

LIVING MIAMI MANAGEMENT

Phone: 305-569-9455 Fax: 305-397-0971
1801 SW 3rd Avenue, Suite 402, Miami, FL 33129
E-Mail: info@living-miami.com

APPLICATION FOR OCCUPANCY

Living Miami Management, Inc., as agent for:

Association Name: _____

Unit Number: _____

Please read the instructions fully before contacting Manager for instructions. This package should contain all of the information needed for a successful transfer.

The following steps must be followed in order to lease/sell your unit:

- Fill out forms completely and submit to Manager. Applications will not be processed if not fully completed. DO NOT LEAVE ANYTHING BLANK.
- Payment of \$100.00 in a MONEY ORDER or CASHIERS CHECK payable to Living Miami Management, Inc. PER APPLICANT. Two applicants must fill out their own Application and submit their own Application Fees of \$100.00 each. The \$100.00 is a non-refundable administrative fee that is to be paid with each individual application.
- Married couples need only submit ONE Application and one administrative fee of \$100.00. Married couples must submit proof of marriage.
- Minors living with parents do NOT need to submit an Application.
- Cashier's Checks or Money Orders must be received along with a completed application
- Submit TWO forms of ID. Choose TWO of the following: Drivers License, Social Security Card, or Passport.
- A LEGIBLE copy of the lease or sales contract must be attached.

**DO NOT SEND INCOMPLETE PACKAGES TO MANAGER.
ALL APPLICATIONS MUST BE FULLY
COMPLETED OR THEY WILL BE RETURNED.
Applications should be mailed to the Management
Company at the address listed above.
For drop off, our physical address is:
1801 SW 34d Avenue , Suite 402, Miami, FL 33166
(Packages will not be reviewed upon drop off)**

Processing an application takes up to 15 working days. Once screening has taken place, and all forms have been filled out, the application is sent to be approved by the BOARD OF DIRECTORS. Processing of all applications will begin only after all required forms have been completed and signed. The time starts once the application is COMPLETE, not when received.

SHOULD A POTENTIAL OCCUPANT MOVE IN WITHOUT PRIOR APPROVAL, THE ASSOCIATION WILL IMPOSE PENALTIES ACCORDINGLY.

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PROSPECTIVE BUYER/TENANT CHECKLIST

- _____ **Have you filled out the forms completely, leaving no blanks?** Check the pet section – make sure it says 0 (zero) if you don't have pets. If your answer is zero for any question, make sure you write zero or NA. If any answer is blank we will assume that you missed the question and return the application package to you.
- _____ **If two or more people are occupying the unit did you fill out an Application Package for each person?** Married couples need only one Application Package. Minors do not need an Application.
- _____ **Have you provided TWO LEGIBLE forms of ID (Drivers Licenses, Social Security Card, Passport)?**
- _____ **Have you submitted money orders or cashiers checks for each Application?** Married couples need only one application and one application fee. If married submit proof of marriage.
- _____ **Is your Money Order or Cashier's Check made out to Living Miami Management?** (Married couples \$100.00, unmarried individuals must include \$100.00 each)
- _____ **Have you submitted a LEGIBLE copy of the Lease or Sales Contract?**
- _____ **Is the application package complete? If not, do NOT send to Manager until it is.**

Processing will be delayed if the above steps are not followed

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ALL PARTIES QUICK REFERENCE CONTACT

Applicant One: _____

Cell Phone #: _____ Work Phone: _____

Email: _____

Applicant Two: _____ Relationship to Applicant One: _____

Home Phone #: _____ Work Phone: _____

Email: _____

Landlord: _____

Cell Phone #: _____ Work Phone: _____

Email: _____

Landlord Realtor: _____

Cell Phone #: _____ Work Phone: _____

Email: _____

Tenant Realtor: _____

Cell Phone #: _____ Work Phone: _____

Email: _____

VEHICLE INFORMATION

Make _____ Model _____ Year _____

Color _____ Plate Number _____ State _____

Make _____ Model _____ Year _____

Color _____ Plate Number _____ State _____

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If the application is NOT legible or not completely and accurately filled out, Manager/Association will not be responsible for any inaccuracies in the investigation and related report caused by such omissions or legibility. By signing, the applicant recognizes that the Association may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living, as applicable.

Signature _____
(applicant)

Signature _____
(applicant's spouse)

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AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND POLICE INFORMATION

I have named you as a reference on my application for residency. You are hereby authorized to release and give to the below mentioned party (s) or their attorney or representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference to my/our application for residency.

Designated Party: Living Miami Management Inc and Condominium Association, Inc. on behalf of the Condominium Association

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party (s).

Applicant's Signature

Applicants Printed Name

Spouse's Signature

Spouse's Printed Name

Date _____

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AFFIDAVIT

As a prospective buyer/renter of a unit, and if my application to is approved by the Screening Committee, I understand and agree to abide by the Rules and Regulations of the Condominium Association.

I understand that should I be cited for a violation of any other Rules and Regulations that I will be subject to **fines and up to eviction.**

Date: _____

I am applying to purchase/lease (circle one) Unit #: _____

Print Name of Applicant

Signature of Applicant

NOTE: Complete all questions and fill in all blanks. If any question is not answered or left blank, this application may be returned, not processed, and/or not approved. Print legibly or type all information. Missing information will cause delays. All information on this application will be verified.

PLEASE USE BLACK INK

THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY!

APPLICATION FOR OCCUPANCY

Client: _____

NOTE: All information supplied is subject to verification. All telephone numbers must be able to be reached between 9-5 P.M. Date _____

Purchase _____ Lease _____ Apt. _____ Bldg. No. _____ Property Address: _____

Full Name _____ Date of Birth _____ Social Security # _____

(____) Single (____) Married (____) Separated (____) Divorced - How Long _____ Maiden Name _____

Have you ever been convicted of a crime _____ Date (s) _____ County/State Convicted in _____

Charge (s) _____

Spouse _____ Date of Birth _____ Social Security # _____

Maiden Name _____ Have you ever been convicted of a crime _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

No. of people who will occupy unit – Adults (over age 18) _____ Description of Pets _____

Names and ages of others who will occupy unit _____

Applicant(s) Cellular Telephone Number _____ Applicant(s) Email Address _____

In case of emergency notify _____ Address _____ Phone _____

PART I – RESIDENCE HISTORY

PLEASE PRINT FULL ADDRESS, INCLUDING UNIT/APT NUMBER, CITY, STATE & ZIP CODE

A. Present address _____ Phone _____

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Own Home ____ Parent/Family Member ____ Rented Home ____ Rented Apt ____ Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

B. Previous address _____ Phone _____

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Own Home ____ Parent/Family Member ____ Rented Home ____ Rented Apt ____ Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

C. Previous address _____ Phone _____

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Own Home ____ Parent/Family Member ____ Rented Home ____ Rented Apt ____ Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

PART II – EMPLOYMENT REFERENCES

Include a recent copy of an earnings statement to expedite processing

A. Employed by _____ Phone _____
Dates of Employment: From: _____ To: _____ Position _____ Fax _____
Monthly Gross Income _____ Address _____

B. Spouse Employed by _____ Phone _____
Dates of Employment: From: _____ To: _____ Position _____ Fax _____
Monthly Gross Income _____ Address _____

PART III – BANK REFERENCES

Include a recent copy of a bank statement to expedite processing

A. Bank Name _____ Checking Acct. # _____ Phone _____
Address _____ Fax _____

B. Bank Name _____ Savings Acct. # _____ Phone _____
Address _____ Fax _____

PART IV – CHARACTER REFERENCES (No Family Members)

Please notify Character References that we will be contacting them to obtain a reference

1. Name _____ Home Phone _____
Address _____ Business Phone _____
Email Address _____ Cellular Phone _____

2. Name _____ Home Phone _____
Address _____ Business Phone _____
Email Address _____ Cellular Phone _____

3. Name _____ Home Phone _____
Address _____ Business Phone _____
Email Address _____ Cellular Phone _____

4. Name _____ Home Phone _____
Address _____ Business Phone _____
Email Address _____ Cellular Phone _____

Driver’s License Number (Primary Applicant) _____ State Issued _____

Driver’s License Number (Secondary Applicant) _____ State Issued _____

Make _____ Type _____ Year _____ License Plate No. _____

Make _____ Type _____ Year _____ License Plate No. _____

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant’s character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant’s Signature _____ Date _____ Spouse’s Signature _____ Date _____

ASSOCIATED CREDIT REPORTING, INC.

Established 1985

8795 West McNab Road, First Floor, Tamarac, Florida 33321
www.associatedcreditreporting.com

Phone: 954-543-9400
Toll Free: 800-676-7640
Fax: 954-543-9411
Toll Free Fax: 800-235-7185

APPLICANTS: Most banks, financial institutions, mortgage companies and employers require your signature and name printed to verify information. Please complete the form below: Thank you.

AUTHORIZATION FORM

You are hereby authorized to release to any and all information requested with regards to verification of my bank account (s), credit history, residential history, criminal record history, employment verification and character references to **Associated Credit Reporting, Inc.** This information is to be used for my/our credit report for my/our Application for Occupancy.

I/We hereby waive any privileges I/We may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is for the exclusive use of the association for residential screening purposes only

PLEASE INCLUDE COPY OF DRIVER'S LICENSE and SOCIAL SECURITY CARD TO CONFIRM IDENTITY. If you do not have a Social Security Card, please include a copy of your Passport or current identification card.

Please notify your Landlord(s), Employer(s), and Character References that we will be contacting them to obtain a reference pursuant to your application.

I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper signature.

I/We certify under penalty of perjury that the foregoing is true and correct.

(Applicant's Signature)

(Applicant's Name Printed)

(Spouse's Signature)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)

NOTE TO APPLICANTS: Banks and some employers require your signature and name printed as authorization to verify information. If it is not your bank or employer's policy to verify by fax or verbally-please enclose a copy of your most recent bank statement and check stub. Thank You!