizing the parking garage and always lock your doors. If you have any questions, please contact Management at (786) 530-4003.

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LEASE ACKNOWLEDGEMENT AGREEMENT FOR UNIT

(FOR LESSORS ONLY)

I hereby acknowledge that I will abide by the Rules, Policies and Regulations set forth by the Forum Aventura. I also understand that I am personally responsible for my actions as defined in Florida Statute 718.303, "Actions for damages or injunctive relief for failure to comply with these provisions may now be brought against any tenant leasing a unit, rather than the owner".

I agree that I am subject to the Declaration of Forum Aventura 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.

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

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UNIT PROHIBITED USES

Without limiting the generality; the following uses shall be specifically prohibited in the units:

manufacturing, refining, agricultural, industrial or warehouse operations; sleeping quarters, lodging or any other residential purposes, doctor's or medical offices, hair or nail salons, gambling, immoral or other unlawful practices or the display, or rental of any item or thing which is can or may be considered inappropriate and/ or unusually high risk of injury to any person. For further details; please refer to the Association.

ACKNOWLEDGEMENT AND ACCEPTANCE OF ASSOCIATION RULES & REGULATIONS AND USE RESTRICTIONS

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 Documents, and other restrictions of Forum Aventura Condominium Association, Inc. referred to as Forum Aventura.

Signature of Applicant: _____

Name: _____

Date: _____

Signature of Co- Applicant: _____

Name: _____

Date: _____

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Your Business Information

Please provide us with information we are allowed to share with clients who visit the front desk or management:

Contact Information for your Business

Official Business Name: _____

Contact Person Name: _____

Email: _____

Main Number : _____

Office Hours : _____

Other:

_____

_____

_____

_____

Signature of Applicant: _____

Name: _____

Date: _____

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