

fiftysixsixty

MIAMI BEACH, FLORIDA 33140

COLLINS AVENUE
CONDOMINIUM, INC.

APPLICATIONS FOR PURCHASE, GIFT, DEVISE OR INHERITANCE APPROVAL

1. This application and the attached for occupancy and authorization forms must be completed in detail by the proposed purchaser.
2. If any question is not answered or left blank, this application will be returned, not processed and not approved.
3. Please attach a copy of the sales contract to this application.
4. Please attach a non-refundable processing fee of \$100.00 to this application made payable to the Association. Acceptance of the \$100.00 processing fee does not in any way constitute approval of this transaction.
5. The completed application must be submitted to the association office at least 30 days prior to the expected closing date.
6. All applicants must make themselves available for a personal interview prior to the final Board of director's approval. Occupancy prior to board approval is prohibited.
7. The seller (current owner) must provide the purchaser with a copy of all condominium documents.
8. Purchaser must notify the association with the exact date of their closing.
9. Moving of furniture in or out of a unit is not permitted on Saturday, Sunday or holidays. Moving hours are 9:00AM to 5:00PM, Monday thru Friday.

YOU MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Date: _____ Unit No. _____ Approx closing date: _____

Owners Names:

1) _____ Phone # _____
2) _____ Phone # _____

Name of realtor handling sale: _____ Phone# _____

Name of prospective Purchaser (as Title will appear):

a) _____ b) _____

Other person who will occupy the unit with you

<u>Name</u>	<u>Age</u>	<u>Relationship/Occupation</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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Have you ever or permanently reside in Florida before? _____ if is yes, please state the name, address and dated of residency:

Names: _____

Address: _____

City/State: _____

Zip code: _____

If retired, please state the company's name and address retired from and when retired:

Name: _____

Address: _____

City/State: _____

Zip code: _____

In making the foregoing application, I represented to the Board of Directors that the purpose for the purchase of a Unit at 5660 Collins Avenue Condominium Inc is as follows:

Permanent Residence: yes / no

Seasons Residence: yes / no

Other: yes / no (if is yes, explain below)

RESIDENTIAL APPLICATION

- INSTRUCTIONS: 1. If applicants are not legally married, an application on each person must be completed.
2. Print legibly or type all information. Account and telephone numbers and complete addresses are required.
3. If any question is not answered or left blank, this application may be returned, not processed and not approved.
4. Missing information will cause delays in processing your application.
5. Only the applicants are authorized to sign all forms.

APPLICATION FOR OCCUPANCY / APPROVAL

Purchase _____ or Lease _____ (how long) Apt. No. _____ Date _____ 20____ Desired date of occupancy _____ 20____

Name _____ Date of Birth _____ Social Security No. _____
(Passport, Alien, Green Card, Social Insurance No.)

Spouse _____ Date of Birth _____ Social Security No. _____
(Passport, Alien, Green Card, Social Insurance No.)

() Single () Married () Widow(er) () Separated _____ () Divorced _____ Maiden Name _____
(How Long)

Number of persons who will occupy: Adults (over age 18) _____ Children (over age 18) _____ Children (under age 18) _____

Names and ages of children who will occupy: _____

In case of emergency notify: _____ / _____ () _____
Name Full Address Relationship Telephone

PART 1 - RESIDENCE HISTORY

A. Present Address _____ Phone (____) _____
(Street Address, Apt. No., City, State, Zip Code, Country)

Name of Apt. / Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____
(Street, City, State, Zip code)

B. Previous Address _____ Phone (____) _____
(Street Address, Apt. No., City, State, Zip Code, Country)

Name of Apt. / Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____
(Street address, City, State, Zip Code)

C. IF EITHER / BOTH ADDRESSES ABOVE ARE LESS THAN ONE (1) YEAR, PLEASE ENTER PRIOR ADDRESS BELOW:

Prior Address _____ Phone (____) _____
(Street Address, Apt. No., City, State, Zip Code, Country)

Name of Apt. / Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____
(Street address, City, State, Zip Code)

PART 2 - EMPLOYMENT

A. If Retired: Monthly Income _____ (or) Annual Income _____

B. Employed By (Business Name) _____ Phone (____) _____

How Long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip Code _____

Street address, City, State, Zip

(continued on the following page) ↘

APPLICATION FOR OCCUPANCY / APPROVAL

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Self - Employed - (When Applicant is self - employed):

Business Name _____ Phone (____) _____
Type of Business _____ State of Incorporation or Filing _____
Name of Business Accountant _____ Phone (____) _____
Address of Business Accountant _____ Zip Code _____
Name of Business Attorney _____ Phone (____) _____
Address of Business Attorney _____ Zip Code _____

Previous Employment (Business Name) _____ Phone (____) _____
How Long _____ Dept. or Position _____ Mo. Income _____
Address _____ Zip Code _____

C. Spouse's Employment (Business Name) _____ Phone (____) _____
How Long _____ Dept. or Position _____ Mo. Income _____
Address _____ Zip Code _____

Self - Employed - (When Applicant is self - employed):

Business Name _____ Phone (____) _____
Type of Business _____ State of Incorporation or Filing _____
Name of Business Accountant _____ Phone (____) _____
Address of Business Accountant _____ Zip Code _____
Name of Business Attorney _____ Phone (____) _____
Address of Business Attorney _____ Zip Code _____

Previous Employment (Business Name) _____ Phone (____) _____
How Long _____ Dept. or Position _____ Mo. Income _____
Address _____ Zip Code _____

PART 3 - BANK REFERENCES

A. Bank Reference _____ Phone (____) _____
Address _____ Zip Code _____
How Long _____ Checking Acct. No. _____ Savings Acct. No. _____

B. Bank Reference _____ Phone (____) _____
Address _____ Zip Code _____
How Long _____ Checking Acct. No. _____ Savings Acct. No. _____

(continued on the following page)

APPLICATION FOR OCCUPANCY / APPROVAL

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PART 4 - THREE (3) CHARACTER REFERENCES -NO RELATIVES

1. Name _____ Res. Phone () _____ Office Phone () _____
Address _____ Zip Code _____
2. Name _____ Res. Phone () _____ Office Phone () _____
Address _____ Zip Code _____
3. Name _____ Res. Phone () _____ Office Phone () _____
Address _____ Zip Code _____

VEHICLES

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____
Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____
Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

Applicant's Driver's Lic. No. [#1] _____ State _____ [#2] _____ State _____
Spouse's Driver's Lic. No. [#1] _____ State _____ [#2] _____ State _____
Number of Cars (to be parked here) _____

TELEPHONE NUMBER WHERE APPLICANT MAY BE REACHED DURING PROCESSING PERIOD () _____ ADDRESS
WHERE APPLICANT MAY BE REACHED DURING PROCESSING PERIOD _____

If this application is NOT legible or is not completely and accurately filled out, the landlord / owner and their agent , we are not be liable or responsible for any inaccurate information in the investigation and related report (to the landlord / owner) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, *Fiftysixsixty Inc.*, may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the landlord / owner. The investigation may be made of the applicant's character, general reputation, personal characteristics, financialsolvency, credit standing, police arrest record and mode of living as applicable.

Signature _____ Date _____
Applicant

Signature _____ Date _____
Co - Applicant



AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize, _____ herein referred to as *Association* and/or its assigns to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for occupancy. Said report may contain information about me from consumer reporting agencies including but not limited to indebtedness, mode of living, present and previous employers and/or employment contracts, driving record/license, validity of social security number, personal references, criminal records, credit history through a consumer credit report, and any information that I have disclosed on my applications and/or any attachments, exhibits.

I authorize the *Association* may contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by the *Association* to furnish the above mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and/or resumes are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed affect my application.

This authorization and consent shall be valid in original, fax or photocopy form.

I authorize the ongoing procurement of the above-mentioned information/reports by the *Association* at any time during my occupancy with the *Association*.

The nature and scope of the consumer report and/or investigative consumer report along with the name, address and telephone number of the agency providing the report will be disclosed to you upon timely written request, and within 5 days of the request.

A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your Rights Under FCRA along with the name, address and telephone number of the agency furnishing the information will be provided before any adverse action is taken by the *Association* based on information contained in the report.

Upon proper identification and payment permissible by law, you have the right to request from the *Association* a copy of any information in its file on you at the time of your request.

By signing below, I acknowledge understanding of the purpose of this Authorization Form and its intended use.

Applicant Information

Print Name: _____ Social Security Number: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Driver License Number: _____ Driver's License State _____

IMPORTANT: The following information will be used by United Screening Services Corporation for identification purposes only to perform a background check. This information will not be used as part of the decision process of your prospective Association.

Maiden, Other and/or Former Name(s) _____
Race/National Origin: _____ Gender: Male Female Date of Birth: _____
Signature: _____ Date: _____