



The Landmark

CLUB CONDOMINIUM ASSOCIATION INC.

Application to Lease/Purchase

The Association requires that the following items be submitted together to the Management Office thirty (30) days in advance of new tenant/owner occupancy.

- Copy of Contract to Sale/Lease Agreement.
- Complete Application for Occupancy Form for background check.
- Non-refundable background check fee of \$100.00 per applicant. Rush background check fees are \$120.00 and international background checks are \$100.00 additional.
- Copy of Driver's License.
- Refundable Elevator Deposit of \$1,000.00
- Non-refundable Move-in fee of \$150.00
- Common Areas Security Deposit of:
 - \$1,000 for a 1-year lease
 - \$500.00 for a 6-month lease
- The latest 3 months bank Statements (for purchase only)
- Purchase needs to provide a copy of the Deed after closing.
- Estoppel Letter request- \$100.00
- Questionnaire - \$100.00

All checks payable to "The Landmark Club"

20185 East Country Club Dr., Aventura, Florida 33180
(305) 933-2349



Print legibly or type all information. Account and telephone numbers and complete addresses are required.

APPLICATION FOR OCCUPANCY/APPROVAL

PRINT OR TYPE (Use Black Ink) Purchase _____ or Lease _____ (Check One) Desired Move In Date: _____

Apt. No. _____ Address: _____

Name (Mr./Mrs. /Ms.) _____ Date of Birth _____ Soc. Sec No. _____ (mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

Spouse (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____ (mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

Applicant Contact # _____ Spouse # _____

Number of people who will occupy. Adults (over age 18) _____ Children (over 18) _____ Children (under 18) _____

Names & ages of children who will occupy: _____

Description of Pets (Breed, Size, Color, Weight, Etc.) _____

In case of emergency notify: _____ Name _____ Address _____ Telephone _____

PRINT OR TYPE (Use Black Ink) RESIDENCE HISTORY

A. Present Address _____ (Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Dates of Residency _____

Name of Landlord: _____ Phone _____

Monthly Rent Amount:\$ _____

PRINT OR TYPE (Use Black Ink) EMPLOYMENT & BANK REFERENCES

A. Employed By (Business Name) _____ Phone _____

(or retired from) How long _____ Dept. or Position _____ Mo. Income _____

Supervisor/Manager Name: _____

B. Spouse's Employment (Business Name) _____ Phone _____

(or retired from) How long _____ Dept. or Position _____ Mo. Income _____

Supervisor/Manager Name: _____

C. Bank Reference _____ Phone _____

How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____

Address _____ Zip _____

CHARACTER REFERENCES & VEHICLE INFORMATION

1. Name _____ Address _____ Phone (Residential & Office) _____

2. Name _____ Address _____ Phone (Residential & Office) _____

Driver's Lic. No. #1 _____ #2 _____ State _____

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

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

Have you or the co-applicant ever file for bankruptcy, evicted from any tenancy, ever broken lease? If YES

Explain: _____

Have you or the co-applicant been arrested or convicted of any crime. Including Misdemeanors,DUI, etc or any criminal charge pending?

If Yes Explain: _____

If this application is NOT legible or is not completely and accurately filled out, Verify Screening Solutions (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, Verify Screening Solutions may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. Any misrepresentation, falsification or omission of information may result in your disqualification. If any question is not answered or left blank, this application may be returned, not processed or not approved. Missing information will cause delays in processing your application.

Signature _____ Signature _____

Applicant Date Applicant's Spouse Date



The Landmark

CLUB CONDOMINIUM ASSOCIATION INC.

CONFIDENTIAL RESIDENT INFORMATION SHEET

DATE: _____ UNIT # _____

NAME: _____

Is this a Primary or Secondary Residence: (Check one)

- PRIMARY
- SECONDARY

Home Phone #: _____

Cell Phone #: _____

Email Address: _____

Emergency Contact Name: _____

Phone #: _____

Relationship: _____

For Association mailing purposes

Billing Address: _____

Are you or anyone in your household in need of special medical attention or have restricted mobility, which would require additional assistance in the event of an emergency?

- YES
- NO

If YES, please explain special needs) i.e. oxygen, wheelchair, blind, hearing impaired, etc.): _____

RESIDENT'S NAME

SIGNATURE

20185 East Country Club Dr., Aventura, Florida 33180
(305) 933-2349



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CLUB CONDOMINIUM ASSOCIATION INC.

VEHICLE REGISTRATION

UNIT: _____

DATE: _____

VEHICLE 1:

MAKE/MODEL:	STATE:
COLOR:	TAG:
SPACE:	VALET #:

VEHICLE 2:

MAKE/MODEL:	STATE:
COLOR:	TAG:
SPACE:	VALET #:

VEHICLE 3:

MAKE/MODEL:	STATE:
COLOR:	TAG:
SPACE:	VALET #:

UNIT OWNER'S NAME

SIGNATURE



The Landmark

CLUB CONDOMINIUM ASSOCIATION INC.

Automatic Association Payment Authorization

(Attach Voided Check)

Association: Landmark Club Condominium Unit No. _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Financial Institution: _____

Bank Routing No. _____ Acct No. _____

___ Maintenance \$ _____

___ Special Assessment \$ _____

___ Valet \$ _____

Desired payment withdrawal date (on or before the 10th of the month) _____

By signing below, I hereby authorize the above Association to initiate debit entries, no earlier than the payment date stated above, from my checking or savings account at the financial institution listed above for the purpose of making my condominium association payments. The transfer of the funds from my account will not cease until the Association receives written notification from me within 15 days before the next transaction is due.

Signed _____ Date _____

20185 East Country Club Dr., Aventura, Florida 33180
(305) 933-2349

THE LANDMARK CLUB CONDOMINIUM ASSOCIATION, INC.
VOTING CERTIFICATE

To the Secretary of the Landmark Club Condominium Association, Inc. ("Association").

THIS IS TO CERTIFY that the undersigned, consisting of all of the record unit owners of Unit No. _____ have designated:

(Name of Voting Member)

as their representative to cast all votes and to express all approvals that such owners may be entitled to cast or express at all meetings of the membership of the Association and for all other purposes provided by the Declaration of Condominium, the Articles of Incorporation, and By-Laws of the Association.

The following examples illustrate the proper use of this Certificate:

- I. UNIT OWNED BY AN OVERSEAS, INC., A CORPORATION (OR PARTNERSHIP, LIMITED LIABILITY CORPORATION, TRUST OR OTHER LAWFUL ENTITY). VOTING CERTIFICATE MUST BE FILED DESIGNATING PERSON ENTITLED TO VOTE, SIGNED BY THE PROPER CORPORATE OFFICERS.
- II. UNIT OWNED BY JOHN DOE AND HIS BROTHER, JIM DOE. VOTING CERTIFICATE IS REQUIRES DESIGNATING EITHER JOHN OR JIM AS THE VOTING MEMBER. **(NOT A THIRD PERSON)**
- III. UNIT OWNED BY JOHN JONES OR MR. OR MRS. JONES. **NO VOTING CERTIFICATE REQUIRED** BUT REQUESTED FOR SIGNATURE VERIFICATION.

This certificate is made pursuant to the Declaration of Condominium and By-Laws and shall revoke all prior Certificated and be valid until revoked by a subsequent Certificate.

DATED the _____ day of _____, 2022.

SIGNATURE FOR INDIVIDUAL OWNERS

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

SIGNATURE FOR CORPORATE OWNERS

(Limited Liability Company, Partnership, Trust or other entity)

Name of Entity: _____

By: _____

By: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

NOTE: **THIS FORM IS NOT A PROXY** AND SHOULD NOT BE USED AS SUCH. PLEASE BE SURE TO DESIGNATE A DULY AUTHORIZED REPRESENTATIVE OF THE CORPORATE OR ENTITY OWNER OF THE UNIT AS A VOTING MEMBER. IF YOU HAVE ALREADY FILED A VOTING CERTIFICATE AND DO NOT WISH TO CHANGE YOUR DESIGNEE, NO NEW CERTIFICATE NEEDS TO BE FILED.

THE LANDMARK CLUB CONDOMINIUM ASSOCIATION, INC.

Pet REGISTRATION PROCESSING FORM

This form is to be completed, signed by the Unit Owner and submitted to the Management Office before approval is granted.

STEP 1: COMPLETE & SIGN THE FORM BELOW

UNIT NUMBER: ____ ("Unit")

PET OWNER NAME:	PHONE:	CELL PHONE:
UNIT OWNER NAME:	PHONE:	CELL PHONE:
PET OWNER IS: <input type="checkbox"/> UNIT OWNER <input type="checkbox"/> RENTER - LEASE EXPIRATION DATE:		
UNIT ADDRESS:	UNIT #:	
CITY:	STATE:	ZIP CODE:
PET NAME: _____	AGE: _____	DATE OF BIRTH: _____ / _____ / _____ MONTH DAY YEAR
BREED:	COLOR:	
GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	WEIGHT NOW:	WEIGHT AT MATURITY:
SPAY/ NEUTER: YES <input type="checkbox"/> NO <input type="checkbox"/>		
VACCINATION DATE:	DETAILS:	
SERVICE ANIMAL / EMOTIONAL SUPPORT ANIMAL:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

STEP 2: ATTACH REQUIRED DOCUMENTS

PET REGISTRATION FORM WILL NOT BE PROCESSED UNLESS THE FOLLOWING IS ATTACHED:

1. Pet color photo in standing position attached. YES NO
2. Proof of vaccination attached. YES NO
3. Refundable Pet Deposit of \$250.00 (Payable to The Landmark Club) YES NO
3. Request for Reasonable Accommodation Form (only for Service and ESA) YES NO

EXHIBIT "D-5" TO DECLARATIONS OF CONDOMINIUM OF THE LANDMARK, A CONDOMINIUM

RULES AND REGULATIONS

37. PETS: All pets must be registered with the Association's Management Office by completing a Pet Registration Form upon an occupant's moving into the building or upon acquisition of the animal. The form requires a photograph of the pet, proof of Rabies vaccination and a Refundable Pet Deposit of \$250.00 payable to The Landmark Club. Only a single pet/animal per unit is permitted and that pet or animal cannot weigh more than twenty (20) pounds to be maintained or harbored within a Condominium Unit. As required by Miami-Dade County, all pets must be licensed and vaccinated against rabies or other detrimental diseases/conditions. No pet or animal that creates a nuisance to any other occupant shall be maintained or harbored within a Condominium Unit. A determination by the Board that a pet or animal maintained or harbored within a Condominium Unit creates such a nuisance shall be conclusive and binding upon all parties.

Further, patios, terraces or balconies shall not be used for a pet toilet or toilet training facility. Dogs and cats shall not be permitted outside of their Owner's Unit unless the pet is attended by an adult and the pet is placed on a leash of not more than six (6) feet long. All pets must be physically carried by the pet's Owner or other supervising person through the hallways, Common Elements of the residential tower and parking deck. All pets and other animals are to be transported in the service elevator unless the service elevator is unavailable. With the exception of carriages, Owners are prohibited from entering/exiting the building through the front door but must use the receiving door with their pets. Pets are not permitted on the Pool Deck. Unit Owners shall pick up all solid wastes from their pets and dispose of same appropriately. Pet service stands and disposal stations around the community and within the property provide special bags to assist Unit Owners in picking up and disposal after their pet. Any resident maintaining a pet shall be fully responsible for, and shall bear the total expense of, any damages to the property resulting from the acts of the pet, as long as the pet meets the weight, licensing and vaccination requirements. (see Rule #10)

A. Service Animals and Emotional Support Animals: Pursuant to Federal and State laws, an individual requiring a Service Animal or Emotional Support Animal may secure an accommodation (relief or exception) from the pet rules detailed herein once they provide certain information as regards that needed accommodation (physician's letter and/or Registration). A form entitled "Request for Reasonable Accommodation" is available from the Management Office to facilitate the processing of such requests. Such specifically identified individual is the only person to be granted an exception from the rules and requirements related to pets and their possession. The person requiring the Service Animal or Emotional Support Animal shall meet any and all licensing requirements of Miami-Dade County and the State of Florida. (The animal must be immunized against diseases common to that type of animal.) The Emotional Support Animal must be carried, wheeled in a stroller, or on a leash at all times when present in the Common Elements, unless the accommodation implicates such activities. The care

and supervision of the Service Animal or Emotional Support Animal is the sole responsibility of the animal's Owner. Any damage/injury to person or property (i.e., the Common Elements or Limited Common Elements) resulting from the Service Animal or Emotional Support Animal shall be the responsibility of the Unit Owner and/or the animal's Owner. It is the responsibility of the person requiring a Service Animal or Emotional Support Animal to properly dispose of all waste. Additionally, knowingly and willfully misrepresenting oneself as being qualified to use a Service Animal or Emotional Support Animal is a second-degree misdemeanor and may require the individual misrepresenting oneself to perform thirty (30) hours of community service for an organization serving individuals with disabilities or for another entity as ordered by court and may similarly result in legal action against a physician for providing false or incomplete information in this regard.

- B. A Pet, Service Animal or Emotional Support Animal must: (i) Not initiate contact with someone without their direct permission; (ii) Not display any aggressive behavior or disruptive noises, as determined by the Board (such as excessive barking, whining, growling or charging toward people) or (iii) Not block any aisle or passageway. The Association reserves the right to have an animal removed if, in the Board's discretion, it poses a direct threat to others, constitutes a nuisance, and/or disrupts the ability of other Unit Owners to enjoy their dwelling.

Pet Owner agrees to observe any pet related provisions of the Declarations of Condominium of The Landmark and the pet rules which are attached, in addition to any future pet rules adopted by the Board of Directors of The Landmark Club Condominium Association.

Failure to observe the pet rules, shall entitle the Association to pursue all of its rights and remedies, including the right to fine the unit owner and/or to require that the pet be permanently removed.

I understand that I am responsible for the IMMEDIATE collection and proper disposal of all fecal matter deposited by my pet within the common areas of The Landmark Condominium.

I have read this form and understand and agree to all of its terms.

I have read The Landmark Rules and Regulations and understand and agree to comply with all guidelines as set forth.

By signing below, I certify that all information is true and correct to the best of my knowledge.

Print Pet Owner Name

Signature of Pet Owner

Print Unit Owner Name

Signature of Unit Owner

To be Completed by The Landmark Association

Approved by: _____

Date: _____

Title: _____

REASONABLE ACCOMODATION REQUEST

Head of Household: _____ Phone: _____

Requestor: _____
(PERSON REQUESTING REASONABLE ACCOMMODATION IF OTHER THAN HEAD OF HOUSEHOLD, PRINT NAME)

Address: _____

A disability is defined, in part, as a physical or mental impairment that substantially limits one or more major life activities; a record of having such an impairment; or being regarded as having such an impairment.

Type of service animal (dog, cat, etc.): _____

Type of emotional support animal: _____

As an accommodation for my disability, I request that you:

- Waive your pet weight restrictions
- Waive your rule requiring pets be physically carried throughout common elements of the building
- Other: _____
- I have attached a letter from my licensed medical/mental health professional, which has knowledge of my disability and my need for a service/emotional support animal. The letter verifies that I have a disability as defined in the ADA and FHA laws, and that I have a disability-related need for a service/emotional support animal. *The letter must include the professional's license number, state of license and date of expiration of license.*
- I have read the Rules and Regulations regarding Service Animals and Emotional Support Animals. I understand the contents and agree to abide by the provisions contained therein.

Print Name: _____ Signature: _____

I/We (jointly & severally) understand, acknowledge and agree to comply with The Landmark Club Condominium Guidelines as set forth below.

I/We have read The Landmark Club Condominium Rules and Regulations, understand, and agree to all its terms. I/We execute it voluntarily and with full knowledge of its significance.

Owner/Tenant: _____ Date: _____

Signature: _____ Date: _____

Owner/Tenant: _____ Date: _____

Signature: _____ Date: _____