RENTAL / PURCHASE APPLICATION 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 new owners and / or prospective tenant.

The following applies to any real estate transaction involving the sale/purchase, rental, or transfer of any condominium or homeowners Association unit. Please be advised that no one can move into the desired unit until a written approval is obtained (this applies for purchase, rentals and leases). Failure to comply with this regulation may result in disapproval of the tenants or buyers and/or fines. 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 CORRISPONDENT 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.

FOR SALES ONLY: Please make sure that before you close on your unit, the following information has been requested:

- Please be advised that a FINAL APPROVAL will not be released until an Estoppel has been given by the Association as well as the Association's attorney (if applicable)
- ESTOPPEL INFORMATION: Please refer to the Estoppel Procedure and Schedule Fee Format at www.unlimitedpm.com
- CONDO/PUD QUESTIONNAIRE (IF REQUIRED BY LENDERS): Please refer to the Estoppel Procedure and Schedule Fee Format at www.unlimitedpm.com
- It is the seller's responsibility to provide you with a copy of the Condominium's Documents (by-laws, rules and regulations, Declaration of Condominium). If the seller does not have a copy of the Condominium Documents, we can provide you with a copy at the cost of $ 100.00 (NO PERSONAL CHECKS, COMPANY CHECKS, CREDIT CARD OR CASH ACCEPTED).
- Once the sale is final it is imperative that you or your closing agent forward a copy of the warranty deed indicating date of closing and name(s) of new owner(s). If this is not done, we will NOT update your records due to lack of written proof of new ownership.

7665 NW 50 Street, Miami, Fl 33166
Phone: (305) 553 9731 Fax: (305) 553 9732
www.unlimitedpm.com
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.

- Copy of Lease Agreement or Contract of sale/purchase.

- Employment letter or last two paystubs for each employed person. In the event that the person is self-employed, please provide us with a copy of the latest taxes and the last three bank statements. If none of these apply in your case, please contact our office for further instructions.

- 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 PER APPLICANT OVER 18.

- Lease Rider **signed by the landlord and the prospective tenant** (RENTAL ONLY)

- A MONEY ORDER or CASHIER'S CHECK payable to Unlimited Property Management in the amount of $100.00 for the application fee and $60.00 for every applicant 18 and over for the **screening background and credit report fee. (NO PERSONAL CHECKS, COMPANY CHECKS, CREDIT CARD OR CASH ACCEPTED).**
  
  Example – if 2 adults are applying the total amount due would be $220.00 ( $100.00 application fee, $60.00 per adult for screening background and credit report 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.

NOTE: Print legibly. Answer all questions (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.

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Phone: (305) 553 9731    Fax: (305) 553 9732
www.unlimitedpm.com
APPLICATION FOR: _______ PURCHASE/SALE _______ RENTAL

Community Name: ____________________________________________________________

Physical Address of property: __________________________________________________

No. of adults (over age 18) that will be residing in the unit: _______________________

Applicant # 1: ___________________________________________ Birth Date: __________

Applicant # 2: ___________________________________________ Relationship with App. #1: ___________________ Birth Date: __________

Applicant # 3: ___________________________________________ Relationship with App. #1: ___________________ Birth Date: __________

Applicant # 4: ___________________________________________ Relationship with App. #1: ___________________ Birth Date: __________


Names and ages of children's: __________________________________________________

No. of pets (Breed, Color, Size, etc.): __________________________________________

No. of cars you will park at this address: ________________________________

Make and Model: __________________ Color: _______ Year: _______ Plate No.: _______ State: _______

Make and Model: __________________ Color: _______ Year: _______ Plate No.: _______ State: _______

Make and Model: __________________ Color: _______ Year: _______ Plate No.: _______ State: _______

Phone # 1: ___________________________ Alternate #: __________________________ Email: ______________________

RESIDENCE HISTORY

Current Address: ____________________________________________________________

City: ___________________ State: __________ Zip Code: _________________________

How long have you been living in this property? ________________________________

Landlord: ___________________________ (Please specify if you are the owner) Phone ___________________________

EMPLOYMENT REFERENCE

Applicant No. 1  Employer: ___________________________ Phone No.: __________________

Address: ___________________________________________ Position: __________________

How long have you been working in this company? ________ Monthly Income: __________

Applicant No. 2  Employer: ___________________________ Phone No.: __________________

Address: ___________________________________________ Position: __________________

How long have you been working in this company? ________ Monthly Income: __________
LEASE RIDER

THIS FORM IS TO BE USED FOR RENTAL APPLICATIONS ONLY

In the event the LESSOR (OWNER) becomes delinquent in the payment of any monthly maintenance assessment due to the Condominium Association and if such delinquency continues for a period excess of ten (10) days, the LESSEE (TENANT) upon receiving written notice of such delinquency from the Condominium Association or it's Agent, shall pay the full amount of such delinquency as set forth in said notice to the Condominium Association, in care of the Management Company for the benefit of the Condominium Association.

LESSEE is authorized to deduct from rental payment due to the LESSOR the amount paid to cure the delinquency. It is understood and agreed by the LESSOR that the LESSEE shall continue to pay the monthly maintenance payments thereafter until the expiration of the lease. It is further understood and agreed such deduction from the rental payment will not constitute default of rent to the LESSOR.

It is understood the association has the right to evict the tenant(s) for non-payment of the Association's assessments with seven (7) days notice. Additionally, the LESSOR understands that if rent payments are not given to him/her personally due to the fact that they have a debt with the Condominium Association and the LESSEE is paying the debt as stated above, the LESSOR cannot pursue eviction for failure to receive funds personally.

Unit Address: __________________________________________

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<th>Lessor (Landlord) name printed</th>
<th>Lessor (Landlord) Signature</th>
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PERSONAL REFERENCES, RULES AND REGULATIONS RECEIPT, and AUTHORIZATION DISCLOSURE

Personal references (the phone numbers must be within the U.S.)

Name: ___________________________ Phone: ___________________________

Name: ___________________________ Phone: ___________________________

Name: ___________________________ Phone: ___________________________

RULES AND REGULATIONS RECEIPT / AUTHORIZATION DISCLOSURE

I WE /hereby confirm that I have received – and will read or have read – a copy of the Rules and Regulations, governing the use, responsibilities, safety, security, trash, architectural control, parking registration rules, pets, sales or lease, and burglar alarms of Condominium Association. This unit cannot be subleased or sublet partial or total. I understand that failure to comply with the Rules and Regulations and governing documents will result in fines, as prescribed by the law.

I / WE hereby authorize Unlimited Property Management, LLC to investigate the information supplied by the applicant(s) on this application as well as, the given references as may be deemed necessary for this screening procedure.

I / WE understand and authorize that Unlimited Property Management\ LLC requests a background check and a credit report for all applicants over the age of 18. Said reports will be seen by Unlimited Property Management, LLC, the Board of Directors and if requested by the landlord. I / WE confirm that the background forms required have been signed by me / us.

I / WE understand that this application is subject to approval from the Landlord and Board of Directors of the Association. The applicant(s) agree, not to hold Unlimited Property Management, LLC and or the owner / Association / Landlord reliable for the information contained within the reports received by their investigators. All reports will be obtained under the regulations of the FCRA-Fair Credit Reporting Act.

I / WE hereby state that the information provided in this application is truthful to the best of my knowledge.

I / WE understand that the application process CANNOT BE RUSHED, that it takes 15 business days, AND THAT 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.

Applicant No. 1: ___________________________ Signature: ___________________________ Date: ___________________________

Applicant No. 2: ___________________________ Signature: ___________________________ Date: ___________________________

Applicant No. 3: ___________________________ Signature: ___________________________ Date: ___________________________

Applicant No. 4: ___________________________ Signature: ___________________________ Date: ___________________________
BROWN’S BACKGROUND CHECKS
CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER
Unlimited Property Management LLC.

I understand that you may obtain consumer reports that relate to my credit and/or criminal history. This information will, in whole or in part, be obtained from AISS, a Sterling Info systems Company, 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal, state and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my credit and/or criminal history.

I authorize, without reservation, any party, institution, or agency contacted by AISS to furnish the above mentioned information:

Applicant Name

/ / Date of Birth*

Social Security Number

*Date of Birth is requested in order to obtain accurate retrieval of records.

Co-Applicants Name

/ / Date of Birth

Social Security Number

Alias/Previous Name(s)

Current Physical Address

City & State

Zip code

☐ California, Minnesota & Oklahoma Applicants Only: Please check here to have a copy of your consumer report sent directly to you.

Notice to CALIFORNIA Applicants
Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

SIGNATURE ____________________________ DATE __________________

Co-Applicant

SIGNATURE ____________________________ DATE __________________