350 LAS OLAS PLACE

LEASE OR RESIDENT CHECKLIS

UNIT# _____

IMPORTANT: REALTOR'S RESPONSIBILITY: **ALL** monies need to be turned in with application. The completion of this package is **your** responsibility**. Every** form in this package must be completed. **All information** required by the Association must be provided in a **timely manner**. Failure to provide a **completed** package **will delay** the Board's approval, **which is required** for moving into 350 Las Olas Place Condominium. Please return the 350 Las Olas Place application package completed and all monies along **with** the lease contract to the Management Office as soon as possible.

Name of OWNER(S): _____

Name of LESSEE(S): _____

- ❖ Application to Lease (signed by **Owner & Lessee**) ☐
- ❖ Addendum to Lease (completed by the **Owner & Lessee**) ☐
- ❖ Notice and Acknowledgement of Tenant Security Deposit (signed by **Owner**) ☐
- ❖ Confidential Residential Information Sheet (completed by the **Tenant**) ☐
- ❖ Background Check Form (to be completed by **Tenant(s)**) ☐
- ❖ 350 Las Olas Place Application
- ❖ Lease Applicant Screening Criteria ☐
- ❖ Move in/out and Delivery Policy (to be signed by **Tenant(s)**) ☐
- ❖ Pet Policy for Renters Acknowledgement Form (to be signed by **Tenant(s)**) ☐
- ❖ Bicycle Registration Form ☐
- ❖ Parcel Receipt Authorization ☐
- ❖ Vehicle Registration Form ☐
- ❖ Copy of Lease Agreement/Contract ☐

  Term of Rental: From: _____ To: _____
- ❖ Copy of Photo ID(s) (Driver License or Passport, etc) ☐
- ❖ Screening Fee **$100.00** ***(non-refundable)*** *(per person unless married, if married then it's per couple)* ☐
- ❖ Parking Device Fee **$50.00** ***(non-refundable)***
- ❖ Parking Device Fee **$26.63 – Public Garage** *(non-refundable)* ☐

  Payable to: Third Avenue Associates, LTD ☐
- ❖ Elevator Deposit **$800.00** ***(refundable,*** *if no damages occur****)*** ☐
- ❖ Common Area Security Deposit – **$1,000.00 (*refundable*)** ☐

  *-Deposit is **refundable**. Upon move-out, please notify Management to request your deposit and address to mail your check. Please allow up to 21 days to receive.*
- ❖ Upon receipt of the completed package, contract **and** moneys, **allow 21 days for the approval process to be completed.**

Realtor's Contact Information: _____

FOR OFFICE USE ONLY: **Reviewed by:** _____

Date:_____/_____/_____ Management Representative

350 Las Olas Place Condominium Association, Inc.

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

Application to: **Lease**

To: Board of Directors

I/We agree to provide to the purchaser a copy of 350 Las Olas Place Condominium Association, Inc. Declaration, By-Laws, Articles of Incorporation and Rules & Regulations prior to the occupancy of the unit by the purchaser or lessee.

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

THE ASSOCIATION AND ITS 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 BE REQUIRED, IF NECESSARY, TO COMPEL COMPLIANCE BY OUR LESSEE(S) AND/OR THEIR GUESTS, WITH PROVISION OF THE DECLARATION OF CONDOMINIUM OF 350 LAS OLAS PLACE CONDOMINIUM ASSOCIATION, INC., ITS SUPPORTIVE EXHIBITS, THE CONDOMINIUM ACT, AND RULES AND 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.

Dated this _____of _____, 20_____.

Signed: _____ Signed: _____.
Owner Lessee

350 LAS OLAS PLACE CONDOMINIUM ASSOCIATION, INC.
ADDENDUM TO LEASE (Revised 10-1-2009)

THIS ADDENDUM made this _____ day of _____, 20_____, is attached to and forms an integral part of the lease to which it is attached, dated _____ for a term commencing _____ and expiring _____(hereinafter referred to as the "Lease") by and between _____ (hereinafter referred to as "Owner" or "Lessor") and _____ (hereinafter referred to as "Lessee") for Unit # _____of 350 Las Olas Place Condominium located at 350 S.E. 2nd Street, Fort Lauderdale, FL 33301 (hereinafter referred to as the "Unit"). In the event this Addendum conflicts with, varies or modifies the terms and provisions of said Lease, then in such event, the terms and provisions of this Addendum shall control and govern the rights and obligations of the parties.

W I T N E S E T H:

WHEREAS, Lessor is the Owner of the Unit, and wishes to lease said Unit to Lessee; and

WHEREAS, 350 Las Olas Place Condominium Association, Inc. (the "Association"), pursuant to Section 17.8 of Article 17 of the Association's Declaration of 350 Las Olas Place Condominium (the "Declaration"), has the right to approve leases of units within 350 Las Olas Place Condominium (the "Condominium") and in connection therewith the Association is requiring that this Addendum to Lease form be executed by Lessor and Lessee.

NOW, THEREFORE, in consideration of the terms set forth herein and other good and valuable consideration, the receipt and adequacy of which the parties hereby acknowledge, the parties agree as follows:

a) The foregoing recitals are true and correct and are incorporated herein by this reference.

2. All capitalized terms set forth in this Addendum shall have the meaning as set forth in the Declaration unless the context otherwise provides.

3. Lessee shall abide by and comply with the provisions of the Association's Declaration, By-Laws, Articles of Incorporation, Rules and Regulations, as same may be amended from time to time (hereinafter referred to as the "Governing Documents") and shall comply with all laws, ordinances, regulations and administrative rules applicable to the Unit including, but not limited to Chapter 718, Florida Statutes, (the "Condominium Act"). By executing this Addendum, the Lessee acknowledges receipt of the Governing Documents from the Lessor and acknowledges review of same.

4. In the event Lessor is delinquent in the payment of any regular maintenance assessments or special assessments due to the Association, the rent for the Unit shall be applied by the Lessee to payment of any delinquent assessment or installment thereof due to the Association before payment of the balance, if any, of such rent to the Lessor. If any such assessments and installments are not paid within twenty-five (25) calendar days after the original due date, the Association shall notify the Lessor of such delinquency by certified and regular mail to the last address furnished to the Association by Lessor and shall notify Lessee of same by regular mail to the Unit address. Upon receipt of such notice, Lessee shall immediately pay to the Association the amount of such delinquent assessment, including any accelerated assessment amounts, late fees, interest, collection costs and attorney's fees (if any), and shall deduct such sums paid to the Association from the next rental payment. Notwithstanding the foregoing, in the event the sums owing to the Association exceed the Lessee's rental payment, Lessee shall not be obligated to pay any sums in excess of such rental payment to the Association. If any excess sums are due to the Association, the Lessee is authorized to continue to deduct such sums from each rental payment until such sums have been paid in full. Any such deductions by the Lessee shall not constitute a default by Lessee of Lessee's obligations under the Lease.

5. In the event the Lessee fails to pay delinquent assessments and costs and fees incidental thereto, the Lessee shall be deemed in default under the Lease and subject to eviction proceedings as described in paragraph 6 of this Addendum, in addition to all other remedies the Association may have. The collection of rental payments from the Lessee shall not be deemed an election of remedies, and the Association may still proceed to collect delinquent assessments in accordance with the Governing

Documents and the Condominium Act, including but not limited to the filing of a claim of lien, foreclosure, and personal money actions.

350 LAS OLAS PLACE CONDOMINIUM ASSOCIATION, INC.
ADDENDUM TO LEASE (PAGE 2)

6. Lessee agrees to abide by this Addendum, the Governing Documents and all applicable laws, ordinances and regulations. If Lessee fails to comply with this Addendum, the Governing Documents or any applicable laws, ordinances and regulations, Lessor shall promptly commence action to evict Lessee. If Lessor fails to promptly commence action to evict Lessee, Lessor hereby authorizes the Association as the Lessor's agent and attorney in fact, to commence eviction proceedings. In the event the Association files an action for eviction, the Lessor and Lessee shall be jointly and severally liable for all attorney's fees and costs incurred in such action, including any appellate proceedings. Nothing contained herein shall be deemed to obligate the Association to commence eviction proceedings or to preclude the Association from pursuing any other available legal remedies.

7. No lease will be accepted and or approved by the Association which contains an "option to buy or purchase" clause. Additionally, any lease with "advance" or "prepayment" of the lease amount will require that the Unit Owner also prepay their maintenance fees to the Association for the same period of time. In other words, if a lease is prepaid by the tenant for 6 months, the Unit Owner must provide the Association with the advance payment of 6 months worth of maintenance fees.

8. The partial or complete invalidity of any one or more provisions of this Addendum, or any other instrument required to be executed by Lessee in connection with the leasing of the Unit, shall not be affected thereby, and each and every term and provision otherwise valid shall remain valid and be enforced to the fullest extent permitted. The failure of any party hereto to insist, in any one or more instances, upon the performance of any of the terms, covenants or conditions of this Addendum, or to exercise any right herein, shall not be construed as a waiver or relinquishment of such terms, covenants, conditions or rights as respects further performance.

9. Nothing contained in the Lease, this Addendum, or the Governing Documents shall in any manner: (i) be deemed to make the Association a party to the Lease or this Addendum (except to the extent that the Association is an intended third party beneficiary of any of the covenants contained in the above referenced documents which are for the benefit and protection of the Association and are necessary to enable the Association to enforce its rights hereunder; (ii) create any obligation or liability on the part of the Association to the Lessor or Lessee (including, without limitation, any obligation as a landlord under applicable law or any liability based on the Association's approval of the Lessee pursuant to the Declaration, such approval being solely for the benefit of the Association), or (iii) create any rights or privileges of the Lessee under the Lease, this Addendum, or the Governing Documents as to the Association.

IN WITNESS WHEREOF the undersigned have executed this Addendum as of the date and year first above written.

OWNER(S) / LESSOR(S)

_____

_____

LESSEE(S) _____

_____

Receipt of this Lease Addendum is acknowledged by
350 Las Olas Place Condominium Association, Inc.
this _____ day of _____, 20_____.

350 LAS OLAS PLACE CONDOMINIUM ASSOCIATION, INC.

By:_____

Title:_____

NOTICE AND ACKNOWLEDGEMENT OF TENANT SECURITY DEPOSIT

The Declaration of Condominium for 350 Las Olas Place Condominium Association authorizes the Association to collect a Tenant Security Deposit from a prospective tenant of a unit at 350 Las Olas Place Condominium as a condition of approval of the lease. The Association collects a total deposit of $1,000 in conjunction with the approval of any lease of units at 350 Las Olas Condominium which deposit monies may be used by the Association to repair any damage to the common elements and/or Association Property which result from acts or omissions of the approved tenant(s), their guests and invitees. In the event that the $1,000 Tenant Security Deposit is insufficient to repair damage to the common elements and/or Association Property resulting from acts or omissions of the approved tenant(s), their guests and invitees, the owner of the leased unit shall be liable to the Association for the additional amounts necessary to repair damage to the common elements and/or Association Property.

_____, constituting all of the legal title holders of Unit No. _____ in 350 Las Olas Place Condominium hereby acknowledge the above noted conditions for lease approval and agree to the pay to the Association any costs incurred by the Association, that are not covered by the Tenant Security Deposit, to repair damage to the common elements and/or Association Property which result from acts or omissions of the approved tenant(s) and/or their guests and invitees. I/We agree to pay any such amounts within ten (10) days of notice from the Association failing which, the unpaid amounts shall become a lien against my/our unit collectible in the same manner as assessments.

_____ _____

Signature Unit Owner Printed Name

_____ _____

Signature Unit Owner Printed Name

350 LAS OLAS PLACE CONDOMINIUM ASSOCIATION, INC.

CONFIDENTIAL RESIDENT INFORMATION SHEET

Date: _____/_____/_____ Unit Number: _____

Lessee's Name: _____

Primary Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

Is this a Primary or Secondary Residence: (Circle One)

PRIMARY **SECONDARY**

If secondary, please list anticipated dates of occupancy? _____

List all occupants:

Name	**Relationship**	**Phone Number**
_____	_____	( ) --
_____	_____	( ) --
_____	_____	( ) --
_____	_____	( ) --

Emergency Contact Name: _____

Phone #: _____

Relationship: _____

For Association mailing purposes, please state mailing address:

_____

_____

Are you or anyone in your household in need of special medical attention or have restricted mobility, which would require additional assistance in the event of an emergency?

YES ☐ NO ☐

If yes, please explain special needs (i.e. oxygen, wheelchair, blind, hearing impaired, etc.):

_____

_____

AUTHORIZATION FOR RELEASE OF INFORMATION

Each person must sign an Authorization for Release of Information Form

I, the legal undersigned, state that that this is my voluntary AFFIDAVIT AND REQUEST FOR RELEASE of information, I authorize *Verify Screening Solutions Inc.* and its respective agent(s), and *350 Las Olas Place Condominium Association, Inc*. to solicit information about my background including, but not limited to information regarding any criminal history and income, licenses, consumer credit history, driving record, the general public records history. I also authorize the procurement of an investigative consumer report. I understand such an investigative consumer report may contain information about my background, mode of living, character and personal reputation; and I am entitled to be advised of the nature and scope of the investigation requested within a reasonable time after I ask for the information in writing.

I, hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, rental payment history, occupancy history, reference of insurance company contacted by Verify Screening Solution Inc. or its agent(s), to release any information on record. Furthermore, I release *Verify Screening Solutions Inc.* and *350 Las Olas Place Condominium Association, Inc.,* its respective employees and agents of said cities, municipalities, and the division of Police, thereof, and all persons, agencies and entities providing information or reports about me from any and all liabilities arising out of the release of any such information.

Last Name:	First Name:	Middle Name:

Other names used in last 10 years:

_____

_____

Date of Birth: Social Security Number: - -

Current Address:	City:	State:	Zip:

Applicants represents that all of the above statements are true and correct and hereby authorizes Verify Screening Solutions Inc. and 350 Las Olas Place Condominium Association, Inc. to obtain credit, criminal and eviction background report.

The furnished report is intended to be used as supplemental data for the purpose of screening rental application. **Condominium Association retains the right to reject an applicant based on background, credit or criminal history.**

---------- ----------

Date **Applicant's Signature**

Rev.04.06.2021

AUTHORIZATION FOR RELEASE OF INFORMATION

Each person must sign an Authorization for Release of Information Form

I, the legal undersigned, state that that this is my voluntary AFFIDAVIT AND REQUEST FOR RELEASE of information, I authorize *Verify Screening Solutions Inc.* and its respective agent(s), and *350 Las Olas Place Condominium Association, Inc*. to solicit information about my background including, but not limited to information regarding any criminal history and income, licenses, consumer credit history, driving record, the general public records history. I also authorize the procurement of an investigative consumer report. I understand such an investigative consumer report may contain information about my background, mode of living, character and personal reputation; and I am entitled to be advised of the nature and scope of the investigation requested within a reasonable time after I ask for the information in writing.

I, hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, rental payment history, occupancy history, reference of insurance company contacted by Verify Screening Solution Inc. or its agent(s), to release any information on record. Furthermore, I release *Verify Screening Solutions Inc.* and *350 Las Olas Place Condominium Association, Inc.,* its respective employees and agents of said cities, municipalities, and the division of Police, thereof, and all persons, agencies and entities providing information or reports about me from any and all liabilities arising out of the release of any such information.

Last Name:	First Name:	Middle Name:

Other names used in last 10 years:

_____

_____

Date of Birth: Social Security Number: - -

Current Address:	City:	State:	Zip:

Applicants represents that all of the above statements are true and correct and hereby authorizes Verify Screening Solutions Inc. and 350 Las Olas Place Condominium Association, Inc. to obtain credit, criminal and eviction background report.

The furnished report is intended to be used as supplemental data for the purpose of screening rental application. **Condominium Association retains the right to reject an applicant based on background, credit or criminal history.**

---------- ----------

Date **Applicant's Signature**

Rev.04.06.2021

Prospective New Address:

Applicant Information

Name:		Driver's License #:
Email:		
Date of birth:	Phone:	SS#:
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:	Dates:
Landlord name:		Landlord phone:
Landlord address:		
Previous address:		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment or rent:	Dates:
Landlord name:		Landlord phone:

Employment Information

Current employer:		
Employer address:		Dates:
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Supervisor:	Annual income:

Previous Employment Information

Previous employer:		
Employer address:		Dates:
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		Annual income:

Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Co-applicant Information (if married)

Name:		Drivers License #:
Email:		
Date of birth:	Phone:	SS#:
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:	Dates:
Landlord name:		Landlord phone:
Previous address:		
City:	State:	ZIP Code:
Owned Rented (Please circle)	Monthly payment or rent:	Dates:
Landlord name:		Landlord phone:

Landlord address:			
Co-applicant Employment Information			
Current employer:			
Employer address:			Dates:
Phone:	E-mail:		Fax:
City:	State:		ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:	
Additional Occupants			
Name:	DOB:		Relation:
Name:	DOB:		Relation:
Name:	DOB:		Relation:
Financial Information			
Do you have a checking account: Yes No	Bank / State :		
Do you have a savings account: Yes No	Bank / State :		
Do you have credit card debt: Yes No	Cards & Debt Amount:		
Have you ever:			
Filed for bankruptcy: Yes No	State / County / Year:		
Been convicted of a misdemeanor or felony: Yes No	Describe:		
Been evicted from a rental: Yes No	Describe:		
Defaulted on a lease: Yes No	Describe:		
Been served a late rent notice: Yes No	Describe:		
Other Information			
Do you have renters insurance: Yes No	Company:		
Do you have a history of drug use: Yes No	Describe:		
Do you own pets: Yes No	Number of Pets:	Type:	
Do any proposed occupants smoke: Yes No			
Have you ever broken a lease: Yes No	Describe:		
Why are you moving / were you asked to move:			
When would you be able to move in:	How long do you expect to stay here:		
Vehicle Information			
Vehicle 1 Make:	Model:	Year:	Color:
Plate #:	State:	Financed: Yes No	Payment $:
Vehicle 2 Make:	Model:	Year:	Color:
Plate #:	State:	Financed: Yes No	Payment $:
Do you have any commercial or recreational vehicles (RV, campers, boats, motorcycles, etc.): Yes No			
List:			
Personal References (list at least two)			
Name:	Phone:		Relation:
Name:	Phone:		Relation:
Name:	Phone:		Relation:
Agreement & Authorization			
I warrant, to the best of my knowledge, all of the information provided in this Application is true, accurate, complete and correct as of the date of this Application. If any information provided by me is determined to be false, such false statement will be grounds for disapproval of my Application or termination of my Lease with Owner. I hereby authorize 350 Las Olas Place Condominium to verify the information provided and obtain a credit report on me. I understand that this requires a $100 non-refundable fee per unmarried applicant.			
Signature of applicant:			Date:
Signature of co-applicant:			Date:

LEASE APPLICANT SCREENING CRITERIA

1. Every proposed adult Lessee or Occupant pursuant to a lease or occupancy agreement with the homeowner ("Applicant") must apply and be approved by the Board of Directors with the exception of adults deemed incompetent by a court of law. Adults include persons who are 18 years of age or older.

2. In the event that more than one adult applies for the approval of lease or occupancy of a resident, at least one Applicant must have a minimum credit rating score of 680:

    A. Score eligible for exception is 650 – 679; any score received through Association's search firm that is below 650 is not eligible for the exception.

    B. Exception requires that lease must be paid in full prior to lease commencement.

    C. Exception requires that proof of funds be provided.

    D. Exception requires that any lease renewal is subject to the same terms.

3. In the event that an Applicant does not have a social security number and /or no credit report can be obtained by the Association, the Association may review and consider other factors including, without limitation, the following:

    A. Income, employment and rental history verification

    B. Twelve months of bank statements.
        - Verify expenses paid timely on ongoing basis.
        - Verify account balance has been consistent.

    C. Legal status

        - Verify that a proposed occupant has the legal authority to remain in the country during the entire term of the lease.
        - Review green card, permanent residency card and/or visa

4. The following shall make an Applicant ineligible for approval:

    A. A criminal conviction and /or sentence of supervision regardless of whether adjudication was withheld, for any crime enumerated in Exhibit A.

    B. A criminal conviction within the past ten (10) years for any felony other than those crimes enumerated in Exhibit A.

    C. A sentence of supervision with adjudication withheld within the past five (5) years for any felony other than those crimes enumerated in Exhibit A.

D. A criminal conviction with an adjudication of guilt within the past two (2) years for any non-traffic related misdemeanor.

5. Association may review and consider other factors including, without limitation, the following which may serve as a basis for denial of an Applicant:

A. Negative reference(s) from prior landlord(s) and /or housing provider(s).

B. Prior legal action(s) or other indication(s) that Applicant failed to pay a landlord, community association, and/or other housing provider any amounts due it from the Applicant.

Exhibit A

1. Arson
2. Aggravated assault
3. Aggravated battery
4. Illegal use of explosives.
5. Child abuse or aggravated child abuse
6. Abuse of an elderly person or disabled adult, or aggravated abuse of an elderly person or disabled adult
7. Aircraft piracy
8. Kidnapping
9. Homicide
10. Manslaughter
11. Sexual battery
12. Robbery
13. Carjacking
14. Lewd, lascivious, or indecent assault or act upon or in presence of a child under the age of 16 years.
15. Sexual activity with a child, who is 12 years of age or older but less than 18 years of age, by or at solicitation of person in familial or custodial authority.
16. Burglary of a dwelling
17. Stalking and aggravated stalking
18. Act of domestic violence including any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, or any criminal offense resulting in physical injury or death of one family or household member by another family or household member.
19. Home invasion robbery
20. Act of terrorism
21. Manufacturing any controlled substances
22. Attempting or conspiring to commit any crime enumerated above
23. Human trafficking

350 LAS OLAS PLACE CONDOMINIUM ASSOCIATION, INC.

MOVE IN/MOVE OUT, DELIVERY AND CONTRACTOR POLICY

No move-ins/outs, deliveries or contractors of any kind will be allowed through the Main Lobby. All move-ins/outs, deliveries and contractors will use the service elevator. You must notify all companies doing any work for you of this and verify that they have adequate means to move materials from the receiving area to the service elevator. The dimensions of the loading dock entrance are height 12' x width 16'. The dimensions of the freight elevator door are height 6' x width 3' ½. The dimensions of the inside freight elevator are 9' height, 6' width and 5' depth.

Move-In/Move-Out

A move is defined as furniture, appliances or boxes taken to a Unit that requires three or more trips on an elevator utilized exclusively for a specific Unit in any 24-hour period.

- All moves require a minimum seven (7) day reservation of the elevator. The elevator is reserved for 3 ½ hour blocks. Either from 9 a.m. to 12:30 p.m. or 1 p.m. to 4:30 p.m., Monday through Friday (holidays excluded). The move must be complete and the movers must be out of the building by 4:30 p.m.
- A refundable $1,000.00 elevator deposit and a non-refundable move-in fee of $200.00 are required at the time of reservation.
- Association's staff will monitor the move's progress as well as report any damage to common areas that may occur.
- A Certificate of Insurance from the Moving Company listing the Association 350 Las Olas Place Condominium, 350 SE 2nd Street, Fort Lauderdale, FL 33301, as additional insured, must be submitted prior to the date of the move. The Association requires General Liability coverage in the minimum amount of ***Five Hundred Thousand Dollars ($500,000.00)***, Comprehensive Auto Liability insurance in the minimum amount of ***Five Hundred Thousand Dollars ($500,000.00)*** combined single limits and Workers Compensation Insurance as required by State Law.
- Immediate notice to the Association is required if there is any delay in the start or completion of the move that will prevent the completion of the move on time or in a timely fashion.

Deliveries

Deliveries are defined as furniture, appliances or construction materials taken to a unit that can be transported in two or less trips on an elevator utilized exclusively for a specific Unit in any 24-hour period. *Residents may make deliveries of small items purchased during the course of normal, everyday shopping, such as groceries, small appliances, televisions, stereos, etc… as long as exclusive use of the elevator is not required for the delivery and the delivery does not interfere with the day to day activities of the Association's Unit owners and residents.*

All Deliveries from vendors must be scheduled with the Association and performed during normal delivery hours as stated below.

- All deliveries require a minimum 24-hour notice and reservation of the elevator. Deliveries can be made only between 9 a.m. and 4:30 p.m., Monday through Friday (holidays excluded).
- A Certificate of Insurance from the Delivery Company listing the Association 350 Las Olas Place Condominium, 350 SE 2nd Street, Fort Lauderdale, FL 33301, as additional insured, must be submitted prior to the date of the move. The Association requires General Liability coverage in the minimum amount of ***Five Hundred Thousand Dollars ($500,000.00)***, Comprehensive Auto Liability insurance in the minimum amount of ***Five Hundred Thousand Dollars ($500,000.00)*** combined single limits and Workers Compensation Insurance as required by State Law.
- Immediate notice to the Association is required if there is any problem with the delivery or it has been rescheduled.

Contractors

Contractors are defined as anyone that is doing work in your unit. This includes work such as flooring, plumbing of any kind, painting, closets, window treatments, electrical etc. Anytime an outside vendor is coming to your unit, these regulations below apply.

1. License, Proof of Insurance

ALL CONTRACTORS MUST PROVIDE a copy of any State, County or City required licensing and a Certificate of Insurance, naming 350 Las Olas Place Condominium, Fort Lauderdale, FL 33301 and the Unit in which they are working as the additional insured and Certificate Holder, to the Association Management Office *prior* to commencement of work.

This insurance shall be comprehensive general liability insurance with Contractor General Liability coverage in the minimum amount of *Five Hundred Thousand Dollars ($500,000.00)*, Comprehensive Auto Liability insurance in the minimum amount of *Five Hundred Thousand Dollars ($500,000.00)* combined single limits and Workers Compensation Insurance as required by State Law.

In the event that any damage is done to Association property by a contractor, the Unit Owner shall be deemed liable to the Association for any losses or damages which the Association incurs by reason of the failure of the Unit Owner's contractors to have the required insurance in place.

2. Work Hours

Contractor work hours are Monday – Friday, 9 a.m. to 5:00 p.m., holidays excluded. All workman must be off property by 5:00 p.m. however the receiving gate will be closed at 4:30 p.m. Neither the Association, nor its employees, may sign for construction materials. The Association is not responsible for material, tools or equipment left unattended.

3. Elevator Usage

All work must be scheduled at least 24-hours in advance with the Association Office. Failure to do so may cause delays in work done in the Unit. All deliveries, contractors and their employees must utilize the service elevator only. Failure to comply with this requirement may result in the exclusion of the contractors from the property.

4. Site Access - Parking

There is not a designated worker or contractor parking area at 350 Las Olas Place. Contractors will off-load working materials and equipment in the Receiving area and immediately park at any available public parking area not on the property. Street parking, as well as the City-maintained parking garage, are both available options. All materials and equipment must be transported to the Unit of work immediately. No storage is allowed in or on any of the common areas of the property. Parking in the garage by contractors or workman is prohibited.

5. Restroom Facilities

Unit Owner contractors and/or their employees may only use the restrooms located in the Units in which they are working. Use of the building's Common Area restrooms is prohibited.

6. PROHIBITED WORK

Working in any common or limited common area is not permitted by contractors or workman retained by an individual unit owner! (**This includes cutting of molding, carpeting, tile, wood, etc. in parking spaces, common area halls or on balconies.)**

******* Please note that some work in your Unit may require additional regulations to be followed. A list of those policies and forms can be provided upon request to the Management Office.**

Acknowledgement by Unit Owner:

I acknowledge receipt of the "Move-in/Move-out, Delivery and Contractor Policy" and understand that as Unit Owner/Lessee, I am liable for the expense of fines, damages, repairs and other related expenses, etc. due to negligence of my agents or employees. I hereby agree to comply with all of the above requirements and to cause my moving and delivery personnel to comply with these requirements.

Unit # _____ Date _____

Print Unit Owner/Lessee Name _____

Unit Owner/Lessee Signature(s) _____

PET POLICY FOR RENTERS

The General Pet Guidelines under the Rules & Regulations of 350 Las Olas Place Condominium Association, Inc. states:

"Renters are not allowed to have pets at any time".

Please sign below to acknowledge your understanding of this rule.

You must sign even if you do not intend to have a pet.

Print Name: (Lessee) _____

Signature: (Lessee) _____

Date: _____

350
LAS OLAS PLACE

BICYCLE REGISTRATION FORM

Please return this form to the Management Office

Resident's Name: _____

Unit #: _____

Bicycle 1 **Brand:_____ Model: _____**

Color: _____

Decal # _____

Bicycle 2 **Brand:_____ Model: _____**

Color: _____

Decal # _____

NOTE: BICYCLES MUST BE PARKED ONLY IN DESIGNATED AREAS OR IN UNIT. ALL NON-REGISTERED BICYCLES ARE SUBJECT TO REMOVAL BY THE ASSOCIATION.

350 LAS OLAS PLACE CONDOMINIUM ASSOCIATION, INC.

PARCEL RECEIPT AUTHORIZATION

TO: 350 LAS OLAS PLACE CONDOMINIUM ASSOCIATION

UNIT OWNER or RESIDENT: _____

UNIT #: _____

THE UNDERSIGNED, the owner(s) of Unit listed above (the "Unit") of 350 LAS OLAS PLACE CONDOMINIUM hereby authorizes the personnel employed by 350 LAS OLAS PLACE CONDOMINIUM ASSOCIATION, INC. (the "Association") to accept, receive, and sign for any parcels, deliveries, or mail addressed to the Unit, without imposing any liability thereon for the condition or substance of any such parcels so received.

Understanding that this Authorization is solely for the benefit of the undersigned, we hereby release the Association, its employees and agents, from any liability arising from this Authorization, including, without limitation, liability arising from the misplacement of parcels, and/or the negligence of the Association, its employees or agents in such regard.

For Security reasons, Parcels with no return address will not be signed for or accepted. All packages will be returned to sender if they have not been picked up after one (1) week unless prior arrangements have been made. Oversized items or packages that weight more than 20 lbs. cannot be accepted without prior arrangements being made.

EXECUTED THIS _____day of _____, 20_____

By: _____
(On behalf of all residents of above unit)

Print Name: _____

350 LAS OLAS PLACE CONDOMINIUM ASSOCIATION, INC.

VEHICLE REGISTRATION FORM

Unit Owner or Resident Name: _____

Unit #: _____

Vehicle 1

Make: _____ **Model:** _____

Year: _____ **Color:** _____

Tag # _____ **State:** _____

Space Assignment: _____ **Garage Access/TAG** _____

DECAL # _____

Vehicle 2

Make: _____ **Model:** _____

Year: _____ **Color:** _____

Tag # _____ **State:** _____

Space Assignment: _____ **Garage Access/TAG** _____

DECAL # _____

Vehicle 3

Make: _____ **Model:** _____

Year: _____ **Color:** _____

Tag # _____ **State:** _____

Space Assignment: _____ **Garage Access/TAG** _____

DECAL # _____

Note: Vehicles must be parked in their assigned space(s) only.
All unauthorized vehicles are subject to be towed at the Owner's expense.

350 LAS OLAS PLACE CONDOMINIUM ASSOCIATION, INC.

UNIT ACCESS AUTHORIZATION
GUESTS and CONTRACTOR

I, _____, hereby authorize the following person(s)

to enter Unit No.: _____, effective _____ (date).

This authorization is valid until: _____(date).

(PLEASE PRINT NAME AND/OR COMPANY CLEARLY)

NAME / COMPANY	PHONE NUMBER	DESCRIPTION (friend/family/contractor)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INSTRUCTIONS:
Owners or authorized tenants, may access the property at will using fobs at designated entry points. The residents must authorize all other visitors to the property. You may authorize entry at any time over the telephone while in residence. **If you wish to authorize access to your unit during an absence from the property, use this form to designate such authorization**. Once the management office has this authorization, access will be given to the above listed parties. **Residents must make all arrangements for unit accesses with their guests. As a reminder, guests are not permitted access to any of the amenities without the Resident being present.**

A Guest that resides in a unit more than 30 days is considered a resident and must fill out the resident application with the Management Office.

Contractors or service personnel are not allowed to use access devices; residents are responsible to provide them **ONLY** with the **UNIT KEYS**.

The undersigned acknowledges and agrees to fully indemnify and hold harmless you and all of your officers, directors, members, employees and agents (including, without limitation, your management and security companies and their officers, directors and employees) for and from any and all misconduct or negligence of the person(s) named above, whether in the Unit, the Common Elements of the Condominium or otherwise (such agreement to include all attorney fees and court costs regardless of whether suit is brought or any appeal is taken there from).

_____
RESIDENT'S SIGNATURE

_____
PHONE NUMBER

Access Cards and Fobs

Fob keys are assigned for residents **only**. Resident is defined as a person that went through the Information Package and Orientation process, and was approved to move-in.

Each Fob is assigned to one resident only. No resident should have more than one Fob under their name at any given time.

Most common questions:

1. Can my friend, fiancé, mother, brother, family member, Broker, housekeeper or contractor have a Fob?

Answer: **NO**. Fobs/access cards are for residents only. Our property has a 24/7 Front Desk Service that will grant access to your guest and vendors.

2. I'm selling/leasing my unit. Can I give my Fob to my realtor so he/she can show my unit and common areas?

Answer: **NO**, you do not need to provide your realtor with a fob. We have a "**realtor fob"** at the front desk available for use by any realtor that's on the guest list. The "realtor fob" access to **all** common elements, including the theater room.

3. Can I get a Fob for my family member or friend **IF** he/she becomes a resident**?**

Answer: **YES.** The resident process is easy and quick. They must fill out an Information Package and submit it to the Management Office, and schedule an Orientation.

4. I lost my Fob. Can I have a replacement?

Answers: **YES.** New and replacement Fobs cost $50.00. The lost Fob will be deactivated.