

# BILTMORE II

CONDOMINIUM ASSOCIATION, INC.  
600 BILTMORE WAY - CORAL GABLES, 33134  
(305) 448-4765 // ADMIN@BILTMORE2.COM

## Processing Form

PURCHASE ☐ LEASE ☐ GUEST ☐

UNIT NUMBER \_\_\_\_\_

APPLICANT NAME(S):

\_\_\_\_\_  
\_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MAINTENANCE AMOUNT: \_\_\_\_\_ CURRENT: YES ☐ NO ☐

PARKING SPACE(S) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADMISSIONS PANEL INTERVIEWED APPLICANT ON: \_\_\_\_\_ (Date)

\_\_\_\_\_  
ADMISSIONS PANEL SIGNATURE

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## **Guest Application Instructions**

Please be advised that the office will only accept fully completed **original applications**.

Applicants, co-applicants and other residents 18 years and older must fill out individual applications. All prospective residents must go through an in-person interview with the Admissions Panel prior to approval.

The completed forms must be submitted to the Management Office at least thirty (30) working days prior to the effective date of the lease contract. Processing this application may take 2 - 4 weeks. **Occupancy prior to Admissions Panel approval is prohibited.**

Interviews are held on the first and third Wednesday of each month starting at 7:00 P.M. The date and time will be advised in advance. Applicants will be informed in writing within five (5) business days following the interview as to their approval/denial. Closing should be scheduled accordingly.

A **non-refundable** processing fee of \$150.00 per applicant (parent/child & husband/wife) are considered one applicant be submitted with the application. An additional fee will be incurred for international background checks which may take 2-4 additional weeks.

If permitted by Owner/Lessor, one dog or cat under 20 pounds, is allowed per unit and must be personally viewed prior to approval. A recent photograph of the pet's face and a copy of the current veterinary shot record (including rabies vaccine) are required.

The applicant(s) must agree to comply with the Association By-Laws and the Association Rules & Regulations.

For further information regarding the application, please contact the Management Office at 305-448-4765 or by email at [admin@biltmore2.com](mailto:admin@biltmore2.com).

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## GUEST APPLICATION

### To be returned by the applicant(s) for approval: \*

- ❑ 2 recent 2x2 passport color photos of each proposed resident (all adults & children)
- ❑ Background Check Forms
  - Authorization to Release Information and Application for Occupancy
- ❑ Information Sheet
- ❑ Rules & Regulations Confirmation Sheet
- ❑ Noise Abatement Acknowledgement
- ❑ Copies of:    Driver's License(s) ☐    Car Registration    ☐    Insurance Card    ☐
- ❑ Copy of U.S. passport or Resident Alien Card
- ❑ Pet Registration – with current Vaccination Certificate
  
- ❑ Three (3) written character or professional reference letters and no direct family members are permitted on the application for occupancy form
- ❑ Application Fee in the amount of \$150.00 for each prospective resident over 18 years old (parent/child & husband/wife) are considered one applicant
- \* All requirements must be completed by all occupants over 18 years old.

**Application packet received on:** \_\_\_\_\_ **By:** \_\_\_\_\_

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## Information Sheet

Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Other Resident(s): \_\_\_\_\_

Alternate Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parking Space #: \_\_\_\_\_ Storage Number: \_\_\_\_\_

In case of an emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Automobile #1:

Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Automobile #2:

Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Automobile #3:

Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

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## Noise Abatement Acknowledgement

Biltmore II strives to create a harmonious community environment, the success of which in large part depends upon each resident respecting others living within the community. Unreasonable noise can cause problems and disrupt this harmony.

Activities in a unit or in the common elements which create an unreasonable level of sound are not allowed. Furthermore, depending on the type of floor coverings installed in a unit, a resident may be required to make special efforts to avoid unreasonable noise being transmitted from a unit. Whatever type of floor the unit you occupy may have, and no matter how long a floor covering has been in existence, the Association requests that you acknowledge your responsibility to avoid or minimize sound transmission.

If a noise complaint is lodged about noise coming from the unit you occupy, it is your responsibility to resolve that problem. You must provide access to the Association to inspect the unit if a complaint is made. If a request is made by the Association for you to make efforts to minimize sound transmission problems by modifying the flooring in the unit, you must comply with those requests to the extent necessary to avoid unreasonable sound transmission from the unit.

### ***UNIT OWNER/RENTER MUST SIGN BELOW***

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I acknowledge my obligation to avoid transmission of unreasonable noise in and emanating from the unit I am occupying and to take whatever steps may be necessary to avoid such noises.

Unit # \_\_\_\_\_

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## RULES & REGULATIONS CONFIRMATION SHEET

I acknowledge having read the Rules and Regulations for Biltmore II Condominium Association, Inc. and agree to abide by all its provisions and restrictions.

Unit # \_\_\_\_\_

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## BILTMORE II CONDOMINIUM ASSOCIATION PET REGISTRATION

Unit Number: \_\_\_\_\_

Name of Pet: \_\_\_\_\_

Breed: \_\_\_\_\_

Sex: Male or Female (circle one)

Weight of Pet: \_\_\_\_\_ Lbs. and \_\_\_\_\_ oz. (Cannot exceed 20 lbs.)

Are shots up to date?    YES    or    NO (circle one)

*\*\*Please provide updated vaccination from licensed Veterinarian\*\**

License number of Pet: \_\_\_\_\_ updated annually.

Issued by: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

(Insert Picture of Pet)

