

CAM Firm License # CAB 4083 18901 SW 106th Ave Suite 210 Cuttler Bay FL 33157 Tel: 305-242-7174

www.ipmsmiami.com
ApplicationsDept@ipmsmiami.com

OWNER / TENANT REGISTRATION

Listed below are the procedures and documents required by the Association for lease and purchase registration:

- 1. A non-refundable processing fee payable to Innovative Property Management in the amount of \$130 per applicant, can be paid via online and money order only. (Legally married couples counts as one applicant. Must provide marriage certificate.)
- 2. All applicant(s) are required to complete a secure TransUnion Smartmove background check. An email will be sent separately for each applicant. A non-refundable fee payable to Innovative Property Management in the amount of \$25.00 must be provided per each applicant 18 years and older, can be paid via online and money order only.
- 3. Unit Owner form must be completed by the current buyer for purchases, or by the current owner and perspective tenants for leases.
- 4. Copy of valid driver's license for all applicant(s).
- 5. Vehicle Registration Form. (Not applicable for Investors).
- 6. Copy of valid vehicle registration and car insurance for each vehicle. (Not applicable for Investors).
- 7. Pet Registration Form.
- 8. Acknowledgement confirming receipt of the Association Rules and Regulations. All prospective applicant(s) must sign and notarize the Addendum to Purchase/Lease. (Pg.6)
- 9. Copy of the Executive Purchase or Lease Agreement.
- 10. Copy of the Section 8 HAP contract. (If applicable)

For Purchases

Title Company must contact the Management Company to obtain an Estoppel letter. The application will not be approved without a completed Estoppel. Estoppel must be requested by email to applicationsdept@ipmsmiami.com. The turnaround for the Estoppel is as follows: \$250.00 for (10) business days, or \$350.00 for (3) business days (RUSH) plus taxes and third-party service fee. If the account is delinquent a fee of \$150.00 may apply.

Application process may take up to ten (10) business days from the time the <u>completed</u> application is received in our office to receive an approval or a disapproval letter from the BOD.

UNIT OWNER FORM

FOR USE BY THE MANAGEMENT COMPANY

Application for occupa	ncy Purchase	Lease		
Property Address				
Owner's Information:	(Must be completed l	by the buyer for <u>purch</u>	lase and by the current o	wner for <u>lease</u>)
Name:				
Mailing Addre	ess:			
Phone Numbe	er			
Email Address	5			
Person(s) who will norn Full Name	mally occupy the unit: Relationship	<u>Date of Birth</u>	<u>Email</u>	Phone #
For tenants:				
Lease term is from		to		·

Last updated 12/05/2022 2

** Copy of the Section 8 HAP Contract (If applicable)

PERSONAL RELEASE FORM AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

IMPORTANT: Please read carefully before signing.

A consumer report and/or investigate consumer report including information concerning your character, employment history, rental history, personal characteristics, police record, credit and indebtedness may be obtained in connection with your rental application. A consumer report and/or investigate consumer report may be obtained at any time during application process. If adverse action is taken, based in whole or in part on the information contained in the consumer report, you are intitled to receive a denial letter. The name, address and telephone number of TransUnion Smartmove, and a summary of your rights under the Fair Credit Reporting Act will be included. If you have questions, please contact TransUnion Smartmove Customer Service at (866) 775-0961.

AUTHORIZATION

Your hereby authorize and request, without any reservation, any present of former employer, landlord, police department, financial institution, consumer reporting agencies, credit bureaus or other persons or agencies having knowledge about you to furnish TransUnion Smartmove with all background information in their possession regarding you, in order that your suitability as a potential tenant may be determined.

By signing below, you hereby authorize without reservation, any party or agency contacted by TransUnion Smartmove to furnish the above-mentioned information. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

Please print legibly to speed up process	sing time.	
Applicant #1 Full Name		
Applicant SSN		Applicant DOB
Email Address (Required):		
Read, acknowledge, and authorized		
Signature Applicant #1		 Date
Signature Applicant #1		Date
Applicant #2 Full Name		
Applicant SSN		 Applicant DOB
Email Address (Required):		
Read, acknowledge, and authorized		
Signature Applicant #2		 Date

VEHICLE REGISTRATION FORM

NO COMMERCIAL VEHICLES PERMITTED

Section I: General Information

Applicant(s) Name:	
Property Address:	
Phone #:	Email:

Section II: Vehicle Information

	Vehicle One (1)	Vehicle Two (2)
Make		
Model		
Year		
Color		
Tag number		
State		

^{***} Commercial vehicles, semi- trucks, boats, trailers, and jet skis are not permitted in the parking areas at any time.

PET REGISTRATION FORM (MAXIMUM 50LB)

Applicant(s) Name		
A	Address		
Dog's informatio	<u>n</u>		
Breed of Dog		Color	
Weight	Rabies Tag #	State	
*** Pets must be	kept inside.		
XApplicant(s) signa	ature		

Waterside Townhomes Community Association, Inc. ADDENDUM TO PURCHASE/LEASE

This signed document acknowledges that the resident was provided a copy of Rules and Regulations of Waterside Townhomes Community Association, Inc., and that the resident has read said Rules and Regulations. All residents and guests must abide by these Rules and Regulations, if:

- a. The owner fails to adhere, the owner will be subjected to fines and/or injunctive relief legal action.
- **b.** The tenant fails to adhere, tenant will be subject to eviction.

This is to attest that all information provided on the attached information is true and correct and any false statements provided will result in disapproval and/or eviction.

Name	Signature	Date
Applicant #1		
Name	Signature	Date
Applicant #2		

EMERGENCY CONTACT

Name:		
,		
Mailing Address:		
Phone Number:		
Email Address:		
Nama		
Name:		
Mailing Address.		
Mailing Address:	 	
Phone Number		
Phone Number:		
For all Address		
Email Address:	 	