AQUABLU
FORT LAUDERDALE
920 Intracoastal Drive. Fort Lauderdale FL 33304 / Office (954) 564-6039

WELCOME TO AQUABLU FORT LAUDERDALE CONDOMINIUM ASSOCIATION

After reviewing this information letter, kindly complete and sign the last page and submit this Application, along with all requested information, to the Association. Please do not leave ANY blanks. If a question does not apply, please write "N/A". Incomplete/illegible applications will not be processed. Providing complete and legible information, as well as the required documentation/check, will help expedite your application process.

Required information/documents to be submitted along with the Application for Occupancy:

1. Copy of applicant's drivers' license (or State issued ID);
2. Copy of applicant's Purchase Contract/Lease Agreement; and
3. Social Security number of each applicant so that a background check can be ordered.

Note: The Unit Owner and/or prospective occupant(s) must deliver to the Board of Directors, within five (5) days from receipt of any request by the Board, any supplemental information as may be required by the Association.

Application Fee/Security Deposit: There is a non-refundable application fee of $100.00 for each prospective occupant, other than husband/wife or parent/dependent child (which are considered one applicant). All checks must be made payable to "Aquablu Fort Lauderdale Condominium Association, Inc." Applications will not be processed without payment. If the Unit is being leased, a security deposit in the amount which is the equivalent of one month's rent must also be provided to the Association. A $500 refundable move in/out is also required with application

Screening Interview: The Association will schedule a screening interview upon receipt and verification of all materials submitted. Please contact the Association's Property Manager, Esther Rodriguez, for an appointment at the following e-mail address: estherr@kwpmc.com.

Processing: The Association shall approve or disapprove a proposed purchaser or tenant within thirty (30) days, after receipt of all required information (including a completed Application). However, no decision shall be rendered until the applicant(s) appears for the scheduled interview.

Request for Estoppel: For Resales, the Estoppel application and fee information can be requested online at https://kwpmc.com/estoppel-request/

Thank you!

APPLICATION FOR OCCUPANCY

1. Property Information:

Unit Number: _____

Name of Current Owner(s): _____

Sale Price/Lease Payment: _____

2. Applicant/Co-Applicant Background Information:

Applicant's name: _____

Date of Birth: _____

Social Security No: _____

Driver's License No: _____

Marital Status: _____

Phone Number: _____

E-Mail (required): _____

Current Address: _____

_____

Co-Applicant's name: _____

Date of Birth: _____

Social Security No.: _____

Driver's License No: _____

Marital Status: _____

Phone Number: _____

E-Mail (required): _____

Current Address: _____

_____

3. If you have lived at the address above for less than two years, please indicate prior address:

_____

4. Do Applicant(s) intend to reside in the Unit year-round?_____If not, indicate term of approximate residence: _____and please provide other address:_____.

5. Employment Information (if retired, former occupation(s)):

Name of Current Employer:_____

Address:_____

Position:_____Dates of employment: _____

Supervisor's name:_____Phone:_____Salary: _____

Name of Previous Employer:_____

Address:_____

Position:_____Dates of employment: _____

Supervisor's name:_____Phone:_____Salary: _____

Name of Co-Applicant's Current Employer:

_____

Address:_____

Position:_____Dates of employment: _____

Supervisor's name:_____Phone:_____Salary: _____

Name of Co-Applicant's Previous Employer:

_____

Address:_____

Position:_____Dates of employment: _____

Supervisor's name:_____Phone:_____Salary: _____

6. Print the name, age and relationship to occupant of all other proposed occupant(s) (over 18 years):

Name:_____Age:_____Relationship:_____

Name:_____Age:_____Relationship:_____

Name:_____Age:_____Relationship:_____

Name:_____Age:_____Relationship:_____

7. Print name and age of each proposed minor occupant(s):

Name:_____age_____

Name:_____age_____

Name:_____age_____

Name:_____age _____

8. Automobiles:

Automobile No. 1: Make and Model: _____

License Plate No._____State:_____Color: _____

Automobile No. 2: Make and Model: _____

License Plate No._____State:_____Color: _____

9. Pets: Pet type: Dog_____OR Cat_____Breed:_____Weight: _____

Name:_____ Description: _____

Other Pets (if any): _____

10. During the three months immediately preceding the date of this Application, applicant's balance on his/her principal bank account was never less than $_____.

11. During the three months immediately preceding the date of this Application, applicant has written_____checks which have been returned for insufficient funds.

12. Have you ever been arrested? _____If so, please set forth the charge: _____

13. Have you ever been convicted of a felony or a misdemeanor (other than those relating to traffic or parking violations)?_____If so, set forth the nature of the conviction: _____

14. Have you ever filed for bankruptcy?_____If so, when? _____

15. Are you a registered sex offender? _____

16. Have you ever been sued for non-payment of bills or rent? _____

17. Have you ever had a foreclosure proceeding instituted against your property? _____

18. Do you have any other bad credit information?_____

19. Have you ever been evicted or asked to move out? _____

NOTE: If you have answered "YES" to any of the above questions (No. 11-19), provide complete details of the situation on a separate sheet of paper and attach it to this Application.

20. Character References (No Relatives):

Please notify individuals listed below that we will be contacting them to obtain a reference

(1) Name:_____Home Phone:_____

Address_____Office Phone: _____

Email:_____Cellular Phone: _____

(2) Name:_____Home Phone:_____

Address:_____Office Phone: _____

Email:_____Cellular Phone: _____

(3) Name:_____Home Phone:_____

Address:_____Office Phone: _____

Email:_____Cellular Phone: _____

21. Bank Reference:

Bank Name:_____ Contact Person: _____

Phone:_____City:_____State:_____

E-mail Address: _____

22. Please set forth the name, address and telephone numbers of an emergency contact person:

_____

COVENANTS AND AGREEMENTS:

1. Applicant(s) certifies that he/she has received a copy of the Declaration of Condominium of Aquablu Fort Lauderdale, Articles of Incorporation and By-Laws of Aquablu Fort Lauderdale Condominium Association, Inc., as well as the Rules and Regulations of the Association, as may be amended from time to time (the "Constituent Documents").

2. Applicant agrees to abide bythe provisions, terms, conditions and covenants as set forth in the Association's Constituent Documents including, but certainly not limited to, Paragraphs 17 and 18 of the Declaration of Condominium.

3. Applicant covenants and agrees that the Unit shall not be used for transient occupancy.

4. All covenants and agreements contained herein shall extend to and bind the heirs, executors, administrators, successors and assigns respectively of each party hereto.

_____ _____

Applicant Signature Date

_____ _____

Co-Applicant Signature Date

SCREENING AUTHORIZATION:

I/we hereby authorize Aquablu Fort Lauderdale Condominium Association, Inc., or any other party or agency acting on behalf of Aquablu Fort Lauderdale Condominium Association, Inc., to request and obtain a credit report, criminal record, motor vehicle, eviction and other history as part of its review of this Application. I/we certify that ALL the above information is true and correct. I/we acknowledge that false information herein may constitute grounds for rejection of this Application, termination of right of occupancy, and/or forfeiture of deposits, and may constitute a criminal offense under the laws of the State of Florida.

_____ _____

Applicant Signature Date

_____ _____

Co-Applicant Signature Date

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FOR OFFICE USE ONLY

Received by: _____ Date: _____

Approved by: _____ Date: _____