

Application for Consent to Sale or Lease

This application form fully completed and include original Police Record, a copy of all proposed sales/rental contract, photocopy of picture ID, photocopy of valid unexpired auto registration, two (2) letter of recommendation for each applicant over the age of 18, local police record and a check for the application fee, must be received by the Association, at the address below, **no less than twenty (20) working days prior to** the date action is desired of the Association, at the address below date action is desired of the Association. The Board of Directors will have ten days after the interview to approve or deny an applicant. **Missing or incomplete information will cause the application to be returned without auction.**

Fees: (non-refundable)

- Application Fee: \$100.00 per person, any other adult \$50.00
(Payable to SmartChoice Property Management)
(Please note that if your legally married, the application fee is \$100.00 for both, but proof of marriage is necessary)

- Rush Fee: \$150.00 (if response is needed within 3 working days)
(Payable to SmartChoice Property Management)

Address: c/o SmartChoice Property Management
330 SW 27th Avenue
Suite 308
Miami, FL 33135

Restrictions:

- New Residents must be approved in writing form to the Association, with ten (10) days in advance.
- Notice of move-in and move-out must be given at least seven (7) days prior in order to properly schedule a reservation for the designated service elevator. Other deliveries must be scheduled no less than five (5) days in advance.
- Residents are permitted to move into the Building on: **Monday – Friday from 9:00 a.m. to 5:00 p.m., Saturday 8:00 a.m. – 12:00 p.m. (No Sundays).**
- If you are having work done in your unit, it must be done between the hours of 9:00 am and 5:00 pm Monday through Friday.
- Face to face interview with the Board of Directors before move in.
- All maintenance fees must be current at time of application.
- **If sale, buyer agrees to provide the Management Company with a copy of closing Statement no later than seven (7) days after closing date.**

I certify that I have read and understand the above application and restrictions.

Unit #: _____

Signature of Applicant: _____

Date: _____

Signature of Owner: _____

Date: _____

APPLICATION FOR CONSENT TO SALE OR LEASE

- This application and attached application for Occupancy must be completed in detail by the proposed Buyer/Tenant.
- Please attach a copy of the Sales Contract to this application, or rental agreement.
- The Seller (current owner) shall provide the Buyer with a copy of all the Condominium Documents.
- Processing of this application will begin after all required forms have been completed, signed, and in the Management's office.

Date: _____ Unit #: _____ Approximate Closing Date: _____

Owner's Address: _____ Telephone: _____

Name and Telephone of Realtor:

TENANT OR BUYER INFORMATION

NAME of Proposed Buyer (s) (as they will appear on Title) OR Tenant(s).

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. I represent to the Board of Directors that the purpose for this application is for:
PURCHASE _____ RENTAL _____
2. I Hereby agree for myself and on behalf of all persons who may use the unit which I seek to purchase/rent that we will abide by all the restrictions contained in the By-Laws, Rules and Regulations, Condominium Documents and restrictions which are or may in the future be imposed by the Board of Directors.
3. I understand that I will be present when guest, relatives or children who are not residents occupy the unit.
4. I have ___ Have not ___ received from the current owner a copy of all the Condominium Documents and Regulations.
5. I understand that the acceptance for purchase of a unit is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Occupancy prior to final approval is prohibited.
6. I understand that the Board of Directors hereinafter referred to as "the Community Association," may cause to be instituted such as an investigation of my background as the Board of Directors may deem necessary. Accordingly, I specifically authorize the Board of Directors or their Agents to make such an investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors of and Officers of the Community Association itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board.

In making the foregoing application, I am aware that the decision of the Board of Directors will be final and that no reason will be given for any action taken by the Board of Directors.

I agree to be governed by the determination of the Board. of Directors.

Signature of Applicant

Signature of Co-applicant

Name: _____
(Last) (First) (Middle)

Co-Applicant: _____
(Last) (First) (Middle)

Present Landlord/Mortgage Company
(NOT for the address you are moving to): _____
(Name) (Telephone)

Social Security No. _____
(Applicant) (Co-Applicant)

Date of Birth: _____
(Applicant) (Co-Applicant) State

License Number: _____
(Applicant) (Co-Applicant) State

Children: _____ Pets: _____
(How many and ages) (Description and approximate weight)

Total Number of people to occupy premises: _____

Is Co-Applicant spouse? If not, specify relationship: _____

In case of Emergency, notify: _____ Telephone: _____

Vehicle 1, type and color: _____ Tag Number: _____

Vehicle 2, type and color: _____ Tag Number: _____

Other vehicle/boat: _____ Tag Number: _____

EMPLOYMENT INFORMATION:

(Applicant's Employer) (Employer's Address)

(Position) (Dates of Employment) (Employer Telephone)

(Co-Applicant's Employer) (Employer's Address)

(Position) (Dates of Employment) (Employer Telephone)

NAME & PHONE OF RELATIVE: _____

CHARACTER REFERENCES OTHER THAN RELATIVES:

(Name) (Home Telephone) (Office/Work Telephone)

(Name) (Home Telephone) (Office/Work Telephone)

(Name) (Home Telephone) (Office/Work Telephone)

Approval is hereby granted to the condominium as Agent, to investigate all information supplied on this application and full disclosure or pertinent facts may be made to the condominium is authorized to obtain credit rating through a credit reporting agency.

Signature of Applicant

Signature of Co-Applicant

Application for Unit No.: _____ Building: _____ Date: _____

Association Name: _____

Address: _____

**THIS APPLICATION MUST BE COMPLETED IN FULL BY
PROSPECTIVE TENANT(S) OR BUYER(S)**