paramountbay

**UNIT _____**

# PURCHASE APPLICATION

The following is a requirement checklist to assist in processing the application when purchasing a unit at Paramount Bay. Once the application is submitted, a background investigation will be performed by an outside service**.** If the application is approved, Management will contact the applicant(s) to schedule an orientation. Please be advised that move-ins **will not** be scheduled without an orientation. For further questions please contact the Management Office by e-mailing admin@pbassociation.com or calling (786) 369-1230**.**

**Requirements:** Omissions or illegible entries will be automatically treated as incomplete and the application will be automatically disapproved. If application is incomplete it will not be processed. Once all info is received please allow up to 2 weeks for Association approval.

1) Copy of Proposed Executed Agreement
2) Acknowledgement of the Association's Rules and Regulations
3) Application for Occupancy and Authorization Form for each applicant 18 years of age or older. **A separate application is required for each applicant. If married, provide a copy of your marriage license.**
4) Copy of Drivers' License or picture form of Government issued ID for each applicant
5) Social Security Card or current valid Passport
6) Recent copy of an earnings statement
7) Recent copy of a bank statement
8) $150 per applicant or married applicants. Provide certificate of marriage. (Certified /money order).
9) $1000.00 refundable move-in/out damage deposit. (Personal check)
10) Estoppel Letter which is requested by visiting www.fsresidential.com
11) Home Owners Insurance HO6

***Note: All checks need to be made payable to *Paramount Bay Condominium Owners Association***

**Corporate tenants will also need to provide the following:**

12) Proof of incorporation and current active status
13) List of current owners, officers and directors and their addresses

***I acknowledge and agree with the above owner application requirements.***

Name(s): _____ Signature(s): _____

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**UNIT _____**

# APPOINTMENT OF CONTACT

Please assign only one person of contact per application. The person noted below will be the **ONLY** contact who can communicate with the Association with any update regarding the application. Do not contact the Management office within the first week of the application for any updates.

**Application can take up two weeks for Association approval.**

Name: _____

Signature: _____

Phone Number: _____

Email: _____

Date: _____

# PARAMOUNT BAY CONDOMINIUM OWNERS ASSOCIATION INC.

## STATEMENT OF UNDERSTANDING AND ACCEPTANCE OF THE RULES AND REGULATIONS OF PARAMOUNT BAY

| Unit No. | Date |
|---|---|
| Name | |

I/ we have read and do understand the Rules and Regulations of Paramount Bay, and further that I/ we accept and will abide by them.

I/ we understand that the Board of Directors of Paramount Bay Condominium Owners Association may promulgate new rules or change existing ones as they may deem necessary for the safe quiet enjoyment of all the residents of Paramount Bay.

_____ _____

Name of Applicant Signature of Applicant

_____ _____

Name of Applicant Signature of Applicant

Dated: _____

# PARAMOUNT BAY CONDOMINIUM OWNERS ASSOCIATION INC.

## MOVING AND ELEVATOR INFORMATION

- Move in/out and delivery hours are **Monday through Friday, 9:00 a.m. to 5:00 p.m**. – Deliveries and Move in/out should be completed by 4:30pm and MUST be off the property by 5:00 p.m. Deliveries and Move In/Out are not accepted after 2:00 pm.
- Contact the Management office to schedule your move at least **three (3) days in advance** of your planned moving date to ensure elevator availability prior to making final arrangements with your moving company.
- A non-refundable elevator reservation fee in the amount of **$250** will be charged at the time of move in/out and a refundable security damage deposit in the amount of **$1,000** must be provided with this application for Move In, Move Out and deliveries. The move in/move out deposit will be refunded to you **provided there has been no damage** to any areas of the building within ten (10) days of moving in/out.
- The moving company is to provide a Certificate of Liability for $1,000,000 (one million) naming **Paramount Bay Condominium Owners Association** as an additional insured for any damages claimed. Your reservation will not be confirmed without the required proof of insurance.
- No items may be stored or left in the Receiving Area. The moving/delivery company must remove all cartons, crates, and packing material from the Property.
- No overnight storage is permitted in the Loading Dock area, building hallways or other common areas.
- Oversize items that will not fit into the elevator must be scheduled for transport by special arrangement. Please contact the Management office for details.
- The Association Board of Directors or Management may impose additional requirements or instructions from time to time to enhance the safe operations of the building and the safety and convenience of Owners and Residents.

| **Paramount Bay Elevator Specifications** | **S1 Ground to 39th Floor** | **S2 Ground to 42nd Floor** | **P5 Ground rear to 47th Floor*** |
|---|---|---|---|
| **Height** | 10′ | 10′ | 9′4″ |
| **Depth** | 6′3″ | 6′3″ | 6′1″ |
| **Width** | 6′9″ | 6″9″ | 6′9″ |
| **Capacity** | 4000 lbs | 4000 lbs | 4000 lbs |
| **Height Entrance -double doors** | 7′ | 7′ | 7′ |
| **Width Entrance - double doors** | 6′ | 6′ | 6′ |
| **Elevator Foyer Height** | 10′ | 9′4″ | 11′5″ |
| **Elevator Foyer Width** | 9′2″ | 11′3″ | 21′ |
| **Elevator Foyer Depth** | 7′5″ | 7′8″ | 7′1″ |
| **Elevator Service Lines** | 07, 08, 09, & 10 Lines | 03, 04, 05 & 06 Lines | 01 & 02 Lines |

***Placement of equipment and supplies must be balanced throughout elevator to avoid damage in RESIDENTIAL Elevator P5.**

# PARAMOUNT BAY CONDOMINIUM OWNERS ASSOCIATION INC.

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**READ FIRST:** Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014 *THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY!*

## APPLICATION FOR OCCUPANCY

Circle one: Purchase - Lease - Occupant - Unit.# _____ Bldg.# ____ Address applied for:_____

**Full Name** _____ Date of Birth _____ Social Security # _____

Circle One: Single - Married - Separated - Divorced - How Long? _____ Other legal or maiden name _____

Have you ever been convicted of a crime? _____ Date (s) _____ County/State Convicted in _____

Charge (s) _____

Applicant's Cell Number(s) _____ Applicant's Email Address _____

**Spouse** _____ Date of Birth _____ Social Security # _____

Other legal or maiden name _____ Have you ever been convicted of a crime? _____ Date (s) _____

County/State Convicted in _____Charge (s) _____

Spouse's Cell Number(s) _____ Spouse's Email Address _____

No. of people who will occupy unit – Adults (over age 18) _____ Description of Pets _____

Names and ages of others who will occupy unit _____

In case of emergency notify _____ Address _____ Phone _____

### PART I – RESIDENCE HISTORY

A. Present address _____ Phone _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Are you on the Lease? _____ If not, who is the leaseholder? _____ Are you on the Deed? ____If yes, under what name? _____

Name of Landlord_____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

B. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? ____If yes, under what name? _____

Name of Landlord_____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

C. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? ____If yes, under what name? _____

Name of Landlord_____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

# PARAMOUNT BAY CONDOMINIUM OWNERS ASSOCIATION INC.

## PART II – EMPLOYMENT REFERENCES

A. Employed by _____ Phone _____

Dates of Employment: From: _____ To: _____ Position _____ Fax_____

Monthly Gross Income_____Address _____

B. Spouse Employed by__ _____ Phone _____

Dates of Employment: From: _____ To: _____ Position _____ Fax_____

Monthly Gross Income_____Address _____

## PART III – BANK REFERENCES

A. Bank Name _____ Checking Acct. #_____ Phone _____

Address _____ Fax _____

B. Bank Name _____Savings Acct. #_____ Phone _____

Address _____ Fax _____

## PART IV – CHARACTER REFERENCES (No Family Members)

1. Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address_____ Cellular Phone _____

2. Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address_____ Cellular Phone _____

3. Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address_____ Cellular Phone _____

4. Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address_____ Cellular Phone _____

Are you using a realtor? Yes_____ No _____ If yes: Realtor's name_____

Email Address_____ Cellular Phone _____

Driver's License Number (Primary Applicant). _____ State Issued _____

Driver's License Number (Secondary Applicant) _____State Issued _____

Make _____ Type _____ Year _____ License Plate No. _____

Make _____ Type _____ Year _____ License Plate No. _____

If this application is not legible or is not completely and accurately filled out, Associated Credit (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 and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____

**ASSOCIATED CREDIT REPORTING, INC.** *Established* 1985

*4690 NW 103rd Avenue, Sunrise, Florida 33351*
*www.associatedcreditreporting.com*

Phone: 754-216-0025
Toll Free: 800-676-7640
Fax: 954-635-2157
Toll Free Fax: 800-235-7185

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## ***AUTHORIZATION FORM***

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY. If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

| | |
|---|---|
| (Applicant's Signature) | (Spouse's Signature) |
| (Applicant's Name Printed) | (Spouse's Name Printed) |
| (Date Signed) | (Date Signed) |