



1800 Club Condominium Association Inc.
1800 North Bayshore Drive Miami, FL 33132
Management Office. Ph: 305-358-1111 Fax: 305-358-4444

APPLICATION FOR PURCHASE

*****Please Read*****

Please submit the attached forms fully executed and attach a copy of the contract for Residential Sale and Purchase and application fee (\$100.00). All checks must be payable to 1800 Club.

You will need to allow ten (10) days to process background check sources in the United States, and up to one (1) month for international background checks. Remember, the time is contingent upon the screening company's ability to receive back requests made to sources you listed on your application. Occupancy is not permitted until the Board of Directors approves the residency. Every application is sent in a rush. The more detailed the information you supply with contact names, phone numbers and e-mails, the easier it is for them to process which cuts down the time it will take to get the review returned.

All maintenance fees must be paid up to date, if not the application will not be processed.

Please use the following check list to assure application is complete and that it will be processed by management.

CHECKS: (Please make separate checks payable to 1800 Club)

☐ Application Fee (\$100.00 per applicant)

ATTACH:

☐ Copy of future owner's **Driver's License, I.D., and or Passport**

☐ fully executed Contract for Residential Sale and Purchase with addendums and condo riders

APPLICATION FORMS:

☐ Authorization to release information from United Screening

☐ Application for Occupancy from United Screening (filled out completely)

☐ New Owner Information Form

☐ Letter of Intent to Sell/Request for Approval

*****All forms, checks and documents must be provided for processing*****
An application is not complete until the last document is received



1800 Club Condominium Association Inc.
1800 North Bayshore Drive Miami, FL 33132
Management Office. Ph: 305-358-1111 Fax: 305-358-4444

LETTER OF INTENT TO SELL / REQUEST FOR APPROVAL

In accordance with the provisions of Article 18.1 of the Declaration of Condominium of 1800 Club Condominium Association, Inc., you are hereby notified that I/we have received a bona-fide offer made to me/us by _____ to purchase my unit no. _____ located at 1800 North Bayshore Drive, Miami, FL 33132.

I/we hereby request the Association's consent and approval for us to enter into a purchase/sale contract for the sale of our Unit. A copy of the proposed contract is attached to this application. I/we are aware of the fact that the Association has a period of fifteen (15) days in which to approve or disapprove this application. I also understand that the Association has the Right of First Refusal to purchase the Unit for itself or for its designee on the same terms and conditions as the offer we have received.

I/we hereby certify that the attached information is factual and true. I/we are aware that any falsification or misrepresentation of the facts in this application will result in automatic rejection of this application. If our application is approved, I/we agree to furnish the prospective purchaser(s) a copy of the Condominium Documents and any Amendments thereto.

I/we understand and agree that should the Association require legal representation regarding the unapproved sale of our Unit, any and all fees incurred by the Association defending this action will be my/our responsibility.

Unit Owner

Date

Unit Owner

Date

Enclosures:

Proposed Contract for purchase and sale
Prospective buyer's consent to background check



AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize, _____ herein referred to as *Association* and/or its assigns to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for occupancy. Said report may contain information about me from consumer reporting agencies including but not limited to indebtedness, mode of living, present and previous employers and/or employment contracts, driving record/license, validity of social security number, personal references, criminal records, credit history through a consumer credit report, and any information that I have disclosed on my applications and/or any attachments, exhibits.

I authorize the *Association* may contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by the *Association* to furnish the above mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and/or resumes are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed affect my application.

This authorization and consent shall be valid in original, fax or photocopy form.

I authorize the ongoing procurement of the above-mentioned information/reports by the *Association* at any time during my occupancy with the *Association*.

The nature and scope of the consumer report and/or investigative consumer report along with the name, address and telephone number of the agency providing the report will be disclosed to you upon timely written request, and within 5 days of the request.

A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your Rights Under FCRA along with the name, address and telephone number of the agency furnishing the information will be provided before any adverse action is taken by the *Association* based on information contained in the report.

Upon proper identification and payment permissible by law, you have the right to request from the *Association* a copy of any information in its file on you at the time of your request.

By signing below, I acknowledge understanding of the purpose of this Authorization Form and its intended use.

Applicant Information

Print Name: _____ Social Security Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Driver License Number: _____ Driver's License State _____

Phone Number: _____

E-Mail Address: _____

IMPORTANT: The following information will be used by United Screening Services Corporation for identification purposes only to perform a background check. This information will not be used as part of the decision process of your prospective Association.

Maiden, Other and/or Former Name(s) _____

Race/National Origin: _____ Gender: Male Female Date of Birth: _____

Signature: _____ Date: _____



Apt No _____ Apt Type _____ Monthly Rent _____ Occup Date _____ Pro-In \$ _____ Term Date _____
Referred By _____ Rent Starts _____ Reasons For Living Here _____

Application For Occupancy (Rental/Lense)

Date _____

IMPORTANT: Each co-resident/co-applicant must submit separate applications.

PERSONAL INFORMATION

Applicants Name _____ Date of Birth _____ SS No _____
First Middle Last

Marital Status _____ Driver License No _____ State _____

Spouse's Name _____ Date of Birth _____ SS No _____
First Middle Last

Driver License No _____ State _____

Other Occupants

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Do you own pets? _____ If yes, type (breed) _____ Size/Weight _____

Have you, the co-applicant(s), and/or any occupant(s) ever been arrested, charged and/or convicted of a crime? _____ If Yes, Provide detailed explanation.
(Use reverse side of this application)

Emergency contact (Name/Phone) _____

RESIDENT HISTORY

Present Street Address _____ State _____ Zip _____

Phone () _____ To/From _____ Monthly Payment \$ _____

Landlord's Name _____ Phone () _____

Reason For Moving _____

Previous Street Address _____ State _____ Zip _____

To/From _____ Monthly Payment \$ _____ Landlord's Name _____

Phone () _____ Reason For Moving _____

Have you and/or the co-applicant(s) ever been evicted from any property? _____ If Yes, Provide detailed explanation. (Use reverse side of this application)

EMPLOYMENT HISTORY

Present employer _____ Supervisor _____

Address _____ Phone () _____

Position _____ Date of employment _____ Gross weekly salary \$ _____

Previous employer _____ Supervisor _____

Address _____ Phone () _____

Position _____ Dates of employment _____ Gross weekly salary \$ _____

Spouses employer _____ Supervisor _____

Position _____ Phone () _____ Salary \$ _____

INCOME

Gross annual salary (Including fees, tips, commissions and bonuses) \$ _____

Gross annual salary spouse \$ _____

Other income you want to disclose \$ _____

BANK INFORMATION

Account No _____ Account type _____ Bank Name and Branch _____

Account No _____ Account type _____ Bank Name and Branch _____

CHARACTER REFERENCE

Name _____ Phone No _____ Relation: _____

Name _____ Phone No _____ Relation: _____

(If necessary use reverse side of this application to list additional accounts)

VEHICLES

Year _____ Make _____ Tag No _____ State _____ Registered to _____

Year _____ Make _____ Tag No _____ State _____ Registered to _____

Year _____ Make _____ Tag No _____ State _____ Registered to _____

Applicant(s) has submitted the sum of \$ _____ which is non-refundable payment for credit check/background check processing charge of the application. Such sum is not a rental payment or security deposit. This amount will be retained by the management to cover the cost of processing the application. It is understood and agreed between the parties that in the event this application for the above referenced apartment is rejected by applicant without interest. It is further understood and agreed that in the event that said application is approved and accepted by _____ then said amount received below shall be applied on first security deposit so called for in the lease entered into between the parties. It is further understood and agreed by the parties that in the event that said application is approved and accepted by _____ and applicant refuses to enter into a lease agreement for the period of time as called for in applicants application then the sum so received herein shall be retained by _____ to serve as liquidation damages it will suffer by reason of applicants failing to enter into residency of that above stated apartment, but the acceptance or rejection of applicant shall remain within the sole discretion of _____ and United Screening Services Corporation is hereby authorized and given the right to verify by reasonable means the application including but not limited to credit check, criminal history, eviction-civil records, landlord verification, and verification of employment; and to exercise at its sole discretion as to whether to reject this application and/or to terminate any lease which may be entered into between the parties pursuant to this application, whether during the term of the said lease or any extensions or renewal thereof if the applicant has made any false statements or misrepresentations whatsoever in the application. Furthermore, applicant(s) certify it has not knowingly omitted any information from this application, any additional documents in the application packet, exhibits and/or attachments.

Applicant has deposited the sum of \$ _____ which is to be applied to the security deposit in reference to the above apartment unit.

Applicant signature _____ Date _____

Spouse signature _____ Date _____

Leasing agent / Interviewed by _____ Date _____

Form GARRI 05/11



1800 Club Condominium Association Inc.
1800 North Bayshore Drive Miami, FL 33132
Management Office. Ph: 305-358-1111 Fax: 305-358-4444

Unit no. _____

Personal information:

Owner in title to unit: _____ Date of birth ____/____/____

Mailing address: _____

City _____ Zip _____

Phone: _____ Cell phone: _____ E-mail: _____

Owner name: _____ Date of Birth ____/____/____

Phone: _____ Cell phone: _____ Email: _____

Owner name: _____ Date of Birth ____/____/____

Phone: _____ cell phone: _____ Email: _____

Owner name: _____ Date of Birth ____/____/____

Phone: _____ cell phone: _____ E-mail: _____

Owner name: _____ Date of Birth ____/____/____

Phone: _____ cell phone: _____ Email: _____

Rental - lease expires: _____

Working keys in the management office: yes: ____ no: ____

Vehicle information:

Make _____ Model _____ Year _____ Tag _____ Color _____

Make _____ Model _____ Year _____ Tag _____ Color _____

Make _____ Model _____ Year _____ Tag _____ Color _____

Emergency Contact

Notify in an emergency: _____

Phone: _____ Cell no.: _____

In case of an emergency medical information that may be needed:

I understand I am responsible for furnishing a copy of my recorded deed, occupancy form with picture id, and voting certificate to the association office (for owners only). I will make sure one is on file. This form will expire on December 31, 2015. I will either re-new this same form or provide the office with up-to-date information. I authorize _____ or I do ☐ not authorize the use ☐ of my e-mail for receiving communications from the association (if not checked off, it gives authorization to use the e-mail for correspondence).

This form was completed by the ____ Owner ____ Lessee

X _____ date: ____/____/____

Print name: _____