ADDITIONAL OCCUPANT(S) APPLICATION

Instructions

**PLEASE BE AWARE THAT THIS PROCESS TAKES 15 BUSINESS DAYS, IT CANNOT BE RUSHED AND NONE OF THE FEES ARE REFUNDABLE** This process may also take longer than expected due to the delay of the Board of Director in giving an approval. Some Board of Directors may require an interview face-to-face with the additional occupant(s).

This application must be filled out by the actual approved occupant of the property. If the person filling out the form is a tenant, it must provide copy of the lease contract in place.

The following applies to anyone willing to move into a property where actual residents have been previously approved by the Association through a previous application process. Please be advised that no one can move into the desired property until a written approval is obtained. Failure to comply with this regulation may result in disapproval of the applicant. Any legal fees that may apply due to the non compliance of the above mentioned will be charged to the responsible party (In case of a rental, the owner is responsible).

PLEASE READ CAREFULLY

At the time of turning in the application, all the documents requested along with a FULLY completed application must be given. If the application is incomplete for whatever reason or if it is missing ANY paperwork, the application will be returned. There will be NO exceptions.

(1) PROVIDE THE INFORMATION INDICATED IN THE APPLICATION REQUIREMENT PAGE INCLUDED IN THIS PACKAGE.
(2) DROP OFF (DO NOT MAIL, FAX OR E-MAIL) THE COMPLETE APPLICATION AND THE CORRESPONDENT PAPERWORK TO THE UNLIMITED PROPERTY MANAGEMENT OFFICE AT 7665 NW 50 STREET, MIAMI, FL 33166.
(3) SINCE THIS IS A STANDARD APPLICATION FORMAT, PLEASE CONTACT OUR OFFICE FOR SPECIFIC REQUIREMENTS REQUESTED BY THE ASSOCIATION YOU ARE CURRENTLY APPLYING FOR, SUCH AS RENTAL DEPOSIT, MOVING FEE, RENTAL RESTRICTIONS, ETC.
APPLICATION REQUIREMENT LIST

**PLEASE BE AWARE THAT THIS PROCESS TAKES 15 BUSINESS DAYS, IT CANNOT BE RUSHED AND NONE OF THE FEES ARE REFUNDABLE**
This process may also take longer than expected due to the delay of the Board of Director to give an approval. Some Board of Directors may require an interview face-to-face with the new owners and / or prospective tenant.

At the time of turning in the application, the items requested below MUST be presented for ALL applicants over the age of 18 and all the documents requested, along with a FULLY completed application must be given. If the application is incomplete for whatever reason or if it is missing ANY paperwork, the application will be returned unprocessed. There will be NO exceptions.

Please be advised that once your Certificate of Approval is ready, the APPLICANT will receive a notification from our office.

APPLICATION REQUIREMENTS

- Completed Application (Social Security No., Auto Tag No., Date of Birth, No. of cars, Name of Applicants, Employment, Etc.) No questions should be left blank. If it does not apply, please write N/A.

- If the person filling out the form is a tenant, it must provide copy of the lease contract in place.

- Copy of driver’s license for everyone over the age of 16. If you do not have a driver’s license please provide a copy of a U.S. given picture ID. If you do not have a SSN or a U.S. picture ID please provide a copy of your passport (info page) and copy of visa.

- Residential Screening Request Forms (1 page) PER APPLICANT OVER 18.

- A MONEY ORDER or CASHIER'S CHECK payable to Unlimited Property Management in the amount of $60.00 for the Application Fee and $40.00 for every applicant 18 and over for the **screening criminal background report fee. (NO PERSONAL CHECKS, COMPANY CHECKS, CREDIT CARD OR CASH ACCEPTED)**.

Example-- if 2 adults are applying the total amount due would be $140.00 ($60.00 application fee, $40.00 per adult for screening criminal background fee).

**The screening background check that will be conduct includes all criminal records within the US, nationwide sexual offenders, sexual predator, US Patriot Act, FBI's most wanted, as well as all eviction and terrorism records.
APPLICATION FOR ADDITIONAL OCCUPANT

The maximum number of additional occupants allowed will be determined by the Association's documents and the actual number of approved occupants living at the property.

Community Name: ____________________________
Physical Address of property: ____________________________
Approved Occupant Name (owner/tenant): ____________________________

No. of additional occupants that will be residing in the Unit: ____________________________

Applicant No. 1: ____________________________ Birth Date: ___________ Soc. Sec. No.: ___________
Relationship with the actual occupant: ____________________________
Phone # 1: ____________________________ Alternate #: ____________________________ Email: ____________________________
Place of Work/Educational Institution: ____________________________
Applicant No. 2: ____________________________ Birth Date: ___________ Soc. Sec. No.: ___________
Relationship with the actual occupant: ____________________________
Phone # 1: ____________________________ Alternate #: ____________________________ Email: ____________________________
Place of Work/Educational Institution: ____________________________
Applicant No. 3: ____________________________ Birth Date: ___________ Soc. Sec. No.: ___________
Relationship with the actual occupant: ____________________________
Phone # 1: ____________________________ Alternate #: ____________________________ Email: ____________________________
Place of Work/Educational Institution: ____________________________
Applicant No. 4: ____________________________ Birth Date: ___________ Soc. Sec. No.: ___________
Relationship with the actual occupant: ____________________________
Phone # 1: ____________________________ Alternate #: ____________________________ Email: ____________________________
Place of Work/Educational Institution: ____________________________

No. of cars you will park at this address: ____________________________
If the additional vehicles do not fit in the property's driveway or assigned parking spots, the Association has no obligation to provide additional parking.

Make and Model: ____________________________ Color: ____________________________ Year: ___________ Plate No.: ____________________________ State: ____________________________
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Make and Model: ____________________________ Color: ____________________________ Year: ___________ Plate No.: ____________________________ State: ____________________________

I, ____________________________ certify that all the information above provided is correct and I take full responsibility for the people above mentioned while living with me. I will also take responsibility for the additional occupant(s) abiding the Association's regulations.

Signature: ____________________________ Date: ____________________________

7665 NW 50 Street, Miami, FL 33166
Phone: (305) 553 9731 Fax: (305) 553 9732