

Welcome to Midtown Doral. We are very glad you decided to be part of our Community and we hope you will be able to go through this application process successfully and in the shortest time possible.

Here you will find all the necessary information and steps to make this process easy and smooth. In the event you will have any doubt, require more information about how to fill the application, or need to follow up on your application status, do not hesitate to contact us. Please send in your application by mail, complete with all the requested support documents or deposit in the mail box located for this purpose outside of our offices located at:

#### RENOVATIONS PROPERTY MANAGEMENT

10855 NW 33<sup>rd</sup> Street, Doral FL 33172 Toll-Free: 1 (855) 9-CONDO HELP (26-6364)

Phone: (305) 883-5681 | Email: <a href="mailto:info@renovationspm.com">info@renovationspm.com</a>
Or VISIT OUR WEBSITE AND CHAT LIVE WITH AN OPERATOR
www.renovationspm.com Office Hours: Monday - Friday from 9:00 am to 4:30 pm

Any missed document or information, will negatively affect your application. Incomplete applications will not be processed. Please take the necessary time to prepare and review your application carefully. Return the completed application to the management office at least 15-20 days prior to moving into the Association.

No lease of a unit shall be for a period of less than six (6) months and no unit shall be leased more than two (2) times in any twelve (12) month period.

New owners are responsible for providing the certificate of title or warranty deed to be updated within the community database and request a coupon book. Please ensure you read the Association's Governing Documents and comply with our established procedures, Rules and Regulations.

Master and Condo Association's governing documents, mailbox and common area keys must be provided to the new residents by the actual unit owner.

No rental or sale will be completed without the certificate of approval from the Association. This certificate will be given within 48 hours of the interview. You will be contacted as soon as the certificate of approval is ready for pick up, it will be valid for 30 days. Applicants cannot move in until the approval is granted and the interview completed.

The outside of the front door is the responsibility of the Association and the owner/renter shall not have anything hanging or attached to it, without prior approval of the Board. If any owner/renter damages the paint on the front door will be responsible for fixing/paying for it.

Moving and deliveries shall be allowed the hours of 9:00 am to 4:00 pm Monday through Friday. Saturdays from 10:00 am to 2:00 pm. One moving per day is permitted and must be requested in advance using the reservation form provided in this package. No Move-in or Move-Out is permitted on Sundays or Holidays or after hours. Please make all necessary arrangements to comply with the provided Rules and Regulations.

Thank you,

Renovations Property Management



### APPLICATION FOR LEASE, PURCHASE, LOAN OR COMMODATUM

#### **REQUIREMENTS AND CHECKLIST**

Non-Refundable Application Fee of 100.00 "Husband & Wife and or Parent/Dependent Child". Any applicant applying as a dependent and/or married couple must provide proof of such status (Valid Proofs: Marriage Certificate, Tax Returns); any other adult must pay an additional \$100.00 (per adult). Payable with Money Order or Cashier's Check to: <b>RENOVATIONS PROPERTY MANAGEMENT LLC.</b>
Property Owner for Lease, or Purchaser, must provide a \$500 cashier check payable to MIDTOWN DORAL CONDOMINIUM 1 ASSOCIATION, INC. as a move in/out refundable security deposit. It will be reimbursed in full if:  1. No damage is caused to common areas elements (elevators, carpets, walls, etc.), 2. Unauthorized objects are not to be left in the trash rooms, 3. Resident do not extend the moving process out of the authorized period, 4. If no fines or violation notices are pending, and 5. If Master and/or Condo monthly fees payments are on time for the unit.
Copy of the complete LEASE AGREEMENT, SALES CONTRACT, LOAN OR COMMODATUM must be included within the application package signed by all parties. Not double sided documents permitted.
Proof of Income (3 Months) of each adult applicant.
A valid Florida Driver's License or Identification Card, U.S. Passport or other U.S. Government issued photo identification of each adult resident. Provided documents copies need to be legible and in color.
Provide vehicle registration and insurance of every car or motorcycle you are going to park in the community.
DO NOT MOVE IN WITHOUT THE BOARD OF DIRECTOR'S APPROVAL
Received by Management:



### PROPERTY OWNER INFORMATION SHEET

NOTE: Print legibly or type all information. Complete all questions and fill in blanks.

Property Address:			
Current Unit Owner Name (s)			
Owner's Alternative Address:			
Home Telephone:	Work:	Cell:	
Owner Email(s):			
Authorization for Electronic Co	mmunications Yes No		
Owner Name:		Phone:	
Owner Name.		FIIONE.	
Owner Signature:		Email:	



### **APPLICANT INFORMATION**

Please check mark the one	e that applies to	our application	уре:		
Purchase: Lease:	] Loan: Co	ommodatum:			
If not a purchase, Term of	the contract: B	eginning date		, endin	g date
LEADING APPLICANT INF	ORMATION:				
Applicant's Name			ε	Date of Birth	
Relationship	Last 4 S	SS#	Driver's Lic	cense#	
Police RecordsYes	No Are you a r	military service me	mber?	Yes	No.
"Service member" means any and all members of the Florida					
Current Address:		City/	State:		Zip Code:
Home Telephone:	Cell:		Email: _		
Employer:	Po	osition:		Work Pl	n:
Current Address:		City/ State:			_ Zip Code:
CO-APPLICANT INFORMA	TION				
Co-Applicant's Name			Г	ate of Birth	
Relationship	Last 4 S	SS #	Driver's Lic	cense #	
Police RecordsYes	No Are you a r	military service me	mber?	Yes	No.
"Service member" means any pand all members of the Florida	person serving as a National Guard and	member of the Unite United States Rese	ed States Armerve Forces. <u>250</u>	ed Forces on 0.01.(19), Flo	active duty or state active duty rida Statutes.
Current Address:		City	State:		Zip Code:
Home Telephone:	Cell:		Email:		
Employer:	F	Position:		Work F	Ph:
Current Address:		City/ State	i		Zin Code:



#### **INFORMATION ON HOUSEHOLD MEMBERS**

Name for all household members that will live in the property. In no event shall occupancy exceed two (2) persons per bedroom and one (1) person per den (as defined by the Association for the purpose of excluding from such definition living rooms, dining rooms, family rooms and the like).

1. Name	Age	Relationship			
2. Name	Age	Relationship			
3. Name	Age	Relationship			
4. Name	Age	Relationship			
5. Name	Age	Relationship			
6. Name	Age	Relationship			
	INDIVIDUAL'S LISTED ABOVE AR LD MEMBERS TO LIVE IN THIS PR				
Principal Applicant Name:	Signature:	Date:			
REFERENCES					
REF # 1 Name	Wo	rk/ Cell Telephone			
Current Address	City/ State	Zip Code			
REF # 2 Name	Wo	rk/ Cell Telephone			
Current Address	City/ State	Zip Code			
REF # 3 Name	Wo	rk/ Cell Telephone			
Current Address	City/ State	Zip Code			
CONTACT PERSON IN CASE OF AN	EMERGENCY SUCH AS A FIRE OR FL	OOD			
Name	Rela	Relationship			
Home Telephone	Work	Cell			



#### PET REGISTRATION FORM

A maximum of two (2) domesticated pets may be maintained in a Unit provided that such pets: (i) do not weigh more than fifteen (15) pounds each, and are: (ii) permitted to be so kept by applicable laws and regulations, (iii) not left unattended on balconies, terraces, patios and/or in common areas, (iv) generally, not a nuisance to residents of other Units or of neighboring buildings and/or Lots and (v) not a breed prohibited by applicable law or considered to be dangerous or a nuisance by the Board of Directors (in its sole and absolute discretion)

Leading Applicant's Name:				Unit #: _		
PET 1: Type of Pet (please circle one):	DOG	CAT	BIRD	OTHER		
Pet's Name: Ag	e: W	eight:	Weight at ful	I growth:	Color: _	
Breed	Pet's Licens	se / Tag Nu	mber:	Neuter	ed Yes	_No
Vaccines Information:						
PET 2: Type of Pet (please circle one):	DOG	CAT	BIRD	OTHER		
Pet's Name: Ag	ie: W	eight:	Weight at ful	l growth	Color: _	
Breed	_ Pet's Licen	ise / Tag Ni	ımber:	Neute	red Yes	_ No
Please attace photo of pet here			Please photo o	attach		
Leading A			enant to Sign		es and rost	riction

I am aware of MIDTOWN DORAL CONDOMINIUM 1 ASSOCIATION, INC. rules, regulations and restrictions regarding pets on the property and agree to abide by them.

Principal Applicant Name	: Signatur	re: Date	:



### **AUTHORIZATION RELEASE**

I/We hereby authorize MIDTOWN DORAL CONDOMINIUM 1 ASSOCIATION, INC. and/or Association's Property Management to make any investigation to confirm the information contained on this application for occupancy. I/We understand that this investigation may include, but not limited to: credit report, verification of employment and background check. I/We consent to the investigations and authorize and direct any employer, past or present, credit reporting agencies, banking institutions and law enforcement agencies to release to MIDTOWN DORAL CONDOMINIUM 1 ASSOCIATION, INC., this information without any liability. I/We further agree that MIDTOWN DORAL CONDOMINIUM 1 ASSOCIATION, INC.. Shall be held harmless from any action or claim by me/us in connection with the use of the information contained herein.

<u>APPLICANTS:</u> Most banks, financial institutions, mortgage companies and employers require your signature and name to verify information. Please complete the form below.

You are hereby authorized to release information to **Renovations PROPERTY MANAGEMENT, LLC.** Any and all information they request with regards to verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references. This information is to be used for my/our credit report for my/our application for Occupancy.

I/We hereby waive any privileges. I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the Association for their exclusive use only.

I/We further state the application for occupancy and authorization form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our proper signature.

I/We certify under penalty of perjury that the foregoing is true and correct.

Principal Applicant Name Signature Date

Co- Applicant Name Signature Date



### **OWNER-TENANT AGREEMENT**

By signing this letter, you are confirming that you did receive the following documents:

- Rules and Regulations
- Florida Statute in reference to association payments.

Pursuant to Florida Statute Section 720.3085(8) (A), the association has the right to collect rents directly from a tenant when the unit owner has outstanding amounts owed to the Condominium Association. If the owner of the unit is delinquent in its payments the tenant will pay the monthly maintenance.

By signing this agreement, the unit owner and the tenant, agree:

Tenants must follow the Rules and 15 days and subject to pay any pen		condominium; otherwis	e he/she will be evicted within
l Principal Applicant	on	, 20 received the	Rules and Regulations.
PROPERTY OWNER:			
Owner Name		Signature	Date
TENANT:			
Owner Name		Signature	



### **VEHICLE REGISTRATION FORM**

	VEHICLE 1	VEHICLE 2	MOTORCYCLE
MAKE			
MODEL			
COLOR			
YEAR			
LICENSE PLATE			
VEHICLE VIN#			
☐ Copy of current ve	ATTACH THE FOLLOW	VING DOCUMENTS: the license tag on the vehicle	e
<ul><li>☐ Copy of vehicle's i</li><li>☐ Copy of Driver's L</li></ul>	nsurance cards	G	
	Impoi	rtant:	
approved, Florida law re 10 days of the change.	quires that you must obtai	piration dates. Additionally in a new license showing y e your vehicle's registratio ty.	our new address within
	vill change your vehicle(s) s form to the management	during the time you will re	eside in Midtown Doral,
Principal Appli	cant Name	Signature	Date



# MOVE-IN / MOVE-OUT FORM Check list, elevator reservation and pre/post inspection.

Applicant's Name:		Apt. #:		Date:	
<b>Moving Company</b>					
	Date of Move:	, please	"X" on desired	l day/time:	
Morning week da	y: Afternoon we	ekday:	Saturo	lay morning:	
Worker's Compensa	m, I will provide a copy of the Contion Insurance naming Midtown Electrical INC. and Renovations PROPE	Ooral Master Ass	ociation, <u>MIDT</u>	OWN DORAL CO	ONDOMINIUN
subrogation rights.					
CONDOMIN submitted or final move of final move of the elevato one week by midtowncon Moving and from 10:00a reservation after hours.  The mover of the authoriz During the many wall, do	ided the Management Company IIUM 1 ASSOCIATION, INC. as note the common areas are inspectut occur.  If reservation is required and subjectore your move, visiting the Frodos@renovationspm.com.  Ideliveries shall be allowed the hour to 2:00pm. One moving per deform provided in this package. No Please make all necessary arrangecompany needs to provide the necest period of time.  Inove, any object as mattresses, papers, etc. in hallways, service lobby thout the above steps being taken	a move in/out ted and may take ect to schedule a cont Desk of Murs of 9:00 a.m. to ay is permitted. Move-in or Move tements to composessary staff and intings, mirrors, by or commercial services.	refundable see up to 2 weeks availability. Plead D1, by phone to 4:00 p.m. Mo and must be re-Out are perm ly with the provided equipment to ped-heads, etc. spaces of Midto	ecurity deposit. For final disburse as reserve the electric (786) 391-1421 conday through Fride equested in advanted on Sundays rided Rules and Recomplete the movey, SHALL NOT be own Doral.	Refund will be ement after the levator at leas or by email a day. Saturdays ance using the or Holidays or Regulations. we-in/out within
Princip	al Applicant Name	Sig	nature	D	ate
PRE-	DETAILS		APPLICANT SIGNATURE	MANAGEMENT SIGNATURE	TIME/DATE
INSPECTION					
POST- INSPECTION					