INTERVIEW PROCEDURE FOR BUYERS

1. All necessary DOCUMENTS must be in the hands of Biscaya III Association at the interview:
   a. Intent to Sell
   b. Signed Buyer Information Sheet
   c. Credit report of the Buyer.
   d. Copy of Sales Contract
   e. Copy of Insurance (Appliance & Apartment)
   f. $500.00 Security Deposit
   g. A $100.00 investigation fee, made out to Biscaya III Condominium Association Inc. must accompany the application.
   h. Some form of I.D. such as Birth Certificate or Driver's License.
2. A copy of the Rules & Regulations is to be given to newcomer at the interview.
3. A copy of the Condominium Documents is to be given to newcomer by the Seller.
4. Owner permitted only one parking space for the automobile only.
   NO VANC OR RV's PERMITTED.
5. Any occupancy over fourteen (14) days without the presence of the unit owner is considered a "LEASE".
6. No children under the age of eighteen (18) can be permanent resident.
7. No pets, bikes or roller skating permitted on premises.
8. Seller is responsible in providing all keys (including mailbox, recreation hall and storage room).
9. Unit owner is responsible for the ACTS and CONDUCT of his guests.
10. Three (3) day notice required for moving furniture in or out of the buildings. Notify manager (305) 932-5471 who will reserve the elevator and have the pads put up. Moving hours are between 9:00 a.m. and 4:00 p.m. weekdays, only.

QUESTIONNAIRE

1. For what purpose are you purchasing the condominium?
   _____vacation home or second home
   _____permanent residence
   _____investment (to rent out)
   _____other (please specify) _____

2. If vacation or second home, how long do you anticipate occupying the apartment each year?_____
   What months do you expect to occupy the unit? _____

3. Who will be responsible for your unit in your absence, and can be contacted in the event of emergency? (Preferably someone in the local area).
   Name: _____
   Address: _____
   Phone #: _____

4. Have you read the set of condominium rules and regulations? _____

5. Are you aware that the Condominium Association and its owners are governed by a set of condominium documents, the board adopted rules and regulations, and the Florida Department of Business and Regulation? _____

6. Do you agree to abide by the aforementioned documents, rules, and Chapter 718 (Florida Condo. Law)? _____

7. Do you plan on having a car when in residence? _____
   If so, you must register the vehicle with the office to obtain the proper identifying decal.

8. Do you agree to provide the association office with a duplicate key to your apartment for emergency access? _____

9. Do you understand that no pets are permitted, and do you agree not to permit any person leasing or visiting your unit to harbor a pet in the apartment?_____

10. Will you notify the Association office of your arrival to the apartment, and also notify the office if you will be moving furniture or large items in? _____

11. Failure to comply to any of the above is subject to a fine.

    We _____, have answered the above questions truthfully.

_____ _____

INSTRUCTIONS:

1 -All applicants are processed as separate investigations.
2 -Print legibly or type all information. Account and telephone numbers and complete addresses are required.
3 -If any question is not answered or left blank, this application may be returned, not processed or not approved.
4 -Missing information will cause delays in processing your application.
5 -Any misrepresentation, falsification or omission of information may result in your disqualification.
6- Only the applicants are authorized to sign all forms on page 2.

APPLICATION FOR OCCUPANCY/APPROVAL

PRINT OR TYPE (Use Black Ink) Purchase_____or Lease_____(How long)

Apt. No._____Bldg No._____Special Address or Unit _____

Date_____20_____Desired date of occupancy _____

Applicant #1 (Mr./Mrs. /Ms.)_____Date of Birth_____Soc. Sec No. _____
(mm/dd/yy) (*Alien, Green Card, Social Insurance No.)*

Applicant #2 (Mr./Mrs./Ms.)_____Date of Birth_____Soc. Sec No. _____
(mm/dd/yy) (*Alien, Green Card, Social Insurance No.)*

Email Address:_____ Maiden Name_____

Number of expected occupants. (Over age 18)_____(Under 18) _____

Names & ages of children who will occupy: _____

Description of Pets (Breed, Size, Color, Weight, Etc.)_____

In case of emergency notify: _____
Name *Address* *Telephone*

PRINT OR TYPE (Use Black Ink) **RESIDENCE HISTORY**

A. Present Address_____Phone (____) _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo_____Phone (___)_____Dates of Residency_____

Name of Landlord or Mortgage Co._____Phone (___)_____

Landlord Email Address: _____

Address_____Mtg. No. _____

B. Previous Address_____Your Apt No. _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo_____Phone (___)_____Dates of Residency_____

Name of Landlord or Mortgage Co._____Phone (___) _____

Landlord Email Address: _____

Address_____Mtg. No. _____

C. Prior Address_____Your Apt No. _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo_____Phone (___)_____Dates of Residency_____

Name of Landlord or Mortgage Co._____Phone (___)_____

Address_____Mtg. No. _____

Landlord Email Address: _____

(Continued on Back)

PRINT OR TYPE (Use Black Ink)

EMPLOYMENT REFERENCES

A. Applicant #1
Employed By (Business Name)_____ Phone (___) _____
(or retired from)

How long_____ Dept. or Position_____ Mo. Income _____

Address_____ Zip _____

B. Applicant #2
Employed by (Business Name)_____ Phone (___) _____
(or retired from)

How long_____ Dept. or Position_____ Mo. Income _____

Address_____ Zip _____

INTERNATIONAL APPLICANTS ONLY

Motherís Full Name, including Maiden Name (Applicant#1) _____

Motherís Full Name, including Maiden Name (Applicant#2) _____

(Continued on Back)

PRINT OR TYPE (Use Black Ink)

BANK REFERENCES

C. Bank Reference_____ Phone (___)_____

How long_____ Ck. Acct. No._____ Sav. Acct. No. _____

Address_____ Zip _____

D. Bank Reference_____ Phone (__) _____

How long_____ Ck. Acct. No._____ Sav. Acct. No. _____

Address_____ Zip _____

CHARACTER REFERENCES

1. _____
Name *Address* *Phone (Residential & Office)*
Email Address: _____

2. _____
Name *Address* *Phone (Residential & Office)*
Email Address: _____

3. _____
Name *Address* *Phone (Residential & Office)*
Email Address: _____

VEHICLE INFORMATION

Driverís License. No. #1_____ #2_____ State_____

Make_____ Model_____ Year_____ Plate No._____ Color_____ State_____

Make_____ Model_____ Year_____ Plate No._____ Color_____ State_____

If this application is NOT legible or is not completely and accurately filled out, Applicant Information (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, Applicant Information, 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.

Signature_____ Signature _____
Applicant #1 Applicant #2

Date_____ Date _____

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

DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

_____("the Company") may obtain information about you from a consumer reporting agency for tenant screening purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, social security trace, employment and education references, credit history, professional licenses and credentials. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for residency is an investigation into your rental performance history conducted by Applicant Information, 2525 Hollywood Blvd; Hollywood, Florida 33020, Phone: 800-315-8606, Fax: 866-741-3258, or another outside organization. This Disclosure and Authorization allows the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if approved for residency, throughout the course of your tenancy to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐
New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.
New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law
Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.
Massachusetts, Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

Printed Name: _____

Applicant #1

Signature:_____ **Date:** _____

DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

_____("the Company") may obtain information about you from a consumer reporting agency for tenant screening purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, social security trace, employment and education references, credit history, professional licenses and credentials. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for residency is an investigation into your rental performance history conducted by Applicant Information, 2525 Hollywood Blvd; Hollywood, Florida 33020, Phone: 800-315-8606, Fax: 866-741-3258, or another outside organization. This Disclosure and Authorization allows the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if approved for residency, throughout the course of your tenancy to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐
New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.
New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law
Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.
Massachusetts, Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a Consumer report if one is obtained by the Company. ☐

Printed Name: _____

Applicant #2

Signature:_____ **Date:** _____

FAIR HOUSING ACT – CENSUS

BISCAYA III CONDOMINIUM ASSOCIATION, INC.

I/we/am/are the permanent occupant of Unit _____, located at _____ of Biscaya Condominium No. _____ in Aventura, Florida.

I/we understand that the association is required by Federal Law to verify the age of the occupants of our units, so that the Community can continue to qualify for the Housing for Older Persons Act of 1995, In order to maintain our retirement community lifestyle and continue to prevent children from permanently residing in our Community.

The following information is true and correct:

a. **As of the date shown on this affidavit, there was at least one (1) person occupying my unit who was age 55 or over.**

   Yes _____ No_____

   Has the occupancy of this unit changed since September 12, 1988?

   Yes _____ No_____ if yes, when? _____

b. **If the answer to b. is yes, is at least one (1) occupant of the lot age 55 or over?**
   Yes _____ No_____

c. **Please identify the occupant(s) who is/are over 55:**

   Name _____ Date of Birth _____

   Name _____ Date of Birth _____

d. **Please identify all other occupant(s):**
   Name _____ Date of Birth _____
   Name _____ Date of Birth _____

e. **I/We have provided one of the following as proof of age for all occupants, and a copy of the Document is attached hereto for the Association's records:**
   1. **Birth certificate _____**
   2. **Driver's License no. _____**
   3. **Medicare card no. _____**
   4. **Voter's Registration _____**
   5. **Other (specify): _____**

Dated this _____ day of _____, 20_____.

_____
Unit Owner/Occupant

_____
Unit Owner/Occupant