

THREE HORIZONS NORTH CONDOMINIUM ASSOCIATION, INC.

1470 NE 125 Terrace, C/O Office
North Miami, Florida 33161
(305) 897-7892

**PLEASE READ ALL INSTRUCTIONS BELOW CAREFULLY
ALL FEES ARE NON-REFUNDABLE**

Method of payments:

Company Checks or Money Orders ONLY. No personal checks, No cash, No credit cards.

Cashier Checks/Money Orders \$150.00 Regular Fee (15-20 business days / 15-20 dias laborales) PAYABLE TO Three Horizons North Condominium Association - **NO RUSH SERVICE AVAILABLE**

PLEASE NOTE ONLY ORIGINAL APPLICATIONS WILL BE PROCESSED AND MAKE SURE THE FOLLOWING IS ACCOMPANYING THE APPLICATION BEFORE MAILING TO THE ASSOCIATION

1. Fees are per applicant, unless married. Must provide a copy of the marriage certificate.
2. A copy of the lease/sale contract must be attached. Please note only the names on the contract will appear on the actual approval if granted. **COPIES WILL NOT BE MADE BY OUR OFFICE.**
3. Screening Addendum and Acknowledgement of Rules and Regulations must be filled out **completely** and attached.
4. Application **MUST BE COMPLETELY** filled out and signed, please put N/A if there is no information to provide in that area and a social security must be on the application for screening purposes.
5. Application **MUST BE** submitted to the association not less than thirty (30) business days before the moving date or closing date.
6. Should a potential occupant move in without prior written approval, the Association will impose a \$100.00 FINE per day up to a thousand dollars (\$1,000.00) maximum in your account without any previous notice.

Occupancy prior to approval of the Association is PROHIBITED.

Lease is subject to renewal at the end of the lease term

OCCUPANCY REGULATIONS No more than 2 occupants per room.

Applications along with the above requested information **DELIVERED** to:

**Three Horizons North Condominium Association, Inc.
1470 NE 125 Terrace, "Office" North Miami, Florida 33161**

- **If there are any questions NOT answered or left blank on the application, the application will be returned and NOT processed.**

NOTE: As prospective buyers and/or tenants will NOT be approved if the sellers and/or landlords are delinquent on their maintenance account and/or have any pending violation.

Applicant(s) Contact Information to schedule interview:

Phone Number: _____ Email Address: _____

Please DO NOT CALL the management office to RUSH the process as this will only delay the application; Management will call you when the application has been reviewed to schedule an interview with the Association.

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APPLICATION CHECKLIST

(Please use this form to cross check items requested and included in package.
Please make sure you return this form with original application)

Association: **THREE HORIZONS NORTH CONDOMINIUM ASSOCIATION, INC.**

Property Address: _____

Owners Name: _____

Applicant(s) Name: _____

All of the items below are required prior to processing of application.

- _____ Screening Fee - \$150 (Money Order) – (Applicable for Tenants and Buyers)
- _____ Complete Application. (One application and fee per married couple or one application and fee for each applicant) (Applicable for Tenants and Buyers)
- _____ Present & Former information complete (Applicable for Tenants and Buyers)
- _____ Social Security Number (Applicable for Tenants and Buyers)
- _____ Date of Birth (Applicable for Tenants and Buyers)
- _____ Copy of Driver's License or Passport (Applicable for Tenants and Buyers)
- _____ Proof of Vehicle(s) Insurance (Applicable for Tenants and Buyers)
- _____ Copy of Vehicle(s) registrations for all registered drivers. (Applicable for Tenants and Buyers)
- _____ One (1) Personal Character and One (1) Employer Reference Letter. (Applicable for Tenants and Buyers)
- _____ Copy of Rental Contract (Applicable for Tenants ONLY)
- _____ Copy of Sales Contract (Applicable for Buyers ONLY)

APPLICATION FOR OCCUPANCY
This Application Must Be Completed in Full by Prospective Tenant

Name: _____

Spouse: _____

Present Address: _____

Phone: _____ (Home) _____ (Work)

Date of Birth: _____ Spouse DOB: _____

Social Security #: _____ Spouse SSN: _____

Number of Children: _____ Ages: _____ Pets: _____

Total Number of People to occupy Premises: _____ Adults: _____ Children: _____

In case of Emergency Notify: _____

Emergency Contact Number: _____

Vehicle Make & Model: _____ Tag#: _____

Vehicle #2 Make & Model: _____ Tag #: _____

Bank Reference: _____
(Name of bank and location)

Bank Telephone #: _____ Acct#: _____

Applicants Employer: _____

Employer Address: _____

Position: _____ Date of Employment: _____

Employers Telephone: _____ Contact Name: _____

Co-Applicants Employer: _____

Employer Address: _____

Position: _____ Date of Employment: _____

Employers Telephone: _____ Contact Name: _____

Approval is hereby granted to the association or its agent, to investigate all information supplied on this application, and full disclosure of pertinent facts may be made to the association. The association is also authorized to obtain a credit rating through a credit reporting agency if required.

Signed: _____ Signed: _____

Applicant Name: _____ Applicant Name: _____

Association Name: _____

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Rules and Regulations Receiver Form

I/We _____

Of Unit Number _____ on _____ / _____ / 202 at _____ am/pm

HAVE READ THE RULES AND REGULATIONS AND FULLY UNDERSTAND EACH OF THE RULES AND WILL ABIDE BY THEM SO LONG AS I RESIDE AT:

Building: THREE HORIZONS NORTH CONDOMINIUM ASSOCIATION
1470 NE 125 Terrace, Apt Number _____ North Miami, Florida 33161

AND FURTHER UNDERSTAND THAT A VIOLATION OF THE RULES AND REGULATIONS COULD RESULT IN A LETTER AND/OR FINE AS DETERMINED BY THE BOARD OF DIRECTORS AND THE ASSOCIATION RULES AND REGULATIONS.

Signed this _____ day of _____ 20()

Tenant/Buyer: _____
(Signature)

Print Name: _____

Tenant/Buyer: _____
(Signature)

Print Name: _____

NOTE: PLEASE INITIAL EACH AND EVERY PAGE OF THE ATTACHED RULES AND REGULATIONS AND PROVIDE A COPY OF THE INITIALED RULES AND REGULATIONS WITH THIS APPLICATION TO THE MANAGEMENT OFFICE

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VEHICLE REGISTRATION

Name: _____

Address: _____

Phone#: _____ Year Round Resident? Yes _____ No _____

*** If you checked NO above, please answer the following questions for our knowledge when you are away***

Street #: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Owner: _____ Renter: _____

Number of Vehicles: _____

VEHICLE #1

Make: _____ Year: _____ Model: _____

Color: _____ Tag #: _____ Exp. Date: _____

License#: _____ State: _____

Vehicle Registered to: _____

Address Vehicle is registered at: _____

City: _____ State: _____ Zip: _____

VEHICLE #2

Make: _____ Year: _____ Model: _____

Color: _____ Tag #: _____ Exp. Date: _____

License#: _____ State: _____

Vehicle Registered to: _____

Address Vehicle is registered at: _____

City: _____ State: _____ Zip: _____

Signature of Applicant(s): _____

Signature

Print Name

Signature

Print Name

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ACKNOWLEDGEMENT OF PROHIBITION AGAINST UNAPPROVED OCCUPANTS AND CONTRACT FOR PAYMENT OF PENALTIES AND FINES FOR VIOLATIONS

NOTE: This is a legally binding contract. Do not sign and execute it unless and until you fully understand it and its legal significance, including the potential financial penalties and fines involved. You may take this Contract You may take this Contract to be reviewed by anyone of your choice before you execute it and we encourage you to do so.

I/We the following tenants, renters, occupants of Unit # _____ at Three Horizons North Condominium Association, Inc. 1470 NE 125 Terrace, North Miami, Florida 33161 who are applying or have applied to the Association to be approved for occupancy of said Unit, do hereby understand, acknowledge, and agree that if any person(s) over the age of seventeen (17) resides (spends the night) in said Unit for more than fourteen (14) days during any calendar month, the I/We shall cause each such person to submit an application to the Association and participate in the screening process as if they were applying to become tenants.

I/We further understand, acknowledge, and agree that if we refuse or otherwise fail to comply (or fail to obtain compliance by such person(s) with the terms and provisions of this Contract, that we shall be liable to the Association for liquidated damages. Given that the nature of the damages to the Association in such instances is usually difficult or impossible to measure, we hereby voluntarily agree and consent to the amount of Four Thousand Dollars (\$4,000.00) as and for agreed upon liquidated damages for each person who resides in said Unit in violation of this Contract.

I/We further understand, acknowledge and agree that the liquidated damages are not the exclusive remedy available to the Association, and that the Association may take any additional action(s) to protect itself and enforce its declaration documents, bylaws and rules.

In addition to the liquidated damages referenced above, I/We hereby understand, acknowledge, and agree that we shall also be responsible for payment of all reasonable attorney's fees, suit monies and costs incurred by the Association in removing the offending person(s) from the property by injunction or other legal means.

READ, UNDERSTOOD AND AGREED BY:

Signature

Date

Print Full Name

Signature

Date

Print Full Name

BACKGROUND CHECKS
CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER

I understand that you may obtain consumer reports that relate to my credit and/or criminal history.
I understand that you may be requesting Information from various federal, state and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my credit and/or criminal history. This information will be reviewed by the Association and may be reviewed by a unit owner if it's a rental.

I authorize, without reservation, any party, institution, or agency contacted to furnish the above mentioned information.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Applicant	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> DOB	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Social Security <small>If International please provide Passport Number</small>
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<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Applicant	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> DOB	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Social Security <small>If International please provide Passport Number</small>
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Alias/Previous Name(s)

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Current Physical Address	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> City & State	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Zip Code
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Notice to CALIFORNIA Applicants

Under Section 1786.22 of the California Civil Code, you have the request from AISS, upon proper Identification, the nature and substance of all information in its files on you, including the sources of Information, and the recipients of any reports on you, which AISS has previously furnished within two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

Signature: <hr style="border: none; border-top: 1px solid black; display: inline-block; width: 400px; vertical-align: middle;"/>	Date: <hr style="border: none; border-top: 1px solid black; display: inline-block; width: 150px; vertical-align: middle;"/>
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Co-Applicant Signature: <hr style="border: none; border-top: 1px solid black; display: inline-block; width: 400px; vertical-align: middle;"/>	Date: <hr style="border: none; border-top: 1px solid black; display: inline-block; width: 150px; vertical-align: middle;"/>
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WHEN RENTING A UNIT

I/WE _____ Unit _____ do hereby agree not to allow anyone to move into the above noted address without the following Association procedures:

- 1) Payment of applicable fees for each applicant unless it is a husband/wife and/or children under the age of 18 yrs.
- 2) Complete Application
- 3) Approval from the Association.

i/we understand that failure to comply with this agreement will be subject to immediate eviction.

Applicant

Date

Co-applicant

Date