



The following applies to any real estate transaction involving the sale, 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 apply for transfers, 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 owner is responsible).

PLEASE READ CAREFULLY

This application will not be processed unless the following items are attached:

- (1) A MONEY ORDER, CASHIER'S CHECK OR COMPANY CHECK PAYABLE TO **Unlimited Property Management** IN THE amount of **\$160.00 for the first applicant and \$60.00 for every additional applicant 18 and over.** (NO PERSONAL CHECKS OR CASH ACCEPTED)
- (2) A COPY OF THE CONTRACT OF SALE (IF A **PURCHASE**) OR A COPY OF THE LEASE (IF **RENT OR LEASE**).
- (3) EMPLOYMENT LETTER FOR EACH PERSON **OR** A COPY OF TWO MOST RECENT PAY STUBS. IN THE EVENT THAT THE PERSON IS SELF EMPLOYED OR OWNS A BUSINESS PLEASE PROVIDE PROPER DOCUMENTATION OF BUSINESS.
- (4) COPY OF A PICTURE ID OF EVERYONE WHO IS GOING TO OCCUPY THE UNIT OVER THE AGE OF 16

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

- (1) **ESTOPPEL INFORMATION, Fee \$ 150.00**
- (2) **CONDO/PUD QUESTIONNAIRE (IF REQUIRED BY LENDERS), Fee \$150.00 (NO PERSONAL CHECKS ACCEPTED. PLEASE).** In order to receive your Certificate of Approval you must have received and reviewed the By-Laws of the Association. **ONCE THE SALE IS FINAL IT IS IMPERATIVE THAT YOU OR YOUR CLOSING AGENT FORWARD A COPY OF THE WARRANTY DEED OR SETTLEMENT STATEMENT 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.**

It is the seller's responsibility to provide you with a copy of the Declaration of Condominium. If the seller does not have a copy of the Declaration of Condominium, we can provide you with a copy at the cost of \$ 100.00 The Declaration of Condominium encompasses all of the associations' rules and regulations, procedures are listed with regards to annual election, amending the Declaration of Condominium it is very informative and we highly recommend that you acquire a copy. Unlimited Property Management is the Management Company for the community association you are applying for. We receive and process all information with regards to the sale, transfer, or lease of a unit. Once we receive the completed application (including payment and necessary documentation) we investigate the information you provide. We comprise the findings on a report, which is given to the Board of Directors along with your application packet. If all requirements are met, the Board of Directors will sign a Certificate of Approval. The Certificate of Approval needs to be recorded with Miami-Dade County; **the original Certificate of Approval must therefore be picked up.** Unlimited Property Management, INC. will contact you as soon as the process is complete and your Certificate of Approval is ready. ****PLEASE BE AWARE THAT THIS PROCESS CAN TAKE UP TO 15 WORKING DAYS AND THAT NONE OF THE FEES ARE REFUNDABLE**** This process may take longer than expected due to the delay of the Board of Director to give an approval. Please be advised that you must request your parking decals (IF APPLICABLE) upon receiving your Certificate of Approval. Also, please be advised that some of Board of Directors may require an interview face-to-face with the new owners.



7655 NW 50 Street Miami, FL 33166
Tels: (305) 553-9731 Fax: (305) 553-9732
e-mail: info@unlimitedpm.com

Applicants Check List

Date: _____

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 MONEY ORDER, CASHIER'S CHECK OR COMPANY CHECK PAYABLE TO **Unlimited Property Management** IN THE amount of **\$160.00 for the first applicant and \$60.00 for every additional applicant 18 and over.** (NO PERSONAL CHECKS OR CASH ACCEPTED)

_____ All question must be answered. (Social Security No., Auto Tag No., Date of Birth, No. of cars, Name of Applicants, Employment, Etc.) No questions should be left blank.

_____ Copy of Lease Agreement or Contract, the telephone number and name and address of the landlord. **HOWEVER**, if you are the owner of your current home and you are renting it please specify it on the line we have provided for you in the application form.

_____ **If IS a RENTAL**, the association requires a deposit of: _____. This deposit needs to be a personal check payable to: _____

_____ EMPLOYMENT LETTER FOR EACH PERSON **OR** A COPY OF TWO MOST RECENT PAY STUBS. IN THE EVENT THAT THE PERSON IS SELF EMPLOYED OR OWNS A BUSINESS PLEASE PROVIDE PROPER DOCUMENTATION OF BUSINESS.

_____ Copy of Picture Id's for everyone who is going to reside in the unit over the age Of 16.

_____ Bring the – RULES & REGULATION RECEIPT – to your Condominium interview.

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

Application papers were received by:

(UNLIMITED PROPERTY MANAGEMENT). Representative)

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



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NOTE: Print legibly or type. Answer all questions on pages of this application. If not complete or blank spaces, this application may be returned or not approved.

APPLICATION FOR: _____ Sale _____ RENTAL (Check applicable one)

Community Name: _____ Unit No. _____

Address: _____

Owner Acct. No.: _____ Desired date of occupancy: _____

NAME: _____ Birth Date: _____ Soc.Sec.No.: _____

Applicant NO. 2: _____ Birth Date: _____ Soc.Sec.No.: _____

Marital Status: (____) Single (____) Married (____) Divorced (____) Widowed

No. Of adults (over age 18) who will live here: _____

Names and ages of children's: _____

No. Of pets (Breed, Color, Size, etc.): _____

No. Of cars you will park at this address: _____ Drivers Lic. No.'s: _____

Model: _____ Year: _____ Plate No.: _____ State: _____

Model: _____ Year: _____ Plate No.: _____ State: _____

Phones. Home: _____ Cell: _____ Other: _____

RESIDENCE HISTORY

1. Present Address: _____ How long: _____

City: _____ State: _____ Zip Code: _____ Phone No.: _____

Landlord: _____ Phone No: _____

(Please specify if you are the owner)

2. Previous Address: _____ How long: _____

City: _____ State: _____ Zip Code: _____ Phone No: _____

Landlord: _____ Phone No.: _____

EMPLOYMENT REFERENCE

1. Employer: _____ Phone No.: _____

Address: _____

Position: _____ How long: _____ Mthly Income: _____

2. Applicant NO. 2 Employer: _____ Phone No.: _____

Address: _____

Position: _____ How long: _____ Mthly Income: _____



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PERSONAL REFERENCES

1.)Name: _____ HomeNo.: _____

City: _____ State: _____ Work Phone No.: _____

2.)Name: _____ HomeNo.: _____

City: _____ State: _____ Work Phone No.: _____

3.)Name: _____ HomeNo.: _____

City: _____ State: _____ Work Phone No.: _____

Have you ever had any legal conflict with a landlord?: _____

Have you ever been evicted from a previous residence?: _____

This application is subject to acceptance by the Owner/Association/ Landlord. The applicant understands that the Owner/Association/Landlord will authorize **Unlimited Property Management, LLC** . To act as their agent to investigate the information supplied to the applicant on this application from **Unlimited Property Management, LLC**. (and the Owner/Association/Landlord) will not be liable or responsible for any inaccurate information in their report, caused by illegibility or wrong information on this information, given by the applicant. The applicant agrees, not to hold **Unlimited Property Management, LLC** and/or the Owner/Association/Landlord reliable for the reports received by their investigators. All reports will be obtained under the regulations of the FCRA-Fair Credit Reporting Act. The applicant agrees to sign the Authorization Form, needed by **Unlimited Property Management, LLC** . to receive the requested information concerning the banking, employment, credit and residence information in reference to this application. **Unlimited Property Management, LLC**. may investigate all given references as deemed necessary and may also require a credit report through a credit reporting agency. All investigation reports will be handled confidentially and only the results will be reported to the Owner/Association/Landlord or authorized persons. By signing this application the applicant authorizes the Owner/Association/Landlord and their agent **Unlimited Property Management, LLC**. To investigate the information supplied.

Attached is the signed Authorization Form for release of information. DATE : _____

Print Name: _____ Print Name: _____

Signature: _____

APPLICANT

Signature: _____

APPLICANT'S SPOUSE



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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: _____

Lessee Signature

Date

Lessor Signature

Date



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AUTHORIZATION FORM

APPLICANT (S): This authorization form will be used only to obtain and verify information with your employers, banks, and financial institutions and credit organizations, which require your signature and name printed. You gave this information in connection with your purchase/rental/lease application as attached.

**AUTHORIZATION TO RELEASE INFORMATION ABOUT MY:
EMPLOYMENT, BANKING, CREDIT, & RESIDENCE**

The requested information will be used in reference to my purchase/rental/lease application. I hereby authorize you to release any and all information concerning my employment, banking, credit, and residence and give this information to:

Unlimited Property Management

I hereby authorize Unlimited Property Management to investigate all statements contained in my application as may be necessary. I understand that I hereby waive any privileges I may have regarding the requested information to release it to the above named party. A copy of this form may be used in lieu of the original.

Sincerely,

Unlimited Property Management, LLC

Applicant's Printed Name

Applicant's Signature

Date

Applicant's Printed Name

Applicant's Signature

Date



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RULES AND REGULATIONS RECEIPT

I here by confirm that I have received – **and will 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.** Approval for occupancy for the unit is hereby granted to the Declaration of the Condominium with the full approval of the present Board of Directors

I understand that failure to comply with these Rules and Regulations and governing documents will result in fines, as prescribed by the law.

No. Of adults (over age 18) who will live here: _____

Number of Children: _____

Number of cars: _____

No. Of pets, if applicable (Breed, Color, Size, etc.)

Signature: _____

Please print your name

Signature: _____

Please print your name

Property Address: _____

Date: _____

Approved by: _____
Board Member Signature Title Date

Print your name

Property Manager: _____
Signature Print Name Date