PORTO BELLAGIO

Sunny Isles

Transfer of Ownership
Application Checklist Unit #_____

_____ Owner/Renter Information form . Application required per person 18 and over. Enter all applicants 18 and over via the website, http://www.us-ilinvestigations.com. Select "tenant screening" on the top right to enter your information. The customer number is 020123.

_____ Articles of Incorporation (if applicable)

_____ Acknowledgement of receipt of 2005 rules update and condo docs

_____ Voting Certificate

_____ Pet Fee $250 and pet registration. This fee is charged annually regardless of how long the dog is in the unit during the year. NO VISITING PETS ALLOWED.

_____ Mold and Mildew Addendum

_____ Release of Liability for Packages

_____ Utility Charge Agreement

_____ Responsibility for unit management

_____ Proof of Content Insurance

_____ Receipt of $100 Transfer of Ownership fee (Cashier's check or money order per person and per company)

_____ Receipt of $100 Moving fee (Cashier's check or money order)

_____ Verified HOA fees are current. If HOA fees are past due a copy of the HUD reflecting the correct payoff will be collected at closing is required.

_____ Verified no current violations

_____ Copy of contract signed by all parties

Incomplete applications will not be accepted. Hard copies must be delivered to the management office. All faxed or scanned applications will be charged an additional $20 processing fee. Please allow ten business days for processing from receipt of a completed application.
Pedestrian and vehicle access credentials will be provided after approval. The cost is $40 per vehicle registered and $25 per person.

Reviewed and approved by: Date:

_____ _____

_____ _____

_____ _____

Declined by: Date:

_____ _____

APPLICATION FOR RESIDENCY

COMMUNITY: _____ Address Applied For: _____

Date of Application: _____

NAME LAST	FIRST	MI	MAIDEN	DATE OF BIRTH	SOCIAL SECURITY #
SPOUSE LAST	FIRST	MI	MAIDEN	DATE OF BIRTH	SOCIAL SECURITY #

MARITAL STATUS	PRESENT PHONE NO. ( )	DAYTIME CONTACT NO. ( )	CELL PHONE NO. ( )

PETS	1ST PET BREED	WT	AGE	2ND PET BREED	WT	AGE

ADDITIONAL OCCUPANTS	NAME	DATE OF BIRTH	SOCIAL SECURITY #	NAME	DATE OF BIRTH	SOCIAL SECURITY #
	NAME	DATE OF BIRTH	SOCIAL SECURITY #	NAME	DATE OF BIRTH	SOCIAL SECURITY #

RESIDENCE HISTORY

PRESENT ADDRESS	STREET # NAME	APT.#	CITY	STATE	ZIP	OWN ☐ RENT ☐	SINCE / /	
LANDLORD MTG. CO.	NAME	ADDRESS	CITY	STATE	ZIP	PHONE NO. ( )	MO. PAYMENT	
PREVIOUS ADDRESS	STREET # NAME	APT.#	CITY	STATE	ZIP	OWN ☐ RENT ☐	SINCE / /	
LANDLORD MTG. CO.	NAME	ADDRESS	CITY	STATE	ZIP	PHONE NO. ( )	MO. PAYMENT	
PREVIOUS ADDRESS	STREET # NAME	APT.#	CITY	STATE	ZIP	OWN ☐ RENT ☐	SINCE / /	
LANDLORD MTG. CO.	NAME	ADDRESS	CITY	STATE	ZIP	PHONE NO. ( )	MO. PAYMENT	

* MINIMUM 2 YEARS RESIDENT HISTORY REQUIRED.

HAVE YOU EVER BEEN EVICTED FROM ANY LEASED PREMISES? ☐ YES ☐ NO

ARE YOU A LEGAL RESIDENT OF THE UNITED STATES? ☐ YES ☐ NO

EMPLOYMENT HISTORY

APPLICANT

PRESENT EMPLOYER	NAME	BUSINESS ADDRESS	CITY	STATE	ZIP	PHONE #	
POSITION	SUPERVISOR	CONTACT PHONE	FAX	ANNUAL INCOME	FROM: / /	TO: / /	
PREVIOUS EMPLOYER	NAME	BUSINESS ADDRESS	CITY	STATE	ZIP	PHONE #	
POSITION	SUPERVISOR	CONTACT PHONE	FAX	ANNUAL INCOME	FROM: / /	TO: / /	

SPOUSE

PRESENT EMPLOYER	NAME	BUSINESS ADDRESS	CITY	STATE	ZIP	PHONE #	
POSITION	SUPERVISOR	CONTACT PHONE	FAX	ANNUAL INCOME	FROM: / /	TO: / /	
PREVIOUS EMPLOYER	NAME	BUSINESS ADDRESS	CITY	STATE	ZIP	PHONE #	
POSITION	SUPERVISOR	CONTACT PHONE	FAX	ANNUAL INCOME	FROM: / /	TO: / /	

* MINIMUM TWO YEARS EMPLOYMENT HISTORY REQUIRED.

NEAREST RELATIVE	NAME		FULL ADDRESS			ZIP	PHONE #
EMERGENCY CONTACT	NAME		FULL ADDRESS			ZIP	PHONE #
VEHICLES	AUTO #1 YEAR	MAKE	MODEL	COLOR	TAG #	PERSONAL DRIVERS LICENSE #	STATE
	AUTO #2 YEAR	MAKE	MODEL	COLOR	TAG #	SPOUSE'S DRIVERS LICENSE #	STATE
	RECREATIONAL OR UTILITY VEHICLES						
ASSETS	SAVINGS ACCT.	BANK NAME	LOCATION		CITY	ACCOUNTNUMBER	AMT. OF ASSETS
	CHECKING ACCT.	BANK NAME	LOCATION		CITY	ACCOUNTNUMBER	AMT. OF ASSETS
CREDIT CARD #1 NAME				CREDIT CARD #2 NAME			

I HAVE READ AND AGREE TO THE PROVISIONS AS STATED.

Applicant's Signature Date

Spouse's Signature Date Leasing Agent Date

E-MAIL ADDRESS_____

E-MAIL ADDRESS_____

U.S.I.I. TENANT SCREENING
A2900264

I (we) certify that the name, social security, and address(es) given are true and correct to the best of my (our) knowledge. You are hereby authorized to make any investigation of my (our) personal and financial history and pull a credit report through Tenant Credit Reports. I (we) hereby authorize the release of all information, including credit, employment, salary, and rental information to Tenant Credit Reports. I (we) are willing that a photocopy of this authorization be accepted with the same authority as the original.

Signature(s):

Applicant: _____ Date: _____
Co-Applicant: _____ Date: _____

PORTO BELLAGIO CONDOMINIUM ASSOCIATIONRULES 2005

May 18-
Violations of any of the rules and regulations, excluding pet violations, will be assessed escalating fines as follows:

1st offense $25,
2nd offense $50,
3rd offense $75,
4th and subsequent offenses $100 each.

Any pet violation, i.e., pet not on a leash or owner not picking up pet waste, will be assessed $100 per infraction.

July 20-
All homeowners are required to provide proof of homeowners insurance at the time of purchase and proof of renters insurance with rental applications.

August 3-
All homeowners who wish to lease their unit must provide the renter's application and lease for screening and review to the manager.
In addition, they must use the standard Porto Bellagio lease form.
All moving activity must be scheduled Monday through Friday between 8 a.m. and 8 p.m. and times reserved in advance with the courtesy patrol officer.

August 19-
New fee assessments approved as follows:
Pet fee $250 per pet per year. This fee will be assessed to renter's on move in and lease renewal.
Moving fee $100 per move. This fee must be paid and a receipt shown to the Courtesy Patrol Officer to lock the elevator for moves.
Condo docs $50 per set.
Estoppel requests $25 per request.
Contractor approvals $25 per request plus the cost of additional engineering review if needed.

_____

New Owner acknowledges receipt of the above 2005 rules and prospectus for Porto Bellagio, A Condominium.

PORTO BELLAGIO
Sunny Isles

Voting Certificate
Certificate of Appointment of Voting Representative

This is to certify that the undersigned, constituting all of the record owners of Unit #_____ located in Porto Bellagio Condominium designated:

_____
(Name of Owner of above Unit who is Voting Representative)

As their representative to cast all votes and to express all approvals that such owners may be entitled to cast or express at all meetings of the membership of the Association and for all other purposes provided by the Declaration of Condominium, Articles and By-Laws of the Association.

This Certificate is made pursuant to the declaration and the by-laws and shall revoke all prior certificates and be valid until revoked by a subsequent certificate.

Dated:_____

Owner Name:_____ Owner Signature:_____
Owner Name:_____ Owner Signature:_____
Owner Name:_____ Owner Signature:_____
Owner Name:_____ Owner Signature:_____

NOTE: This form is not a proxy and should not be used as such. Please designate a joint owner of the unit as Voting Representative and not a third person.

The person designated in such certificate who is entitled to cast the vote for a Unit shall be known as the "voting member". If such certificate is required and is not filed with the secretary of the Association for a Unit owned by more than one person or by and Entity, the vote of the Unit concerned may not be cast and shall not be considered in determining the requirement for a quorum or for any purpose requiring approval of a person entitled to cast vote for the unit.

Pet Agreement

Name:_____ Condominium No:_____

Telephone Numbers:
Home:_____Work:_____ Cell:_____

Pet Information

Pet Name_____ Type: Dog / Cat

Breed_____ Sex: Male / Female

Age: _____ Weight:_____ Height: _____

Pet Name_____ Type: Dog / Cat

Breed_____ Sex: Male / Female

Age: _____ Weight:_____ Height: _____

Are all vaccines current? Yes / No

Does your pet have a current nametag? Yes / No

Current Veterinarian:

Name: _____ Telephone:_____

Address: _____
_____

By signing below you certify that the information provided above is true and accurate.

I agree to pay the required pet fee of $_____ ($250 per dog) to Porto Bellagio on an annual basis. I agree that I have read the rules of the association regarding pets and will comply with all rules as required. I further understand that failure to comply with the rules of the association regarding pets may result in my losing my privilege to house a pet in the community.

_____ _____
Resident Date

_____ _____
Owner Date

MOLD/MILDEW ADDENDUM ADVISEMENT

MOLD: Mold consists of naturally occurring microscopic organisms which reproduce by spores. Mold breaks down and feeds on organic matter in the environment. The mold spores spread through the air and the combination of excessive moisture and organic matter allows for mold growth. Not all, but certain types and amounts of mold may lead to adverse health effects and/or allergic reactions. Not all mold is readily visible, but when it is, it can often be seen in the form of discoloration, ranging from white to orange and from green to brown and black, and often there is a musty odor present. Reducing moisture and proper housekeeping significantly reduces the chance of mold and mold growth.

Preventing mold begins with you. The resident is hereby notified that the Premises are subject to the infestation of mold or mildew if not properly maintained. When moldy materials are disturbed some molds produce toxic chemicals which may contaminate the Premises' air space. Resident acknowledges that routine visual inspections for mold growth or signs of water damage and wetness is the most reliable method for identifying the presence of mold or mildew and should be addressed immediately.

CLIMATE CONTROL: Resident(s) agree to use all air-conditioning in a reasonable manner and use heating systems in moderation and to keep the premises properly ventilated by periodically opening windows to allow circulation of fresh air during dry weather only. RESIDENT(S) AGREE THAT AIR CONDITIONING WILL BE USED AT ALL TIMES, INCLUDING TIMES WHEN RESIDENT IS ABSENT FROM THE PREMISES, FOR EXTENDED PERIODS OF TIME AND THAT A TEMPERATURE OF BETWEEN 50 AND 78 DEGREES FAHRENHEIT WILL BE MAINTAINED AT ALL TIMES.

RESIDENT(S) AGREE TO:

- Keep the premises clean and regularly dust, vacuum and mop
- Use hood vents when cooking, cleaning and dishwashing
- Use exhaust fans when bathing/showering and leave the fan on for a sufficient amount of time afterward to remove moisture
- Use ceiling fans if present
- Water all indoor plants outdoors
- Wipe down any moisture and/or spillage
- Wipe down bathroom walls and fixtures after bathing/showering
- Wipe down any vanities/sink tops
- Avoid air drying dishes
- Not drying clothes by hanging indoors
- Open blinds/curtains to allow light into the premises
- Use reasonable care to close all windows to prevent rain or outdoor water from penetrating
- Keep shower curtains within bathtub when showering
- Wipe down floors if any water spillage occurs
- Securely close shower doors (if present)
- Leave bathroom and shower doors open after use
- Use clothes dryer (if present) for wet towels
- Use household cleaners on any hard surfaces
- Remove any moldy or rotting food from the premises immediately
- Remove garbage regularly
- Wipe down any and all visible moisture
- Wipe down windows and window sills if moisture is present
- Inspect for leaks under sinks
- Check all washer hoses for leaks (if present)
- Limit the source of indoor humidity by increasing fresh air ventilation and warming cold surfaces when condensation occurs

_____ Resident Initials

- Keep all furniture away from walls allowing at least 1 12-inch clearance for airflow
- Do not overfill closets or storage areas, ventilation is important to these spaces
- Ensure that clothes dryer is operating properly and clean lint screen after each use
- Not to bring any personal property into the unit that may contain mold, especially "soft possessions" such as sofas, mattresses, and pillows

RESIDENT(S) SHALL IMMEDIATELY REPORT:

- Visible or suspected presence of mold
- All air conditioning or heating system problems
- Leaks, moisture accumulations, major spillage
- Indoor plant watering overflows
- Musty odors, shower/bath/sink/toilet overflows
- Leaky faucets, plumbing, pet urine accidents
- Discoloration of walls, baseboards, doors, window frames, or ceilings
- Water intrusion, plumbing leads, drips or "sweating" pipes
- Moldy clothing
- Refrigerator and air conditioning drip pan overflows
- Moisture dripping from or around any vents, air conditioning condenser lines
- Loose, missing or failing grout or caulk around tubs, showers, sinks, faucets, or countertops
- Clothes dryer vent leaks
- Non-working fans or windows

SMALL AREAS OF MOLD: If mold has occurred on a small, non-porous surface such as ceramic tile, Formica, vinyl flooring, metal, or plastic and the mold is not due to an ongoing leak or moisture problem, the Resident agrees to clean the areas with soap (or detergent) and a small amount of water, let the surface dry, and then within 24 hours apply a non-staining cleaner such as Lysol Disinfectant®, Pine-Sol Disinfectant® (original pine-scented), Tilex Mildew Remover®, or Clorox Cleanup®.

TERMINATION OF TENANCY: Owner or agent reserves the right to terminate the tenancy and RESIDENT(S) agree to vacate the premises in the event owner or agent in its sole judgement feels that either there is mold or mildew present in the dwelling unit which may pose a safety or health hazard to RESIDENT(S) or other persons and/or RESIDENT(S) actions or inactions are causing a condition which is conducive to mold growth.

INSPECTIONS: Resident shall conduct a visual inspection for the presence of mold growth inside the Premises at least once per month, including window frames and on carpets; ceiling tiles, and on any currently or formerly damp material made of cellulose (such as wallpaper, books, papers, newspapers); all indoor plants; and personal property. RESIDENT(S) agrees that owner or agent may conduct inspections of the unit at any time with reasonable notice.

VIOLATION OF ADDENDUM: If RESIDENT(S) FAILS TO COMPLY WITH THIS ADDENDUM, Resident(s) can be held responsible for property damage to the dwelling and any health problems that may result. Noncompliance includes, but is not limited to, Resident(s) failure to notify Owner or Agent of any mold, mildew or moisture problems immediately IN WRITING. Violation shall be deemed a material violation under the terms of the Lease, and owner or agent shall be entitled to exercise all rights and remedies it possesses against RESIDENT(S) at law or in equity and RESIDENT(S) shall be liable to Owner for damages sustained to the Leased Premises. RESIDENT(S) SHALL HOLD Owner and agent harmless for damage or injury to person or property, including attorney's fees, as a result of RESIDENT(S) failure to comply with the terms of this Addendum.

_____ Resident Initials

PARTIES: THIS ADDENDUM IS BETWEEN THE RESIDENT(S) AND OWNER AND OR AGENT MANAGING THE PREMISES. THIS ADDENDUM IS IN ADDITION TO AND MADE PART OF THE LEASE AGREEMENT AND IN THE EVENT THERE IS ANY CONFLICT BETWEEN THE LEASE AND THIS ADDENDUM, THE PROVISIONS OF THIS ADDENDUM SHALL GOVERN.

Resident	Resident
Resident	Date

RELEASE OF LIABILITY FOR DELIVERED PACKAGES

THIS RELEASE OF LIABILITY was made and entered into by and between Porto Bellagio Condominiums, and _____

NOW THEREFORE, in consideration of the mutual covenants contained herein and other good and valuable consideration, it is hereby agreed as follows:

That the Buyer shall release Porto Bellagio, its agents, employees, owners, successors and assigns from any liability under a theory of bailment, or gross negligence or negligence, or any other theory of liability concerning packages or goods that are accepted on behalf of the undersigned Buyer and Buyer's occupants as a result of a non-availability of the undersigned at the time of the packages delivery. The Buyer agrees that Landlord, its agents and employees are not responsible for verifying the condition upon receipt of goods on behalf of the undersigned or for the proper storage for the goods of the undersigned. The undersigned tenant specifically waives any right of action that may be brought concerning acceptance of a package for the undersigned by Porto Bellagio, its agents, employees, successors and assigns. Refusal of the Buyer to execute this form shall result in Porto Bellagio, its agents, assigns, successors, employees and owners refusing to accept packages on behalf of the tenant. This Release of Liability is valid from the time of execution until same is revoke in writing by the Buyer. This writing must be delivered via first class mail, to the management office of Porto Bellagio Condominium to be effective. Such cancellation shall become effective only upon actual receipt by landlord its agents, assigns, successors, employees or owners.

Buyer Signature:_____

Date Signed:_____

Unit Purchased:_____

UTITLITY CHARGE AGREEMENT

UNIT # _____

I (We) _____, agree to and acknowledge that I (We) are responsible for electrical service in the above referenced condominium as of the date of the closing on said unit. Electricity will be maintained on a constant basis throughout the term of ownership.

_____ _____

Owner Date

_____

Owner

_____

Owner

RESPONSIBILTY FOR PRORATED RENT AND DEPOSIT AND ASSIGNMENT OF MANAGEMENT OF LEASE

UNIT #_____

I (We) _____, agree to and acknowledge that I (We) are going to

_____ personally manage the current and future rental of the unit listed above.

or

_____contract a third party _____ to manage said unit. Their contact information is

_____

_____.

or

My managing agent has rights of access to all information on my renters and may check out a key to my unit to inspect same. Said agent will provide proof of notice to enter as required by Florida Statutes.

_____ _____

Owner Date

_____

Owner

_____

Owner

PORTO BELLAGIO
Sunny Isles

MOVE-IN/ MOVE-OUT PROCEEDURE

In order to better serve you please follow the instructions below prior to your move-in:

Call the Courtesy Patrol Office at 305-956-7846 as soon as possible to reserve the elevator.

Move-ins are allowed MONDAY through FRIDAY by appointment only

Between the hours of
8AM to 12PM
12PM to 4PM
4PM to 8PM

Make sure you pay or move-in or move –out fee of $100.00 prior to your move.

Do Not leave any furniture in the property dumpsters.

Make sure you clean up after your move-in or move out. Break down and dispose of boxes in the appropriate containers on the first floor of the garages.

Make sure you personally inspect the elevator and condo common area for any garbage left behind.