Jefferson South Shore Condominium Association

SALE AND LEASE CHECK LIST PLEASE CHECK OFF

ITEMS	RECEIVED
1. APPLICANT INFORMATION SHEET	☐
2. PROJECTED MOVE-IN SCHEDULE MUST BE NO LESS THAN 10 BUISNESS DAYS FROM COMPLETED APPLICATION AT OFFICE. DATE: _____ TIME _____	
3. COPY OF CONTRACT OR LEASE	☐
4. COPY OF BACKGROUND (CRIMINAL & CREDIT) REPORT	
5. COPY OF MARRIAGE LICENSE	
6. COPY OF PHOTO ID'S FOR ALL OCCUPANTS 18 YEARS OR OLDER	☐

7. **Lease/Sale Application** must be emailed to the Management office at assistant@floridapropertysolutions.net The amount **of $100.00 per applicant (married couple pay only $100.00) over the age of 18 years, must be Zelled to floridapropertysolutions@yahoo.com or a cashiers check (only) payable Fla Property Solutions can be mailed to Fla. Property Solutions 1000 5th street suite 200 Miami Beach, Fl 33139.** Amount of applicants cannot exceed the maximum occupancy limits of the unit of residence (see Occupancy rule under Guest and Occupancy). After review of the information contained in the application and, personal and criminal history information contained in the report submitted by an independent outside agency, the Board at its own discretion may or may not approve the Sales/Lease Application.

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Unit #	Landlord:	Tenant:
LEASE AMOUNT:	BEGINNING DATE:	EXPIRATION DATE:

EVERY FORM IN THIS PACKAGE MUST BE COMPLETED. ALL INFORMATION REQUIRED MUST BE PROVIDED. FAILURE TO PROVIDE COMPLETED PACKAGE WILL DELAY MOVE-IN INTO JEFFERSON SOUTH SHORE CONDOMINIUM ASSOCIATION

THE COMPLETION OF THIS PACKAGE IS YOUR RESPONSIBILITY. PLEASE RETURN TO THE MANAGEMENT OFFICE AS SOON POSSIBLE.

JEFFERSON SOUTH SHORE CONDOMINIUM ASSOCIATION

WHEN REQUESTING AN ESTOPPEL/PUD, WE ONLY REQUIRE YOU TO PROVIDE:

- PAYMENT IN FULL
- CASHIER'S CHECK MADE TO FLA PROPERTY SOLUTIONS
- OR ZELLE TO FLORIDAPPROPERTYSOLUTIONS@YAHOO.COM
- CURRENT OWNER'S NAME
- PROSPECTIVE BUYER'S NAME
- PROPERTY ADDRESS
- ASSOCIATION NAME
- COPY OF RECORDED CERTIFICATE OF TITLE IF THE PROPERTY HAS BEEN FORECLOSED UPON.
- REQUEST MUST BE PROVIDED TO US IN WRITING, ON THE CLOSING AGENT'S LETTERHEAD, AND MUST INCLUDE THE COMPANY CONTACT INFORMATION (PHONE NUMBER, AND INCLUDE THE COMPANY CONTACT INFORMATION.

MAIL OR COURIER TO:

FLA PROPERTY SOLUTIONS 1000 5TH STREET SUITE 200 MIAMI BEACH, FL 33139
EMAIL COPY TO: ASSISTANT@FLORIDAPROPERTYSOLUTIONS.NET

- IF YOU REQUIRE AN ORIGINAL DOCUMENT, YOU MUST INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE.
- IF THE PROPERTY HAS MORE THAN ONE ACCOUNT WITH FA PROPERTY SOLUTIONS, ONLY ONE REQUIRE AND FEE IS REQUIRED.
- NO PERSONAL CHECKS WILL BE ACCEPTED

DAYS TO COMPLETE	ESTOPPEL/PUD FEE/CONDO QUESTIONAIRE
5 BUSINESS DAYS	$250.00
3 BUSINESS DAYS	$350.00

IF UNIT IS DELINQUENT AN ADDITIONAL $150.00 WILL BE CHARGED TO THE REGULAR FEE.

- PLEASE NOTE IF WE MUST INSPECT THE PROPERTY WE CANNOT PROVIDE THIS 24-SERVICE

APPLICATION TO SELL OR LEASE
(PLEASE COMPLETE FULLY AND ACCURATELY)

Application for: **Sale:** ☐ **Lease:** ☐

To: Board of Directors

WE AGREE TO PROVIDE TO THE PURCHASER A COPY OF JEFFERSON SOUTH SHORE CONDOMINIUM ASSOCIATION DECLARATION, BY-LAWS, ARTICLES OF INCORPORATION AND RULES & REGULATIONS, PRIOR TO THE OCCUPANCY OF THE UNIT BY THE PURCHASER OR LESSEE.

We will be bound by the Declaration of Condominium, By-Laws, Articles of Incorporation and the Rules & Regulation of the Condominium Association.

THE ASSOCIATION AND IT'S AGENT, IN THE EVENT IT CONSENTS TO A LEASE, IS HEREBY AUTHORIZED TO ACT AS OUR AGENT WITH FULL POWER AND AUTHORITY TO TAKE SUCH ACTION AS MAY REQUIRED, IF NECESSARY, TO COMPEL COMPLIANCE BY OUR LESSEE (S) AND/OR THEIR GUESTS, WITH PROVISION OF THE DECLARATION OF CONDOMINIUM OF JEFFERSON SOUTH SHORE CONDOMINIUM ASSOCIATION IT'S SUPPORTIVE EXHIBITS, THE CONDOMINIUM ACT, AND RULES & REGULATIONS OF THE ASSOCIATION, OR IN THE INSTANCE OF VIOLATION OF ANY OF THE ABOVE BY THE LESSEE(S) AND/OR THEIR GUEST, UNDER APPROPRIATE CIRCUMSTANCE, TO TERMINATE THE LEASEHOLD. IF THIS APPLICATION IS FOR A LEASE, THE LESSOR AGREES TO REIMBURSE THE ASSOCIATION FOR ANY ATTORNEY'S FEES AND COSTS INCURRED AS LESSOR'S AGENT IN SUCH ENFORCEMENT OR LEASE TERMINATION.

In order for you to facilitate consideration of my/our Application for the sale/lease of the above designated unit, I/We have caused the proposed purchaser/lessee to complete the attached Application by Proposed Purchaser of Lessee. I/We am/are aware that any falsification or misrepresentation of the facts in the attached application will result in the automatic rejection of the Application to Sell or Lease. I/We consent that you may have further inquiries concerning this application, particularly of the references given below.

I/We have attached hereto a Copy of the Purchase Contract or other documents which truly and accurately sets forth the terms of the offer that I/We wish to accept.

I/We agree Owner/Lessee shall not move in unless pre-registered with the Association upon approval.

Seller or Lessor Date	Seller or Lessor Date

JEFFERSON SOUTH SHORE CONDOMINIUM ASSOCIATION
INFORMATION FOR PROSPECTIVE OWNERS OR TENANTS

THE APPLICATION WILL BE PRESENTED TO THE BOARD OF DIRECTORS AT LEAST 10-15 BUSINESS DAYS BEFORE THE MOVING DATE OR CLOSING. PLEASE DO NOT CALL THE MANAGEMENT COMPANY TO RUSH. _____

SIGNATURE

NOTE: IF THERE ARE ANY QUESTIONS NOT ANSWERED, OR LEFT BLANK THIS APPLICATION WILL BE RETURNED TO UNPROCESSED.

UNDER NO CIRCUMSTANCE ARE YOU, ANY OF YOUR FAMILY, OR GUEST PERMITTED TO OCCUPY THE RESPECTIVE CONDOMINIUM UNIT, UNTIL YOU HAVE RECEIVED A FORMAL WRITTEN APPROVAL FROM THE CONDOMINIUM ASSOCIATION.

APPROVED PURCHASES, UPON CLOSING OF THE SALE TRANSACTION, MUST IMMEDIATELY CONTACT **FLA PROPERTY SOLUTIONS** AND PROVIDE INFORMATION CONCERNING YOUR DESIGNED MAILING ADDRESS AND PERSONAL WORK AND HOME TELEPHONE NUMBER, AND EMAILS. A COPY OF THE CLOSING STATEMENT OR WARRANTY DEED MUST BE FORWARDED TO **FLA PROPERTY SOLUTIONS.**

PLEASE PRINT OR TYPE

CURRENT UNIT OWNER(S)
NAME_____

OWNER(S) MAILING
ADDRESS_____

UNIT ADDRESS:
_____

OWNER(S) PHONE NUMBER &
EMAIL_____

APPLICATION(S)
NAME_____

APPLICATION(S) PHONE NUMBER &
EMAIL_____

Complete all questions. If any question is not answered or left blank, this application may be returned, not processed, and/or not approved. Print legibly. Missing information will cause delays. All information will be verified.

Rental / Purchase Unit

Building Name/ Number _____ Apartment _____

Lease [ ] Purchase [ ] Rent [ ] Rent Amount / Mortgage: $ _____Monthly

Move in / Close Date_____ Rent /Lease Term _____

Applicant Information

Last Name_____ First Name_____ Middle_____

Social Security No: _____ Date of Birth (___ /___ /___)

Driver's License No: _____State Issued_____

Passport # _____Country _____

Telephone No: _____Email_____

Spouse Information

Last Name_____ First Name_____ Middle_____

Social Security No: _____ Date of Birth (___ /___ /___)

Driver's License No: _____State Issued _____

Passport #: _____Country_____

Telephone No: _____Email_____

Current Residence

Address _____

City: _____State/Zip: _____Country: _____

How long at this address? _____Own [ ] Rent [ ]

Landlord Name: _____Phone #: _____

Employment History

Applicant Employer Name: _____How Long_____

Address: _____City _____State /Zip: _____

Occupation / Position: _____Supervisor Name _____

Telephone_____Salary including commissions $_____

Spouse Employer Name: _____How Long: _____

Address _____City: _____State /Zip_____

Occupation / Position _____Supervisor Name: _____

Telephone: _____Salary including commissions $_____

Financial History

Bank Name: _____Branch: _____

Account Type: _____

Have you or the co-applicant ever filed for Bankruptcy_____ If so, when: _____

Have you or the co-applicant ever been_____

Evicted from any tenancy? _____Ever Broken Lease _____Ever Sued_____

Personal References (No Family Members)

Name: _____Phone Number_____

Work Phone Number: _____Cell Phone Number_____

Relationship_____

Name: _____Phone Number_____

Work Phone Number: _____Cell Phone Number_____

Relationship_____

Vehicle / Motorcycle Information

Vehicle 1 Make: _____Model: _____Color: _____

Year: _____License Plate # _____State: _____Insured By: _____

Vehicle 2 Make: _____Model: _____Color_____

Year: _____License Plate # _____State: _____Insured By_____

In Case of Emergency

Name: _____Phone #_____

Current Address: _____City _____State /Zip_____

Email Address _____

Convictions

Have you or the co-applicant ever been arrested or convicted of any crime? Include

Misdemeanors, DUI, etc. or are any criminal charge now pending? Yes [ ] No [ ]

Applicant [_] Spouse [ ] if yes, City_____ State _____Date_____

Please explain any conviction:

_____

_____

_____

List Other Occupants over 18 years or older.

1. _____
2. _____
3. _____