



St Tropez Ocean Condominium Association Inc.

APPLICANTS CHECK LIST

Date: _____

Applicants Name _____ Unit#: _____

Please be advised that in order to process your application in a timely manner and within the 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 \$150.00 for residential sales and leases. Foreign National Fee \$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, name of applicants, employment, etc.) No question should be left blank.

____ A copy of the lease agreement or sell contract, the telephone number and name and address of the landlord. However, if you are the owner of your current unit and you are renting it, please specify it on the line we have provided for you in the application form.

____ If renting, the association requires a security deposit equal to one months rent for residential and commercial units.

____ Three business reference letters for commercial units

____ List of principals of corporation.

____ Copy of picture Id's for everyone who is going to work or reside in residential units over the age of 16.

____ 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 certificate of approval is ready, you will receive as notification from our office.

*****All build outs must be processed and approved by St. Tropez Condominium Association and comply with City code.



APPLICATION FOR LEASE OR SALE

Please return this completed application to **St. Tropez Ocean Condominium** Management Office with a copy of your lease or sale contract and a check in the amount of \$150.00 for all residential sells and leases. Foreign National Fee \$350.00. All Commercial Units will pay a fee of \$250.00 per application, check is to be payable to St. Tropez Ocean Condominium Association Inc. The fee is for the credit report and background investigation, which will be done by **Corelogic Safe Rent**. Applications will be processed within 15 business days. If you require your application on a RUSH BASIS, you must pay an additional \$25.00. A tenant interview with our Orientation and Welcome Committee is required for leases and sells to be approved.

- **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 move in and out.**

Please be advised that leasing and buying of the units shall be subject to the prior written approval of the association. Prior to move in every lease of a unit shall require a deposit from the prospective tenant in an amount not to exceed one (1) month's rent ("Deposit"), to be held in an escrow account maintained by the Association. This security deposit is against damage to the common areas refundable 15 days upon inspection of common element after termination of lease, **if no damage to the common elements.**

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 month and only one lease per 12 month. 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) 305-864-2030 and schedule your move in date. All move in must be scheduled (24) twenty- four hours in advance. A \$200.00 Security Deposit fee will be required. This security deposit is against damage to the common areas refundable upon inspection of common element, **if no damage to the common elements**. It is the unit owner responsibility to turn over all Condominium Keys, including Garage Clickers, to the lessee at the time of commencement.

Under no circumstances may applicant(s) be given garage clickers, unit keys, or be authorized to move in, before the approval of the Board of Directors.

Signature

Print Name

Date



RESIDENT INFORMATION/ MAILING ADDRESS NOTIFICATION

Date: _____

Name(s): _____

Unit # _____

Property Address: _____

PLEASE MAIL ALL CORRESPONDENCE RELATING TO THE ABOVE PROPERTY TO:

_____ The above property address

_____ The following address

Mailing Address: _____

Telephone Number(s):

HOME: (____) _____

CELL: () _____

WORK: () _____

FAX: () _____

E-MAIL: _____

Owner Signature/Date



APPLICATION FOR OCCUPANCY

Apt No. _____ **Lease** _____ **(length of lease)** _____ **months.**

Primary Residence? _____ Second Home? _____ Rental Property? _____

Application Date _____ Desire Date of Occupancy _____

Name _____ Spouse /Partner _____

Other Fulltime Occupants Over Age Of 18: _____

Other Fulltime Occupants Under Age of 18: _____

Pets No Yes Type of Pet _____ Weight at Maturity _____

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

Board of Directors _____ **Telephone** _____

RESIDENCE HISTORY

Current Address _____ How Long _____

Landlord If Rental _____ Telephone _____

Previous Address _____ How Long _____

Landlord If Rental _____ Telephone _____



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 SOURCE 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
ONLY OWNERS

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. Not a pit bull or other breed considered to be dangerous. Please complete one form per animal.

Type of Pet (please circle one): DOG CAT

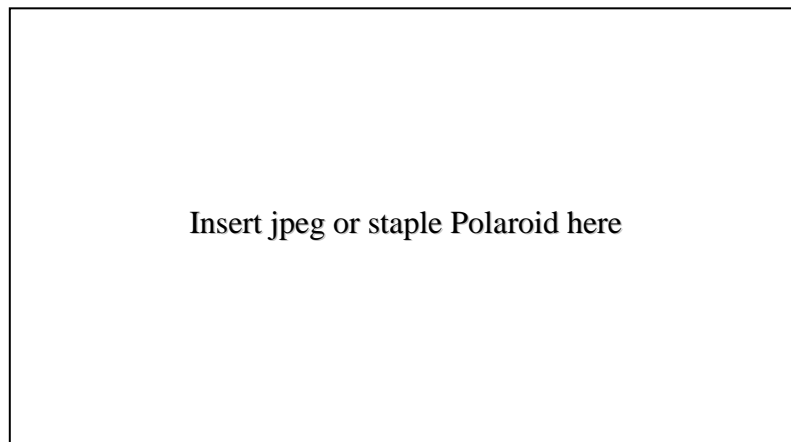
Pet's Name: _____ Pet's Age: _____

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: _____



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

THE UNDERSIGNED, owner(s) / tenant(s) of Unit #_____ **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 if it is not coordinated the picked up of the package with the front desk within five (5) days, after the resident is notified by the front desk. The Package might be returned to sender.**
- **Package over fifty (50) pounds will not be accepted. Attempt immediate delivery by shipper to unit. If you are expecting a package like this, please coordinate with the front desk.**
- **Package too large for storage space will not be accepted (Anything considered over 165 inches in size or over 108 inches in length is a large package). Attempt immediate delivery by shipper to 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 Regulation

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 _____

Mthly Pymt & Mos left to pay _____ Balance _____

Account No. _____

Name/Address of Company _____

Mthly Pymt & Mos left to pay _____ Balance _____

Account No. _____

Name/Address of Company _____

Mthly Pymt & Mos left to pay _____ Balance _____

Account No. _____

Name/Address of Company _____

Mthly Pymt & Mos 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 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. # ____/____/____ 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 _____



BACKGROUND INQUIRY AUTHORIZATION

In connection with my residential lease/purchase consideration by _____, I understand that investigate inquires are to performance, income, assets and liabilities. I understand that **CoreLogic Safe Rent.**, acting on behalf of **St. Tropez Ocean Condominium** will be requesting information from various federal, state and other agencies which 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 Safe Rent** to finish the abovementioned information, and I consent to **St. Tropez Ocean Condominium** receiving the above information from **Corelogic Safe Rent** and or its licensed agents. I also release **St Tropez Ocean Condominium** and **Core logic Safe Rent** 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 a 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 _____