APPLICATION PACKAGE

TO PURCHASE/LEASE

MG Property Management
3049 North Federal Highway, Ft. Lauderdale, FL 33306
Phone: 954-530-4912 x 103 Fax: 954-530-4662
Email: applications@mg-mgt.com

Applications are accepted Monday – Thursday from 9:00 am – 3:30 pm and Friday from 9:00 am – 2:30 pm

INSTRUCTIONS

One application per person (18 years old or older) must be fully completed. Married couples and/or Domestic Partnerships may fill out one application with both parties listed.

Screening fees must be paid in full with the application. Applications received without payments or with incorrect payment amounts will not be accepted. Please note that screening fees are non-refundable.

Screening Fees:	With US ID and Social Security Number	
	Legally Married Couple	$175.00
	Domestic Partnerships	$175.00
	Individual	$125.00
	Non-US ID and no Social Security Number	
	Individual, Married & Domestic Partnership*	$200.00

*If the ID is non-US married couples/Domestic Partners must submit separate applications and fees.

Returned with the application must be:

1. **Completed two-page form from Verified Tenant for each applicant. (For Canadian, South American, British or Brazilian applicants, please call the office for additional forms)**
2. **Copy of photo ID for each applicant**
3. **One check for the screening fee (Made payable to MG Property Management)**
4. **All applicable forms.**
5. **Signed copy of Contract for Sale of Lease**

Please note that application processing can take up to 30 days after a completed application package is submitted, so please plan accordingly.

ALL CORRESPONDENCE IN REGARDS TO ANY APPLICATION WILL BE WITH THE APPLICANT ONLY. IT IS THE RESPONSIBILITY OF THE APPLICANT TO PROVIDE INFORMATION TO OTHERS WO MAY NEED TO KNOW.

Once the screening has been completed, the applicant will be contacted for an orientation.

Important Notes:

- Prospective Buyers and/or Renters are not considered Guests prior to screening, therefore, are not to be in residence until the application has been approved by the Board of Directors
- The Board of Directors has the final and full authority to accept, decline or request further investigation of the application
- The Board of Directors reserves the right to demand rent from any renter in a unit that is not current on the maintenance.

PLEASE NOTE: The application must be filled out completely and be legible. All required documents must be attached to the application. If we cannot read the application or there is information missing, the application will not be accepted.

ALL UNITS ARE REQUIRED TO HAVE CODE COMPLIANT HURRICANE IMPACT WINDOWS INSTALLED. UNIT OWNERS MUST BE UNDER CONTRACT FOR THE INSTALLATION OF THE IMPACT WINDOWS NO LATER THAN FEBRUARY 1, 2025, AND ALL IMPACT WINDOWS MUST BE INSTALLED NO LATER THAN AUGUST 1, 2025.

COUNTRY CLUB TOWERS CONDOMINIUM ASSOCIATION, INC.
c/o MG PROPERTY MANGEMENT
3049 N Federal Highway Ft. Lauderdale, FL 33306

APPLICATION FOR PURCHASE/LEASE

Date of Application: _____20_____ Purchase: ☐ or Lease: ☐ Length: _____

Unit Address: _____ Desired Date of Occupancy: _____

PURCHASER/LESSEE INFORMATION

Full Name: _____ Date of Birth: _____

Social Security #: _____ Phone #: _____ Email: _____

Spouse's Name: _____ Date of Birth: _____

Social Security #: _____ Phone #: _____Email: _____

Other Occupants in Unit:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____

Pets: _____

Present Address _____Apt No. _____

Name of Apt./Condo _____Phone (____) _____ Dates of Residency_____

Previous Address _____ Apt No. _____

Name of Apt./Condo _____Phone (____) _____ Dates of Residency_____

Current Employer: _____ Phone #: _____

Supervisor: _____ Position: _____

Spouse's Employer: _____ Phone# _____

Supervisor: _____ Position: _____

Emergency Contact: _____ Phone#: _____

Your Driver's License #: _____ State: _____
(copy of driver's license must be attached)

Spouses Driver's License #: _____ State: _____
(copy of driver's license must be attached)

Make_____ Model_____Year_____ Plate No._____ Color_____ State_____

Make_____ Model_____Year_____ Plate No._____ Color_____ State_____

Have you ever: Filed for Bankruptcy: YES_____ NO_____ Release#_____

Been Evicted: YES_____ NO_____
Been Convicted of a Crime: YES_____ NO_____

Please explain any YES answers: _____

_____

CHARACTER REFERENCES

1. _____
Name Address Phone

2. _____
Name Address Phone

3. _____
Name Address Phone

If Purchasing, Complete the Following:

Bank Reference_____Phone (___) _____
How long_____ Ck. Acct No._____ Sav. Acct. No._____
Address _____Zip_____

Bank Reference_____Phone (___) _____
How long_____ Ck. Acct No._____ Sav. Acct. No._____
Address _____Zip_____

Name of Realtor Handling Sale_____Phone (____) _____
NAME of Prospective Purchaser (as Title will appear):
a._____ b._____(Spouse)
MORTGAGE INFORMATION: (If unit will be mortgaged):
Name of Lender_____Phone (___) _____
Address_____

Please allow 30 days for processing. If Management has any questions regarding this application, please give us a phone number where we may contact you:

Daytime Phone: _____ Evening Phone: _____

If this application is NOT legible or is not completely and accurately filled out, MG Property Management (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, Property Management may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation. By including your email on this application, you allow us to allow the Property Management Company and/or the Association to send notifications about the Association as a whole or in part, your individual unit or any other pertinent information that needs to be relayed to you in regards to your ownership/occupancy in the Association. Pursuant to statute FS 718.112 of the Florida Statute.

Signature_____/_____/_____ Signature_____/____/____
Applicant Applicant's Spouse

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make Sure the Following Authorization Form is completed as indicated.

Verify Tenant **Authorization for Background Screening**

I hereby authorize, Miller Group Property Management aka MG Property Management, the Condominium Association it represents and its designee, Verify Tenant., 398 E Dania Beach Blvd #165, Dania Beach, FL 33004, and its designated agents and representatives, individually and together "Verify Tenant", to conduct a comprehensive background check that includes any one or all of the following: Consumer and/or business credit report, past employment and tenancy, criminal, drug, and driving records. I understand that one or more of the above-referenced checks may require additional written authorizations and consents, and I hereby agree to provide all such further written authorizations and consents.

I am aware that the background reports I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and other sources. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to Verify Tenant, within a reasonable time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to Verify Tenant.

By this authorization, I hereby forever release, discharge, exonerate, hold harmless and indemnify Manor Grove Management / MG Management, Verify Tenant, and their affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization or institution furnishing information to them, from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander invasion of privacy, related tort claims, misuse of the information obtained, and any other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of Association or Verify Tenant, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law. I understand that a photocopy, facsimile or scanned copy of this signed document shall be considered as valid as an original.

Last Name: _____ First Name: _____ Middle Name: _____

SSN or Business Tax Id: _____

Address: _____ City: _____

State: _____ Zip: _____ Date of Birth: _____

Driver's License # _____ DL State: _____

Applicant's Signature: _____ Date: _____

Notice: Name, date, and signature are necessary. Responses to the additional above fields are completely voluntary. However, without this information we may not be able to distinguish you from another applicant, in the event we discover adverse information during our background investigation.

398 E Dania Beach Blvd #165
Dania Beach, FL 33004
Phone: 954.628.8222
Fax: 305.403.3920

APPLICANT'S INFORMATION

Name: **SS#:**
Address: **DOB:**

EMPLOYMENT VERIFICATION

Name of Company:
Supervisor's Name:
Phone#:
E-Mail:

RESIDENCY VERIFICATION

Name of Landlord:
Phone #:
E-mail:

CHARACTER REFERENCE

Name:
Phone#:
E-mail:

Name:
Phone #:
E-mail:

- **Each applicant must complete the two-page Verify Tenant form**
- **Please do not put N/A in any fields**
- **For employment – if you are retired, please write in retired and your former occupation as well as your phone number. If you are a student, write in student as well as the name of your school and your phone number**
- **For your residency: If you own your own home/condo, please write in "own home" and include your phone number. If you live with a parent, friend, etc., please include their name as your landlord and provide a phone number and/or email address**
- **Please provide 2 references. It is not necessary to provide both an email and phone number, but be sure the contact information is correct**

COUNTRY CLUB TOWERS CONDOMINIUM ASSOCIATION, INC.

Unit Information Form

Owner Information			
Owner(s) Name			
Unit Number		Building Address	
Phone/cell Number			
Email Address			
Mailing Address (if not residing in unit)			
Emergency Contact			
Was the Association provided a copy of the unit key in case of emergency	☐ Yes ☐ No		

Lessee/Co-Occupant Information			
Lessee/Co-Occupant Name			
Phone/Cell Number			
Email Address			
Phone/cell Number			
Email Address			
Emergency Contact Information			
Lease Start Date		**Lease End Date**	

Resident Vehicle Information					
Year	***Color***	***Make***	***Model***	***State***	***Tag #***

Assigned Parking Space Number: _____

Pet Information			
Will a pet be residing in the unit: ☐ **YES (if yes, please complete section below)** ☐ **NO**			
Name	***Type (Dog/Cat)***	***Breed***	***Name***

COUNTRY CLUB TOWERS CONDOMINIUM ASSOCIATION, INC.

c/o MG Property Management
3049 North Federal Highway
Ft. Lauderdale, FL 33306

VOTING CERTIFICATE

I/WE THE UNDERSIGNED OWNER(S) OF UNIT: _____ OF

COUNTRY CLUB TOWERS CONDOMINIUM ASSOCIATION, INC. DO HEREBY DESIGNATE:

☐ _____

AS THE PERSON WHO SHALL EXERCISE THE VOTING RIGHTS ASSIGNED TO SAID UNIT AT ANY MEETING OF

COUNTRY CLUB TOWERS CONDOMINIUM ASSOCIATION, INC. EITHER IN PERSON OR BY PROXY.

Dated this _____ Day of _____ 20____

Owner(s) Signature _____

_____

Print Name _____

_____

THIS CERTIFICATE MUST BE EXECUTED FOR EACH UNIT OWNED BY ONE OR MORE PERSONS OR BY A CORPORATION OR TRUST. THE PURPOSE IS TO DESIGNATE THE PERSON WHO MAY EXERCISE THE VOTING RIGHTS ASSIGNED TO SAID UNIT.

NOTE: THE PERSON DESIGNATED ABOVE MUST BE ONE OF THE OWNERS OF THE UNIT OR IN THE CASE OF A CORPORATION, AN OFFICER, OR IN THE CASE OF A TRUST, A TRUSTEE OR BENEFICIARY.

***** PLEASE ONLY COMPLETE THIS FORM IF THERE IS MORE THAN ONE OWNER OF THE UNIT*****

COUNTRY CLUB TOWERS CONDOMINIUM ASSOCIATION, INC.

Text Authorization Form

Owner/Tenant Name: _____

Unit #: _____

Cell phone number: _____

Cell phone carrier: _____

Please sign me up to receive information & alerts from MG Property Management, Inc. via text messages. I understand this program is completely voluntary and that text messaging rates & fees may apply as determined by my cellular provider. MG Property Management, Inc. is in no way responsible for any fees charged to me by my cellular provider. If at any time I wish to discontinue receiving text messages from MG Property Management, Inc. I must notify them in writing to withdraw from the text program.

CONSENT TO ONLINE VOTING AND/OR
CONSENT TO RECEIVE ELECTRONIC NOTICE OF MEETINGS

The undersigned, being an Owner or the Voting Member under the Association By-Laws for Unit No./Address _____, at ***COUNTRY CLUB TOWERS CONDOMINIUM ASSOCIATION, INC.*** pursuant to Florida Statutes, hereby consent(s) in writing to:

1. **ONLINE VOTING.** By signing this consent form (or consenting to online voting by e-mail sent to the Association), I/we consent to voting online at meetings and elections for ***COUNTRY CLUB TOWERS CONDOMINIUM ASSOCIATION, INC.*** to the fullest extent permitted by law, pursuant to the provisions of the Board's Resolution authorizing online voting ("Resolution"). I/We designate the following email address for online voting purposes: (PRINT NEATLY) _____. The undersigned understands and agrees that in order to be valid, this consent form must be signed and on file with the Association prior to the meeting or election in which the Unit Owner wishes to vote online, and that all electronic votes shall be cast within the time frame set by the Board in advance of said meeting and at the end of such time frame, the ability to vote online shall be deemed closed for that meeting or election.

I/We further understand and agree that, in order to use a different e-mail address for casting votes online, I/we must notify the Association in writing of the change of e-mail address prior to the meeting or election in which the Unit Owner wishes to vote online. If I/we do not provide timely written notice of this change of e-mail address to the Association as provided herein, I/we further understand and agree that I/we may not be able to vote online until the next membership meeting and/or election.

2. **ELECTRONIC NOTICE.** I/we consent to receiving notice by electronic transmission for meetings of the Board of Directors, Committees, and Annual and Special Meetings of the Members of ***COUNTRY CLUB TOWERS CONDOMINIUM ASSOCIATION, INC.*** I/We designate the following email address for online voting purposes: (*you may write "same as above" or provide a different email address for electronic notice purposes*) _____. The undersigned understands that mailed/paper notice may not be provided to the Unit Owners unless the Unit Owners have rescinded their consent to receive electronic notice of meetings. **Please be aware that if you consent to receive electronic notice of meetings, your e-mail address designated for that purpose will be an official record of the Association.**

All Owners of the Unit or Eligible Voter Please Print Name, Affix Date and Sign Below:

By:_____

Print Name:_____

Date:_____

By:_____

Print Name:_____

Date:_____

Country Club Towers

RULES AND REGULATION ACKNOWLEDGEMENT FORM

I/We, _____

acknowledge that we have received a copy of the rules and regulations for Country Club Towers, Inc. and hereby agree to follow said rules and regulations.

Date: _____

Unit: _____

Signed: _____
Owner/Tenant Signature

Signed: _____
Owner/Tenant Signature