

1419 WEST AVENUE

BUILDING APPLICATION INSTRUCTIONS
AND CONTACT INFO FOR THE
MANAGEMENT COMPANY

APPLICATION PACKAGE

WE WILL NEED THE APPLICATION DOCS FULLY FILLED OUT AND COPY OF
EXECUTED LEASE WITH A COPY OF TENANT'S PHOTO ID

THE APPLICATION FEE IS \$100.00 PER PERSON, PAYABLE TO EUROPEAN
AMERICAN PROPERTY SERVICES (NON-REFUNDABLE).

WE ACCEPT CASH / MONEY ORDERS/ CREDIT CARD (5% PROCESSING FEE)

FOR CASH PAYMENTS MUST COME TO OUR OFFICE.

APPLICATION PROCESS TAKES ABOUT 12 BUSINESS DAYS

SALLY PEREZ

EUROPEAN AMERICAN PROPERTY SERVICES, INC.

655 WEST FLAGLER ST. SUITE 207

MIAMI, FL 33130

PHONE: [\(305\) 538-7957](tel:(305)538-7957)

FAX: [\(305\) 574-7603](tel:(305)574-7603)

APPLICATIONS@EUROPEIMMO.NET

APPLICATION TO SELL OR LEASE

To The Board of Directors of:
1419 WEST CONDO CONDOMINIUM ASSOCIATION
655 West Flagler St. #207
Miami, FL 33130
(Fax: 305 574 7603)

(Please complete fully and accurately)

Application to ____ PURCHASE
(check one) ____ LEASE

In accordance with the provisions of the Declarations of Condominium of **1419 WEST CONDO CONDOMINIUM ASSOCIATION** and the policy guidelines adopted pursuant thereto, I/we hereby serve notice that I/we desire to accept a bona fide offer made to me/us by _____ to purchase or lease Unit _____. If a lease, the terms is for a period starting _____ and ending _____.

I/We agree to provide to the purchaser, a copy of the **1419 WEST CONDO Condominium Association** Declaration, By-Laws Article of Incorporation and Rules and Regulations prior to the first 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 Rules and 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 IN 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 PROVISIONS OF THE DECLARATION OF CONDOMINIUM OF **1419 WEST CONDO CONDOMINIUM ASSOCIATION**, ITS SUPPORTIVE EXHIBITS, THE CONDOMINIUM ACT, AND THE RULES AND REGULATION OF THE ASSOCIATION, OR IN THE INSTANCE OF VIOLATION OF ANY OF THE ABOVE BY THE LESSEE(S) AND/OR THEIR GUESTS, UNDER APPROPRIATE CIRCUMSTANCES TO TERMINATE THE LEASEHOLD. IF THE ASSOCIATION FOR ATTORNEY'S FEES AND COSTS INCURRED AS LESSOR(S) AGENT IN SUCH ENFORCEMENT OR LEASE TERMINATION.

In order for you to facilitate of my/our Application for the Sale/Lease of the above designate unit, I/we have caused the proposed PURCHASER/LESSEE to complete the attached application by proposed Purchaser or 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 Sale or Lease. Also Attached is a check to **1419 WEST CONDO CONDOMINIUM ASSOCIATION** in the amount of \$100.00 dollars per person to cover investigation and other costs and two letters of reference for the proposed PURCHASER or LESSEE with a completed "Application by Proposed Purchaser or Lessee".

Unless you notify me to the contrary within thirty (30) days from the date of your receipt of the Application to sell or lease and the attached Application by Proposed Purchaser or Lessee, together with such other information which you may require, I will advise the PURCHASER/ LESSEE that his/hers PURCHASE/LEASE has been approved.

DATED: This _____ day of _____

SIGNED: _____
SELLER or LESSOR

SIGNED: _____
PURCHASER or LESSEE

PURCHASER or LESSEE APPLICATION

NAME: _____ S.S.# _____ BIRTHDATE _____

2ND OCCUPANT _____ S.S.# _____ BIRTHDATE _____

TOTAL NUMBER OF OCCUPANTS _____

PRESENT ADDRESS _____

PHONE # _____

LENGTH OF RESIDENCE _____ YRS.. _____ MOS.

MONTHLY RENT OR MTG. PMT. \$ _____

LANDLORD'S NAME _____ PHONE # _____

PREVIOUS RESIDENCE _____
if present address less than two(2) years)

LENGTH OF RESIDENCE _____ YRS.. _____ MOS.

MONTHLY RENT OR MTG. PMT. \$ _____

LANDLORD'S NAME _____ PHONE # _____

EMPLOYMENT

PRESENT EMPLOYER _____ PHONE # _____

ADDRESS _____ CITY, STATE _____

LENGT OF EMPLOYMENT _____ YRS. _____ MOS INCOME _____

SUPERVISOR'S NAME _____

YEARLY OR MONTHLY INCOME _____

PREVIOUS EMPLOYER _____ PHONE # _____

ADDRESS _____ CITY, STATE _____

LENGTH OF EMPLOYMENT _____ YRS. _____ MOS INCOME _____

SUPERVISOR'S NAME _____

YEARLY OR MONTHLY INCOME _____

BANK AND CREDIT REFERENCES

BANK NAME _____ CITY, STATE _____ CHECKING _____

BANK NAME _____ CITY, STATE _____ LOAN _____

CREDITOR _____ CITY, STATE _____ ACCT. _____

CREDITOR _____ CITY, STATE _____ ACCT. _____

CREDITOR _____ CITY, STATE _____ ACCT. _____

AUTOMOBILE

FIRST CAR _____ TAG, STATE _____
(year, make, model & color)

SECOND CAR _____ TAG, STATE _____
(year, make, model & color)

DRIVER'S LICENSE # _____ STATE _____

ADDRESS SHOWN IN D.L. _____

IN CASE OF EMERGENCY NOTIFY _____ PHONE # _____

NEAREST RELATIVE NOT LIVING WITH YOU _____

PHONE # _____

HAVE YOU EVER BEEN EVICTED FROM RENTAL RESIDENCE BEFORE? YES ___ NO ___

IF YES, REASON _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? YES _____ NO _____

TOTAL NUMBER OF CHILDREN WHO WILL BE LIVING WITH YOU _____

AGE _____ SEX _____ NAME _____

AGE _____ SEX _____ NAME _____

AGE _____ SEX _____ NAME _____

PET _____ BREED _____ COLOR _____ VACCINATED _____ NAME _____

Applicant represents that all of the above information is true and complete and authorizes the verification of same. Applicant understands that the falsification of information given here constitutes grounds for rejection of this application and/or forfeiture.

LIST PERSONAL REFERENCES WITH PHONE NUMBERS:

1. _____
2. _____
3. _____

MAILING ADDRESS FOR NOTICE OF ACCEPTANCE OR REJECTION OF THE APPLICANT
NAME _____

ADDRESS

if is the same as present address write "same as above")

CITY, STATE _____ TELEPHONE # _____

I/We understand that any violation of the terms, provisions, conditions or covenants of the 1419 WEST CONDO CONDOMINIUM ASSOCIATION provides cause for available immediate action as therein provided or termination of leasehold and eviction under appropriate circumstances.

DATED: This ____ day of _____, 20__

SIGNED: _____

(Applicant)

SIGNED: _____

(Applicant)

1419 WEST CONDOMINIUM - SCREENING AUTHORIZATION FORM

(Please Print Name: _____ Sex: _____)

Address: _____

City, State, Zip: _____

Social Security Number: _____ Date of Birth: _____

Current & Previous Landlords

Name: _____ Tel#: (____) _____ Dates: _____

Address: _____ Apt#: _____

Name: _____ Tel#: (____) _____ Dates: _____

Address: _____ Apt#: _____

Current Employment

Company: _____ Tel#: (____) _____

Supervisor: _____ Position: _____ Salary _____ per month.

Date started _____

I give my authorization to this landlord or any party or agency contacted by this landlord to verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies, employers, and references.

Applicant's Signature _____

(For office use only)

Company Name: _____

Contact Name: _____

Tel#: _____ **Fax#:** _____

1419 WEST CONDOMINIUM ASSOCIATION, INC.

ACKNOWLEDGEMENT OF RULES AND REGULATIONS

1. has received a printed copy of the Rules and Regulations,
2. has read and understands all aspects of the Rules and Regulations,
3. agrees to abide by said Rules and Regulations at all times,
4. understands that these Rules and Regulations may be amended from time to time as seen fit by the Board of Directors,
5. understands that any future changes to these Rules and Regulations carry the same observance obligations as set forth above,
6. if acting as Landlord (leasing or Renting Unit to Tenant), agrees to be responsible for insuring the adherence to the rules and Regulations (as they may be from time to time promulgated) by Tenant, and
7. understands and agrees the violation of the Rules and regulations may result in my eviction from the Condominium property.

Dated this _____ day of _____, 20____.

Signature

Printed Name

Signature

Printed Name

Witness

Printed Name

Emergency Contact Sheet

1419 West Condominium Association, Inc.

Unit owner's Name _____

Unit # _____

Property Address _____

Home/ Work Telephone _____

Cellular Telephone _____

E-mail address _____

Mailing Address if different from
property _____

City _____ State _____ Zip _____

I would like to be contacted by Email _____ Yes _____ No

Tenant Information (if applicable):

Name: _____

Phone: _____

Email: _____

Emergency Contacts

Contact for Property Emergency _____
(Name)
Telephone _____

Contact for medical emergency _____
(Name)
Telephone _____

Is special care or assistance necessary in case of emergency? _____ Yes _____ No

1419 West Condominium Association

PARKING AGREEMENT & VEHICLE REGISTRATION

(This form must be submitted with a copy of each resident driver's license, insurance and the respective vehicle registrations and Handicap tag if applicable)

1419 West Condominium, Miami Beach, FL 33139 Unit # ____

Resident(s) Name: _____

Phone #/Email: _____

Vehicle INFO:

Make/ Model/ Color: _____

State/Tag#: _____

Vin #: _____

Parking Space#: _____

_____ Initial (New) Parking Decal (N/C) _____ Replacement Parking Decal (\$150.00)

Resident agrees that the initial parking decal fee will be waived.

A replacement may be purchased for \$150.00.

Resident understands that the owner/agent cannot guarantee the safety of vehicles within the parking spaces and assumes no responsibility for the safe keeping or damage of personal property in the parking areas. Residents who store or leave personal property in any parking area do so at their own risk and agree that they will make no claim or demand to European American Property Services (Agent) or 1419 West Condominium Association, INC. (Association) for any loss, theft or damage to property that may occur.

Date: _____

Resident(s) Name: _____

Resident(s) Signature: _____

Owner or Agent: _____

By signing this Parking Agreement, Resident acknowledges that the vehicle information provided is accurate and agrees to abide by the pricing noted herein.

Please be advised that Beach Towing will conduct regular patrols of the parking spaces. Beach Towing is authorized to remove any & all vehicles that are parked in violation and do not poses a decal. Their sign are posted on the property.



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize European American Property Services, LLC to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize European American Property Services, LLC to charge my credit card
(full name)

account indicated below for _____ plus a 5% fee ,on or after _____. This payment is for
(amount) (date)

(description of goods/services)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name _____

Account Number _____

Expiration Date _____ & Security Code: _____

Total Amount : _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

655 West Flagler St. Suite 207, Miami, FL 33130
Tel. 305-538-7957 - Fax: 305-574-7603