

FOUR SEASONS RESIDENCES MIAMI

APPLICATION PACKAGE

Requirements:

1. Copy of executed contract for lease/purchase
2. Copy of applicant's driver's license/ID
3. One (1) month deposit check payable to Millennium Tower Residences Condominium Association (Leases Only)
4. Background Check's check for \$100
5. Application for Occupancy Form
6. Credit Card on File (Link to be sent after application is submitted)
7. Resident Emergency Information Form
8. Unit Admittance Form
9. Parcel Acceptance Form
10. Hotel Services Agreement
11. Acknowledgement of Association's Rules & Regulations
12. Association may require additional documents to be submitted for the application.

Application for Occupancy

DATE: _____

Name of
Purchaser/Lessee _____ SSN _____ DOB _____
First Last Middle

Occupation _____ Time in Occupation _____

Telephone Number (____) _____ Email _____

Spouse _____ SSN _____ DOB _____
First Last Middle

Telephone Number (____) _____ Email _____

Occupation of Spouse _____ Time in Occupation _____

Current Home Address _____

City _____ State _____ Zip Code _____ Address Apt. No.

Time at this Address _____ Monthly Rent/Mortgage _____

Name and Address of Landlord, if Applicable _____

Phone number of Landlord _____

Prior Home Address _____

City _____ State _____ Zip Code _____ Address Apt. No.

Time at this Address _____ Monthly Rent/Mortgage _____

Prior Home Telephone Number (____) _____

Employment

Present Employer Name _____ Web site _____

Present Employer _____

Position: _____ Address City State Zip
Length of Employment _____ Yrs. _____ Months

Monthly Salary _____

Supervisor's Name _____ Telephone Number _____

Name and Addresses of each additional prior employer during the three years prior to the date of this application, and the dates of employment

Additional Information

The rules and regulations of the Millennium Tower Residences Condominium Association, Inc., provide an obligation of unit owners that apartment units are for single family residence. The name and relationship of all other persons who will be occupying the apartment unit regularly are:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total number of children in my/our family: _____ Age(s): _____ / _____ / _____
Number of children who will be living with me/us: _____

Two personal references (local, if possible):

Name _____ Telephone _____
Address _____

Name _____ Telephone _____
Address _____

Bank references:

Name of Bank: _____
Account No.: _____
Contact person: _____
Contact person telephone number: _____

Driver's License Number: _____ State _____

Make of automobile _____ Year _____ Tag _____
Make of automobile _____ Year _____ Tag _____

Have you ever intentionally refused to pay rent when due? Yes _____ No _____.
If yes, please explain _____

Have you ever intentionally refused to make a mortgage payment when due? Yes _____ No _____. If yes, please explain _____

Have you ever intentionally refused to make a condominium maintenance payment when due? Yes _____ No _____. If yes, please explain _____

Are there any reasons your income or ability to pay rent or a mortgage may be interrupted? Yes _____ No _____. If yes, please explain _____

Have you ever been evicted? Yes _____ No _____. _____

Have you ever been convicted of a felony? Yes _____ No _____. _____

If yes, please explain (year, location, type, etc.) _____

To facilitate consideration of my/our application for the purchase/lease of the above-designated unit, I/we represent that the following information is factually accurate and true. I am/We are aware that any falsification or misrepresentation of the facts in this application will result in automatic rejections of this application.

I hereby further authorize Millennium Tower Residences Condominium Association to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which this application was made. I hereby expressly release the Millennium Tower Residences Condominium Association, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies including without limitation, various law enforcement agencies.

I will be bound by the declaration of condominium, bylaws, articles of incorporation, and rules and regulations of the condominium association.

If I am/we are leasing, I/We will not sublet the unit. If I am/We are purchasing, I/We will, on closing, provide to the association within 10 days a copy of the closing statement and a copy of the recorded deed.

Signature _____ Date _____

FOUR SEASONS RESIDENCES MIAMI

RESIDENT EMERGENCY INFORMATION

NAME: _____

UNIT #: _____ DATE: _____

PRIMARY EMERGENCY CONTACT

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME#: _____

WORK #: _____

RELATIONSHIP: _____

SECONDARY EMERGENCY CONTACT

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME#: _____

WORK#: _____

RELATIONSHIP: _____

MEDICAL INFORMATION

FAMILY DOCTOR: _____ TELEPHONE: _____

MEDICAL PROBLEMS: _____

MEDICATIONS TAKEN OR NEEDED: _____

HOSPITAL TO CALL: _____ DATE OF BIRTH: _____

ALLERGIES: _____

SPECIAL INSTRUCTIONS: _____

RESIDENT DISABILITY INFORMATION

Please list any resident(s) in your unit that will require assistance in the event of an emergency and their disability. Please note that names added will be included on a disability roster maintained by security for use during an emergency situation. You may attach any relevant documentation you would like kept in your file.

NAME: _____ DISABILITY: _____

NAME: _____ DISABILITY: _____

FOUR SEASONS RESIDENCES MIAMI

UNIT ADMITTANCE FORM

This is to authorize _____, to enter my unit # _____,
from _____ through _____, for the purpose of _____.

(Duration not to exceed 6 (six) months)

I hereby authorize The Four Seasons Residences and its agents to allow entry to my unit and hereby hold harmless The Four Seasons Residences and its Agents, its employees and its partners from any liability that might occur from said entry or from failure to allow entry for any reason. I fully understand that The Four Seasons Residences personnel or its agents will not accompany anyone to my unit during the deliveries or work to be performed but it is merely allowing entry into my unit.

I further agree to reimburse The Four Seasons Residences for any damage done to The Four Seasons Residences property, including my unit, as a result of this delivery and/or service.

This Unit Admit Form is valid for one entry only unless otherwise indicated and may be cancelled, without prior notice at any time, at the discretion of The Four Seasons Residences and/or its agent. In all cases, keys must be returned each day.

(If a company is named above, an authorizing letter needs to be submitted to the Residential Services office on said company's stationary of ALL employees who will have access to this particular unit. No one will be admitted to the Four Seasons Residences with out written authorization.)

Any construction workers, movers, or other workers MUST check in with The Four Seasons Residences Security Office at the loading dock to obtain a badge in order to have access to the building. (ALL WORKERS MUST PRESENT PROPER STATE ISSUED ID)

If key issuance has been authorized, the workmen will need to proceed to the Residential Concierge Desk AFTER checking in order to obtain key.

RESIDENT NAME: _____

RESIDENT SIGNATURE: _____

UNIT #: _____ DATE: _____

TELEPHONE: (in case of any questions): _____

IT IS THE RESPOSIBILITY OF THE OWNER OR OCCUPANT TO UPDATE THE ABOVE FORM AT THE END OF EACH TERM PERIOD.

FOUR SEASONS RESIDENCES MIAMI

PARCEL ACCEPTANCE FORM

UNIT#: _____ NAME: _____

TELEPHONE : _____ (HOME) _____ (WORK)

I, _____, hereby authorize a representative of The Four Seasons Residences to sign for Parcels addressed to me that are delivered while I am not in residence. Furthermore, I understand that The Four Seasons Residences staff will NOT accept certified mail and COD's under any circumstances. I understand that this is a courtesy of Management and agree that I will not hold the Four Seasons Residences or any of its authorized representatives responsible for lost or damaged items.

RESIDENT SIGNATURE: _____ DATE: _____

MANAGEMENT USE ONLY

IDENTIFICATION
CONFIRMED AND
FORM RECEIVED BY: _____ DATE: _____

HOTEL SERVICES AGREEMENT

Tower Residences

The undersigned (the “**Owner**”), assigned account # _____, has executed this Hotel Services Agreement (“**Agreement**”), effective as of the date set forth below, for the benefit of FOUR SEASONS HOTELS LIMITED, a corporation organized under the laws of the Province of Ontario, Canada (the “**Manager**”). Owner is the owner of a condominium unit (a “**Unit**”) located in the Tower Residences (the “**Condominiums**”), located at 1435 Brickell Avenue, Miami, Florida, such condominium unit more specifically referenced on the signature page hereto (and noted above).

Pursuant to a Condominium Sub-Management and Services Agreement with respect to the Condominiums (the “**Management Agreement**”), Manager has agreed, subject to certain conditions and for the term of the Management Agreement, to make available to residents of the Condominiums, upon request and as an agent of the owner of the hotel known as the Four Seasons Hotel Miami (the “**Hotel**”), certain services in conjunction with Manager’s operation of the Hotel (such services, the “**Resident Request Services**”). All Resident Request Services will be provided to individual residents, upon request, on the condition that each resident is responsible for paying for services requested and subject to reasonable procedures for requests and payment as Manager may establish from time to time (including minimum notice requirements and mandatory prepayment or deposits for certain services, depending on the scope and character of such requested services). Pursuant to the Management Agreement, Manager may from time to time modify the list of available Resident Request Services. Upon the request of any Condominium owner, Manager will provide a then current list of the available Resident Request Services, together with the costs for such services. If any resident requests Manager to provide any additional services not among the Resident Request Services and Manager is willing to provide such services, Manager will inform the resident of the cost for such requested additional service at such time.

By signing this agreement, Owner hereby agrees to pay Manager the then current listed or quoted cost for any Resident Request Service requested of Manager by Owner or an Authorized Person (as defined below). Except with respect to any services which require pre-payment, Manager shall bill Owner’s credit card monthly or when Owner has incurred a \$1,000 balance, whichever occurs first. Receipts will be provided to Owner in a timely manner each time Owner’s credit card is charged. Please note that the payment for Resident Request Services is separate and distinct from Owner’s payment of any common area maintenance or other homeowner assessments charged against the Unit, which charges may not be debited against a credit card.

Owner/Tenant hereby authorizes the following individuals (each an “**Authorized Person**”) to request or order services from Manager, and to sign for such services when provided.

Name(s)

Signature(s)

_____	_____
_____	_____
_____	_____
_____	_____

Any services provided by Manager at the request of an Authorized Person or Owner shall be for and on account of Owner, and shall be included in the Invoice. Owner may amend the list of Authorized Persons at any time by executing and delivering to Manager a written statement in form approved by Manager to effect the deletion, addition or substitution of an Authorized Person, provided that at no time shall the number of Authorized Persons exceed six. Manager shall have no obligation to provide any Resident Request Services to Owner or any other resident of Owner's Condominium unit unless so requested by Owner or a then Authorized Person, and subject to the payment of an Access Fee, if applicable.

This Agreement may be terminated at any time by Owner, upon written notice to Manager. Manager may terminate this Agreement at any time if Owner is more than thirty (30) days in arrears with respect to the payment of any Invoice or upon termination of the Management Agreement. In the case of termination of this Agreement for any reason, (A) Owner shall not be released from its obligation to pay Manager for services previously provided by Manager, and for which Owner has not yet made payment in full and (B) Manager shall have no further obligation to provide any Resident Request Services to Owner or any other resident of Owner's Condominium unit.

Owner acknowledges Owner's responsibility pursuant to the Declaration and rules and regulations governing the Condominiums to maintain insurance with respect to the interior and contents of Owner's Condominium unit. Owner agrees that any damage or loss to the Condominium unit or Owner's property incurred in connection with the provision of Resident Requested Services (even if caused by Manager or its employees or agents) shall be borne solely by Owner and any applicable insurance, and that neither Manager, the Hotel owner nor any of their respective employees or agents shall have any liability in connection therewith.

IN WITNESS WHEREOF, Owner has executed as of the date set forth below

Owner /Tenant _____ (signature)
_____ (print name)

Unit No. _____ **Date:** _____

NOTE: This Agreement shall not amend, limit or expand in any manner (and is subject to) the provisions of and restrictions found within the Management Agreement and the recorded declarations for the Condominium, including, without limitation, certain restrictions on the leasing and occupancy of your Unit.

**MILLENNIUM TOWER RESIDENCES
CONDO ASSOCIATION**

ACKNOWLEDGMENT RULES & REGULATIONS

Millennium Tower Residences Condominium Association
1425 Brickell Avenue
Miami, FL 33131

Attention: _____

The undersigned is a buyer/lessee who will be residing in Unit _____.

I acknowledge receipt of a copy of the Rules and Regulations for living at Millennium Tower Residences Condominium Association and have read it. I understand the requirements of the Rules and Regulations, and I agree to abide by all policies of the building.

Owner/Lessee: _____

Address: _____

Telephone Number: (____) _____

Signature: _____

Date: _____