



St Tropez Ocean Condominium Association Inc.

APPLICANTS' CHECK LIST

Date: _____

Applicant's Name _____ Unit#: _____

Applicant's Name _____

Please be advised that in order to process your application within 15 days from the day it was turned in, the following requirements must be met:

___ A cashier's check, personal check or money order in the amount of \$100.00 for residential sales and leases. Foreign Nationals fee is \$350.00. All Commercial Units will pay a fee of \$250.00 per application. The cashier's check or money order must be made payable to St. Tropez Ocean Condominium Association Inc.

___ All questions must be answered. (Social Security Number, Auto Tag No., Date of Birth, no. of cars, names of applicants, employment, etc.) No question should be left blank.

___ For rentals, a copy of the lease agreement. For sales, a copy of the sales contract.

___ If renting, the Association requires a security deposit equal to one month's rent for residential and commercial units.

___ Three business reference letters for commercial units.

___ List of principals of corporation.

___ Copy of picture IDs for everyone over the age of 16 who is going to work or reside in residential units.

___ Business plan including operating hours.

*****If these requirements are not met the application will be returned to you unprocessed.

***** Please be advised that once your approval letter is ready, you will be notified by the office.

*****All build outs must be processed and approved by St. Tropez Condominium Association and comply with all applicable City of Miami Beach codes.



APPLICATION FOR LEASE OR SALE

Please return this completed application to **St. Tropez Ocean Condominium** Management Office with a copy of your lease or sales contract and a check in the amount of \$100.00 for all residential sales and leases. The residential application fee for Foreign Nationals is \$350.00. All Commercial Units will pay an application fee of \$250.00. All application fees must be paid by check payable to St. Tropez Ocean Condominium Association Inc. The application fee is for the credit report and background investigation, which will be done by **Corelogic Rental Property Solutions (CoreLogic)**. Applications will be processed within 15 business days. Final approval for all sales and leases requires an interview with our building manager and a member of the Association's Board of Directors.

As applicable, the following documents must be provided:

- **Copy of Lease or Sale contract agreement**
- **Common Area Security Deposit**
- **Resident Information**
- **Applications for Occupancy/Residence History**
- **Employment/Bank References**
- **Credit Reference**
- **Additional Source of Income**
- **Vehicle Registration Form**
- **Emergency Contact & Assistance Survey Forms**
- **Pet Registration Form**
- **Bicycle & Motorcycle Registration Form**
- **Package Receipt Authorization**
- **Access Authorization Form**
- **Picture ID for all prospective tenant(s)**
- Finally, please complete the **Move In/Out Request Form** to request a date for a move-in.

There is a fee of \$100.00 for exclusive use of the service elevator for moving in or out. There is no fee for non-exclusive use of the service elevator.

Please be advised that purchasing and leasing of units shall be subject to the prior written approval of the Association. Prior to moving into a rental unit, the prospective tenant is required to furnish to the Association a security deposit in the amount of one (1) month's rent ("Deposit"), to be held in an escrow account maintained by the Association. This deposit will be held as security against any damage to the common elements. Upon termination of the lease, building management will conduct an inspection to determine if there are any damages to common elements. Said deposit will be refunded to tenant within 15 days of termination of the lease **if there is no damage to the common elements**. If the damages exceed the amount of the Security Deposit, the tenant is responsible for paying the differences.

A tenant may NOT, under any circumstances, sublet the unit (or any portion thereof) to any other person or permit occupancy by any other person.



No Leases or renewals shall be for a term of less than six months and only one lease per 12 month period is allowed. The Board of Directors must approve all residential/commercial leases and renewals.

Once you have been screened and approved, you may contact the Management Office at (305) 864-2030 or iabrantes@miamimmanagement.com to schedule your move-in date. All move-ins must be scheduled no less than twenty-four (24) hours in advance. A \$200.00 Security Deposit fee will be required. This security deposit is against damage to the common elements and is refundable upon inspection of common elements, **if there is no damage to the common elements**. It is the unit owner's responsibility to turn over all Condominium Keys, including Garage Clickers, to the lessee at the time of commencement of occupancy.

Signature

Print Name

Date



RESIDENT(S) INFORMATION

Date: _____

Unit #: _____

Name(s): _____

Home Tel: _____

Cell: _____

Work Tel: _____

Fax: _____

Email: _____

Other Fulltime Occupants Over Age of 18: _____

Other Fulltime Occupants Under Age of 18: _____

Pets: No [] Yes [] If Yes, Type of Pet _____ Weight at Maturity _____

Will the unit be: Primary Residence: _____ Second Home: _____ Rental Property: _____

Are you leasing? Yes [] No []. If Yes, indicate length of lease: _____ months

Application Date: _____ Desired Date of Occupancy: _____

Who should be called to coordinate the date and time of the interview with the Board of Directors:

Name _____ Telephone _____



PLEASE MAIL ALL CORRESPONDENCE RELATING TO ST. TROPEZ UNIT #___TO:

Mailing Address (if different from current address below):

Name: _____

Address: _____

Residence History:

Current Residence: _____

Landlord If Rental: _____ Telephone: _____

How long have you lived at this address? _____

Previous Residence: _____

Landlord If Rental: _____ Telephone: _____

How long have you lived at this address? _____

Owner's Signature

Date: _____



EMPLOYMENT REFERENCES

Current Employer _____ How Long _____

Address _____ Telephone _____

Position _____ Supervisor _____ \$ _____ Annually Salary

Previous Employer _____ How Long _____

Address _____ Telephone _____

Position _____ Supervisor _____ \$ _____ Annually Salary

BANK REFERENCES

Name of Bank _____ How Long _____

Address _____ Telephone _____

Account _____ Contact Person _____

CREDIT REFERENCES

Name _____ Account No. _____

Name _____ Account No. _____

ADDITIONAL SOURCES OF INCOME

Source _____ Amount _____

Can Be Verified By _____ Telephone _____



VEHICLE REGISTRATION FORM

Resident's Name(s): _____ **Unit #:** _____

VEHICLE #1:

MAKE: _____ **MODEL:** _____

COLOR: _____ **YEAR:** _____

TAG #: _____ **STATE:** _____

PARKING SPACE #: _____

VEHICLE OWNER'S NAME: _____

VEHICLE #2:

MAKE: _____ **MODEL:** _____

COLOR: _____ **YEAR:** _____

TAG #: _____ **STATE:** _____

PARKING SPACE #: _____

VEHICLE OWNER'S NAME: _____

RESIDENT'S SIGNATURE: _____ **DATE:** _____



EMERGENCY CONTACT

Resident's Name(s): _____

Unit #: _____

Resident's Telephone #(s): _____

In the event of an emergency, Management will attempt to contact the resident(s) noted above. However, if Management is unable to reach the resident(s), Management will make an effort to contact the following individual(s):

Emergency Contact Name & Telephone #(s): _____

Emergency Contact Name & Telephone #(s): _____

Signature: _____ Date: _____



EMERGENCY ASSISTANCE SURVEY

Please help us update our emergency assistance records by completing the questions below. The emergency assistance record is a compilation of all residents requiring special assistance and including resident information on special need for assistance. Please communicate the arrangements made for care, and specifics of these arrangements below. This information might be helpful for fire or EMT personnel, should they request it while on property for an emergency call.

Name: _____ Unit: _____ Telephone: _____

Do you have a disability that would prevent you from exiting the building unassisted should the elevators not be available?

Would you be able to walk down the fire exit stairwell if the elevators were not available?
 YES NO

Are you wheelchair bound?
 YES NO

If yes, please describe the nature of this disability: _____

IN CASE OF EMERGENCY, LIST THE FOLLOWING CONTACTS:

Name: _____ Telephone: _____
Relative Contact Information

Name: _____ Telephone: _____
Physician Contact Information

What special arrangements have you made to receive assistance in case of an emergency?



PET REGISTRATION FORM
OWNERS ONLY

Resident's Name(s): _____ Unit #: _____

Unit owner will provide Management with photograph of pet in order to complete the pet registration process. Pet cannot be over 20 pounds in weight, and MUST ALWAYS BE KEPT ON A LEASH. No pit bulls or other breeds considered to be dangerous are allowed. Please complete one form per animal.

Type of Pet (please circle one): DOG CAT

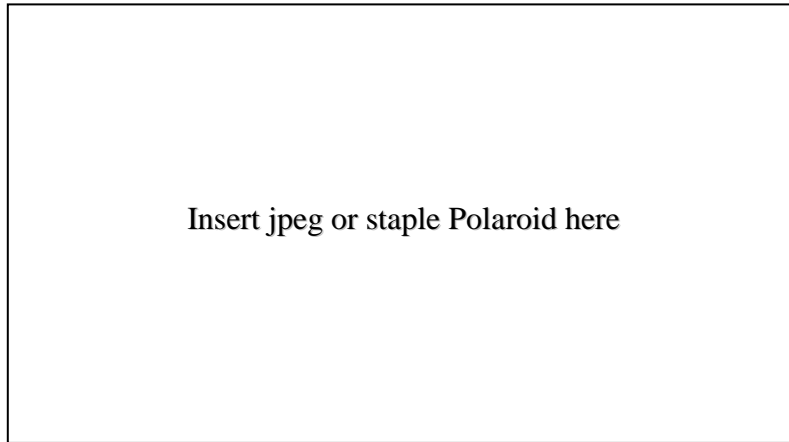
Pet's Name: _____ Pet's Age: _____

Pet's Sex: _____ Pet's Weight: _____

Pet's License/Tag Number: _____ Color of Pet: _____

Breed (*Be specific – give complete description, color, etc.*): _____

Picture:



Unit-Owner's Signature _____ Date: _____



BICYCLE & MOTORCYCLE REGISTRATION FORM

UNIT OWNER'S / TENANT'S NAME _____ UNIT # _____

BICYCLE #1:

MAKE: _____

MODEL: _____

COLOR: _____

SERIAL NUMBER: _____

BICYCLE OWNER'S NAME: _____

BICYCLE #2:

MAKE: _____

MODEL: _____

COLOR: _____

SERIAL NUMBER: _____

BICYCLE OWNER'S NAME: _____

OWNER'S SIGNATURE: _____ DATE: _____



**RECEIPT AUTHORIZATION FOR PACKAGES, CERTIFIED LETTERS,
FLOWERS, FOOD, MEDICINE, FRUITS, CANDY, ETC.**

THE UNDERSIGNED, owner(s) / tenant(s) of Unit # _____ in the **St. Tropez Ocean Condominium** hereby authorize(s) the Condominium Association's front desk personnel to accept, receive and sign for any parcels or mail addressed to the Unit, without imposing any liability thereon for the condition or substance of any such parcels so received.

Understanding that this authorization is solely for the benefit of the undersigned, I/we hereby release the Condominium Association, its employees, agents and assigns, from any liability arising from this authorization, including, without limitation, liability arising from its employees, agents and assigns, in such regard.

- **If a resident does not pick up a package, or does not coordinate pickup of the package with the front desk within five (5) days after the resident is notified of delivery by the front desk, the Package will be returned to sender.**
- **Packages over fifty (50) pounds will not be accepted by front desk personnel, and you must arrange for delivery by the shipper directly to your unit. If you are expecting a package like this, please coordinate with the front desk.**
- **Packages too large for storage space will not be accepted by front desk personnel.. You must arrange for delivery by the shipper directly to your unit. If you are expecting a package like this, please coordinate with the front desk.**

Executed on _____ day of _____, 20____.

By: _____
Print Name

Signature



ACCESS AUTHORIZATION

It is standard procedure for the front desk to contact residents prior to granting their visitor(s) access into the premises, except if the visitor has been previously authorized (in writing) by the resident. Otherwise, if the front desk is unable to obtain verbal authorization from the resident, the visitor will be turned away.

Therefore, if an owner/tenant wishes to authorize access to their unit during an absence from the property, this form must be used to designate such authorization. Access will be permitted to all parties listed below.

It is the sole responsibility of the owner/tenant to make all arrangements for their guest(s) to have access to their unit; the resident must provide unit keys for the authorized party. **Management will not be responsible to provide the below named visitor keys under any circumstances.**

Further, I agree that I am fully responsible for my guests' actions while at St. Tropez Condominium Association and have explained to my guests that they must abide by all governing documents including Declaration of Condominium, Articles of Incorporation, By-Laws, and Rules and Regulations.

Name _____ Unit # _____

Hereby authorize access for the following person(s):

CALL UNIT BEFORE GRANTING ACCESS	DO NOT CALL UNIT	NAME	REASON FOR AUTHORIZATION
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Resident/Tenant's Signature

Date

*** This form is to be filled out by the resident in the event that any guest is visiting a unit in the absence of that residence. This includes family, contractors, and friends.**



ASSETS

Names (Bank, S&L or Credit Union) _____

Address _____ Phone # _____

Account #'s _____

Automobile (year & make) _____

LIABILITIES

Name/Address of Company _____

Monthly Payment & Months left to pay _____ Balance _____

Account No. _____

Name/Address of Company _____

Monthly Payment & Months left to pay _____ Balance _____

Account No. _____

Name/Address of Company _____

Monthly Payment & Months left to pay _____ Balance _____

Account No. _____

Name/Address of Company _____

Monthly Payment & Months left to pay _____ Balance _____

Account No. _____

Name/Address of Company _____

Monthly Payment & Months left to pay _____ Balance _____

Account No. _____



AUTHORIZATION WAIVER

"I hereby authorize *St. Tropez Ocean 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 to or in connection with the rental or lease of a residence for which this application was made. I hereby expressly release *St. Tropez Ocean 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."

Signature: _____ Date: _____

Name _____ DOB _____

Soc. Sec. # _____ / _____ / _____ Sex _____

Current Address _____

City _____ State _____ Zip _____ How Long _____

Prior City/County

Address _____ State _____ Zip _____ How Long _____

Last Position _____ How Long _____

Address _____ Phone # _____

Applicant's Signature _____ Date _____



BACKGROUND INQUIRY AUTHORIZATION

In connection with my Lease or Purchase Application for a unit in the St. Tropez Ocean Condominium Association I understand that investigation inquiries will pertain to performance, income, assets and liabilities. I understand that Corelogic Rental Property Solutions (CoreLogic), acting on behalf of St. Tropez Ocean Condominium Association, will be requesting information from various federal, state and other agencies that maintain records concerning my past activities including criminal history, consumer credit report, investigative consumer report and employment. I further understand that these requests may be made at any time during my contract agreement. I authorize, without reservation any party or agency contracted by Corelogic to finish the above-mentioned information, and I consent to St. Tropez Ocean Condominium receiving the above information from Corelogic and or its licensed agents. I also release St Tropez Ocean Condominium Association and Corelogic and or its agents from any claims or liabilities resulting from the reporting of this background information. I agree that a copy of this authorization release is as valid as the original signed by me.

Name _____ DOB _____

Other name (s) used _____

Soc. Sec. # _____ / _____ / _____ Race _____ Sex _____

Current Address _____

City _____ State _____ Zip _____ How Long _____

Prior City/County

Address _____ State _____ Zip _____ How Long _____

Last Position _____ How Long _____

Address _____ Phone # _____

Applicant's Signature _____ Date _____

AMENDMENT TO LEASE

This Amendment to Lease (“Amendment”) entered into this ____ day of _____, 2020, by and between _____ (the “Unit Owner”) and _____ (the “Tenant”).

WITNESSED:

WHEREAS, Unit Owner and Tenant entered into that certain Lease Agreement executed or about the _____ day of _____, 2021 (the “Lease”) with respect to those certain premises described as Unit ____ of St. Tropez Ocean Condominium located at 7330 Ocean Terrace, Miami Beach, Florida 33141 (the “Premises”).

WHEREAS, in accordance with Article IX, Section H of the Declaration of Condominium of St. Tropez Ocean Condominium (the “Declaration”), the Lease must be submitted to the Association for approval, the Lease does not comply with the requirements of the Declaration, and Unit Owner and Tenant wish to amend the Lease in order that it does comply with the Declaration.

NOW THEREFORE, in consideration of the premises and mutual covenants and promises hereinafter contained and the sum of Ten (\$10.00) and/or other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Unit Owner and Tenant agree as follows:

1. This Amendment hereby amends and modifies the Lease with respect to the matters set forth herein.
2. Tenant agrees to comply with and be bound by the terms of the Declaration and the provisions of the By-Laws, Articles of Incorporation and Rules and Regulations of the Association and all other agreements, documents or instruments affecting the Condominium Property (collectively the “Condominium Documents”), as said term is defined in the Declaration, as the same may be amended from time to time. Unit Owner agrees to provide Tenant with a copy of the Condominium Documents.
3. Unit Owner and Tenant agree that the Lease may not be modified, amended, extended or assigned without the prior written consent of the Board of Directors of the Association and that the Tenant may not assign its interest in the Lease or sublet the Premises, or any part thereof, without the prior written consent of the Board of Directors.
4. Unit Owner and Tenant acknowledge and agree that the Association shall have the right, but not the obligation, to terminate the Lease and/or to bring summary proceedings to evict the Tenant in the name of the Unit Owner in the event of (a) a default by the Tenant in the performance of its obligations under the Lease, including the failure of the tenant to vacate the Unit upon the expiration of the term stated in the lease, or (b) a foreclosure of the lien granted to the Association under Chapter 718, Florida Statutes.

5. Unit Owner and Tenant agree that should Unit Owner be in default in the payment of general or special assessments, or any installment thereof, for more than thirty (30) days after an assessment installment payment is due, the Association shall have the right to require the Lessee to pay rental installments due to Unit Owner from Lessee, or the portion thereof sufficient to pay the delinquent maintenance or special assessment installments directly to the Association upon the Association giving written notice of the exercise of such right to the Lessee and the Unit Owner. The right of the Association is cumulative and in addition to any and all other rights or remedies the Association may have against the unit owner or the Lessee.

6. Unit Owner and Tenant shall comply with all applicable federal, state, county and municipal law, ordinances and building and zoning codes in connection with Tenant's use of the Premises

7. Unit Owner agrees to provide the Association a security deposit in an amount equal to one month's rent under the Lease, which may be used by the Association to repair any damage to the Common Elements resulting from the acts or omissions of Tenant. Additionally, the Unit Owner agrees that if there is a default in the payment of assessments for more than thirty days after an assessment installment is due, then the Association may apply the security deposit to unpaid assessments and, upon notice thereof, the Unit Owner will immediately replenish the security deposit to the full amount required. Any unused portion of the deposit shall be returned to the Unit Owner within fifteen (15) days following the Tenant vacating the Premises.

8. Unit Owner and Tenant agree that if the Association brings legal action to enforce the obligations of Unit Owner and/or Tenant under the Lease and/or the Condominium Documents, the prevailing party shall have the right to recover from the other party reasonable attorney's fees and costs.

IN WITNESS WHEREOF, the respective parties hereto have executed this Amendment on the day and year first above written.

Witness

Witness:

Unit Owner:

Witness

Witness

Witness:

Tenant:

Witness

Witness

**St. Tropez Ocean Condominium
Association, Inc.**

APT: NO _____ PARKING SPACE(S) _____

INTERVIEW DATE: _____ TIME: _____

PURCHASER/LESSEE NAME (S) _____

BY SIGNING THIS DOCUMENT, I, WE, ACKNOWLEDGE RECEIPT OF A COPY OF THE ASSOCIATION'S RULES AND REGULATIONS, AND AGREE TO READ AND COMPLY WITH ALL PROVISIONS THEREOF.

I, WE, UNDERSTAND THAT THESE RULES AND REGULATIONS HAVE BEEN ADOPTED ON AUTHORITY OF THE DECLARATION OF CONDOMINIUM PURSUANT TO THE CONDOMINIUM ACT OF THE STATE OF FLORIDA. THEY WERE FORMULATED TO ASSURE ALL RESIDENTS OF THIS BUILDING THE COMPLETE AND UNDISTURBED ENJOYMENT OF THE FACILITIES AVAILABLE TO THEM AND PEACE AND QUIET IN THE PRIVACY OF THEIR UNITS.

THEY ARE ALSO INTENDED TO PRESERVE THE APPEARANCE OF THE BUILDING INSIDE AND OUTSIDE AND TO PROTECT THE HEALTH AND SAFETY OF ITS RESIDENTS. A FURTHER PURPOSE IS TO PROHIBIT ABUSE OF CONDOMINIUM PROPERTY RESULTING IN EXPENSIVE DAMAGE AND REPAIRS.

TO BE FAIR AND IN THE BEST INTEREST OF ALL, THESE RULES AND REGULATIONS SHOULD BE COMPLIED WITH BY OUR RESIDENTS, GUESTS AND VISITORS.

THE CONDOMINIUM DOCUMENTS BIND ALL RESIDENTS, GUESTS AND VISITORS TO STRICT ADHERENCE TO THESE RULES AND REGULATIONS

SEVERE PENALTIES AND COURT ACTIONS, AS PROVIDED IN THESE SAME DOCUMENTS, MAY FOLLOW WILLFUL VIOLATIONS

THE BOARD MAY, FROM TIME TO TIME, ADOPT NEW RULES OR AMEND PREVIOUSLY ADOPTED RULES AND REGULATIONS GOVERNING AND RESTRICTING THE USE AND MAINTENANCE OF COMMON ELEMENTS AND UNITS. UNIT OWNERS SHALL BE FURNISHED A COPY OF SUCH CHANGES OR AMENDMENTS.

Purchaser/Lessee Signature:

For the Association:

International Consent/Authorization

Consent/Authorization

In connection with this request I authorize all governmental and private agencies within the European Union, or any member state thereof, Asia Pacific (APAC); Middle East; South America or African regions, to release information they may have relating to my criminal record, educational or employment record to the person or company with which this form has been filed, or their agent for that purpose in which this consent was obtained. I authorize this consent to any nation outside the E.U or my home country of _____.

I understand that data will not be transferred to any country that lies outside the European Economic Area (EEA); Asia Pacific (APAC); Middle East; South America or African regions; however data can be transferred with the consent of the data subject (applicant) at the point of collection where it is known that there will be a need or desire to transfer such data. Further, in accordance with the host nation laws regarding the release of information, the Fair Credit Reporting (FCRA), 15 U.S.C. 1681-1681u, Data Protection Privacy Act 1998, European Directive on Data Protection 95/46/EC and others, I authorize the release and transmittal of information from any country to any required agency that may have a legitimate business need, and to a company that holds this consent or any of its affiliate companies should the need arise. I further authorize any agent, to the extent required by any laws, rules applicable to any country, to provide the data pursuant to this authorization to governmental authorities in any country in connection with any regulatory filings it may submit to authorities.

I understand and agree that my appointment is conditional upon the verification, to the Company's satisfaction, of the information provided on this form and that this information and that contained on attached documents, if required, is true and complete to the best of my knowledge.

My signature below acknowledges the fact that I have read, understand and freely give my unambiguous consent to the handling of my personal information. Furthermore, I hereby release the aforesaid parties or the Company or individuals that release information about me from any liability whatsoever in collecting and disseminating the information obtained.

Applicant Name (please print in black ink)

Date (month/day/year)

Government ID, PAN Card, or similar, if applicable

Applicant Signature