

**CRISTAL SHORES CONDOMINIUM ASSOCIATION NORTH
MIAMI BEACH, FLORIDA**

1. An original form of the occupancy application must be submitted, completed in full, and clearly indicating the full name of the applicant(s). A fee of \$175.00 (non-refundable) is required for the Association to process the application. If there are two separate applications for the same unit, each applicant must pay this fee. If the applicants are legally married or in a legal domestic partnership, the fee is \$175 per application. A check payable to Cristal Shores Condo Association must be included with the application. The Association may require proof of legal documentation of marriage or legal partnership.
2. The Association conducts a credit/background/criminal report for all applicants pursuant to applicable laws. A copy of the applicant(s)' driver's license and/or passport must be included. By completing, executing and submitting the application, the applicant acknowledges agrees to the credit/background/criminal report. Under Florida law, all information gathered during a background check is, and will remain, strictly confidential.
3. The Association will make its determination timely and will communicate it to the owner of the unit, or the designated real estate agent, either verbally or in written format. An in-person meeting with the potential buyer(s) is required.
4. All residents must comply with the Association's By-Laws, Declaration and Rules & Regulations, as adopted from time to time.

All completed forms must be returned to:

**Cristal Shores Condo Association 3702 NE 171st Street
Attention: Board of Directors
Email address: Cristalshorescondo@outlook.com**

Received _____

(Applicant(s) Initials)

Cristal Shores Condominium Association

BUYER'S APPLICATION

Please fill out this application fully and accurately.
There is a non-refundable fee of \$175 to apply

Unit Owner's Name	Unit No.	Contact Information
Designated Real Estate Agent	Phone	Email

PART I – APPLICANT INFORMATION

First	Middle	Last	Birth Date	Social Security # (Over 18 years)
Any Other Names You've Used In The Past			Home Phone	Cell Phone
All Other Occupants – LIST MUST BE ACCURATE AND COMPLETE			Birth Date	Relationship To Applicant
Under 18 -				

PART II – RENTAL/RESIDENCE HISTORY

	Current Residence	Previous Residence (most recent)	Previous Residence
Street Address			
City			
State & Zip			
Dates of Residency			
Owner/Manager and Phone Number			
Rental Monthly Fee			

Please provide any information that may be relevant to your residence history in a separate document. This would include foreclosure or eviction.
PLEASE LIST THE LAST 3 RESIDENCES in the last 15 years.

	Current Residence	Previous Residence (most recent)	Previous Residence
Street Address			
City			

State & Zip				
Dates of Residency				
Owner/Manager and Phone Number				
Rental Monthly Fee				

	Current Residence	Previous Residence (most recent)	Previous Residence	
Street Address				
City				
State & Zip				
Dates of Residency				
Owner/Manager and Phone Number				
Rental Monthly Fee				

Please provide any information that may be relevant to your residence history.

You hereby acknowledge that you will use the assigned parking lot as per the Association’s records.

Initials

PART III - EMPLOYMENT and CREDIT HISTORY

	Current Employment	Previous Employment	Prior Employment
Employed By			
Address			
Employer's Phone			
Occupation			
Name of Supervisor			
	From/To	From/To	From/To
Dates of Employment			

(Second Applicant)

	Current Employment	Previous Employment	Prior Employment
Employed By			
Address			
Employer's Phone			
Occupation			
Name of Supervisor			
	From/To	From/To	From/To
Dates of Employment			

NOTE – IF YOU ARE SELF-EMPLOYED OR PURCHASING THROUGH A LEGAL ENTITY, YOU MUST DEMONSTRATE SUFFICIENT FUNDS FOR THE PURCHASE OF THE APARTMENT AND ONE YEAR MAINTENANCE|.

Include vehicles belonging to all occupants

Make	Model	Color	Year	License Plate

PART V - REFERENCES & EMERGENCY CONTACTS

	Reference	Reference	Emergency Contact
Name			
Street Address			
City			
State & Zip			
Phone Number			
By signing the application you grant us permission to communicate with all the contacts listed in this section.			

REFERENCES & EMERGENCY CONTACTS

	Reference	Reference	Emergency Contact
Name			
Street Address			
City			
State & Zip			
Phone Number			
By signing the application you grant us permission to communicate with all the contacts listed in this section.			

Provide any other information that may be deemed relevant to this application for occupancy. You may include additional documents in support of this Application.

(Signature Page Follows)

Agreement & Authorization Signature

The statements I have made in this application are true and correct. By signing this application, I hereby authorize a full background check that includes credit and criminal checks, and which shall be conducted by the Association for the sole purpose of this application (purchase of an unit within the Cristal Shores Condominium Application).

I hereby authorize the verification of information I provided and communication with any and all names listed on this application as references. I understand that any discrepancy or lack of information may result in the request for additional information, which if not provided, may result in the rejection of this application. I understand that inaccurate information may be deemed to be fraudulently provided, and will immediately disqualify the applicant from further consideration for purchase. I understand that this is an application for an apartment unit and does not constitute a rental or lease agreement in whole or part. I further understand that there is a non-refundable fee to cover the cost of processing my application and I am not entitled to a refund even if I do not rent the apartment for whichever reasons. Any questions regarding rejected applications must be submitted in writing by the applicant and accompanied by a self-addressed stamped envelope.

Signature: _____

Date: _____

Signature: _____

Date: _____