The Hampton on Washington Avenue Condominium Association, Inc.

Miami Asset Management

Guidelines and Requirements for Application Buyers or Renters

The application form must be completed and returned to Miami Asset Management Office, along with One Hundred Fifty dollars ($150.00 Screening Fees) **NON-REFUNDABLE**.

We accept Zelle for application fees. Please send payments to **miamiassetmgt@gmail.com**.

The application form and required documents must be completed in detail by the proposed applicant. If any question is not answered or left blank, the application/documents will be returned.

Documents to be submitted with the application form.

1. A signed copy of the Lease _____ or the Sale _____ contract.
2. A police report for residents 18 years and older residing at the Unit.
3. Copy of Florida Driver License or Passport and proof of Social Security #.
4. Proof of employment and proof of current address.
5. Buyers need to provide a copy of the Mortgage approved documents.
6. Name and branch address of Bank holding a checking/saving account.

All checks are made payable to Miami Asset Management.

Sign "Consent to obtain a background report"._____

Miami Asset Management must receive the application at least thirty (15) days prior to the expected moving date/closing contract.

Primary Applicant Information (#1)

Applicant Name: _____

Date of Birth: _____ Social Security (last 4 digits)_____

Present Address _____ . _____ _____

City St

Telephone # ( ) _____ Cell ( ) _____

Email Address: _____

Can the Association contact you via email?_____

*How long have you been at this address _____ (If less than two (2) years provide prior address) _____ . _____ _____

Name of Employer _____

Address of Employer _____City_____St_____

*How long have you been _____ employed (If less than 2 years provide information of prior employer)

*Name of prior Employer_____

Address of prior _____

Employer_____

Date_____

227 9th St • Miami Beach, FL 33139 • O 305.433.3484 • F 786.228.00.58
710hamptoncondo@gmail.com

Second Applicant Information

Applicant Name:

_____

Date of Birth:____/____/___ Social Security (last 4 digits):_____

(If information is the same as Resident #1_____ just mark N/A

Present Address City St

_____ _____ _____

Telephone # ( ) _____ Cell ( )_____

How long have you been at this address _____*(Less than two (2) yrs. provide prior

Address) City St

_____ _____ _____

Name of Employer

_____

Address of Employer City St

_____ _____ _____

How long have you been employed*(Less than 2 years provide prior employer information)

*Name_____

Address City St

Name and age of adults/minors occupying the unit. _____

Personal References

1-Name Relationship

_____ _____

Address City St

_____ _____ _____

Telephone # ( )_____

2-- _____ _____

Name

Relationship

Address City St

_____ _____ _____

Telephone # ( ) _____

IN CASE OF EMERGENCY

Name _____ *Phone#*

Relationship_____

Name _____ Phone#

Relationship_____

Have you ever been adjudicated guilty of a felony or first-degree misdemeanor?

Yes _____ *No* _____

If yes, for each offense complete the following information:

Name of Court: _____ Date Conviction: _____/_____/_____

Offense

_____

Court Adjudication Provide Proof

_____ _____

Have your Driver License ever been revoked or suspended?

Yes _____ No _____

If yes, provide the date and the reason.

Date _____ _____// _____ Reason

Do you currently have any restriction on your drivers' license?

Yes ( ) *No ( )*

BROWN'S BACKGROUND CHECKS

CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER The Hampton on Washington Avenue Condominium

I understand that you may obtain consumer reports that relate to my credit and/or criminal history. This information will, in whole or in part, be obtained from ASS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal state and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my credit and/or criminal history. This information will be reviewed by the Association and may be reviewed by a unit owner if it's a rental.

I authorize, without reservation, any party, institution, or agency contacted by AISS to fumish the above-mentioned information:

Applicant Name Date of Birth* Social Security Number

•Date of Birth is requested in order to accurate retrieval of records. If international, please provide Passport Number

Co-Applicants Name Date of Birth Social Security Number

If International, please provide Passport Number.

Alias/Previous Name(s)

Current Physical Address City & State Zip code

California, Minnesota & Oklahoma Applicants Only: Please check here to have a copy of your consumer report sent directly to you.

Notice to CALIFORNIA Applicants

Under Section 1786.22 of the California Civil Code, you have fie right to request from ASS, upon proper identification, the nature and substance of ail information in its files on you, including the sources of information, and the recipients of any reports on you, which ASS has previously fumished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication sentences. Upon making a written request, you may receive a summary of your report via telephone.

SIGNATURE _____ DATE _____

Co-Applicant

SIGNATURE _____ DATE _____