

KING DAVID OF SUNNY ISLES CONDOMINIUM ASSOCIATION, INC
17555 Atlantic Boulevard
Sunny Isles Beach, FL 33160
Phone: 305-692-2217 Email: manager@kingdavidofsib.com

APPLICATION PROCEDURES

The application must be filled out in its entirety. There is a non-refundable fee of one hundred twenty **(\$120.00) per application**, per family. A separate application must be submitted for occupants other than family members with a separate fee of one-hundred dollars (\$120.00) per application.

A copy of the pending lease or purchase contract must accompany the application.

A copy of the enclosed Disclosure and Authorization Agreement and Residential Screening Request must be filled by each person 18 years of age or older. ONE COPY PER PERSON. A copy of a valid driver's license and proof of citizenship (a copy of a passport for non-US citizens) must accompany the screening package. A fee of seventy-five dollars **(\$75.00) per screening request** if the prospective occupants are US citizens. If foreign citizenship, then you must contact the management office for the current rate per country. This is a non-refundable fee.

ALL PAYMENTS BE SUBMITTED WITH THE APPLICATION AND SCREENING FORMS. MONEY ORDERS OR CHECKS ARE PAYABLE TO: KING DAVID CONDO ASSN. No application will be processed until all paperwork is received and paid for.

Owners Only If an animal is to be residing on premises, as allowed, a photo of the animal standing, plus a current vaccination report and registration form must be submitted for approval by the Board of Directors.

The Vehicle Registration Form must be filled out. Upon acceptance to the community, a copy of the State Vehicle Registration will be needed.

***RENTALS:** One month's rental amount made payable to KING DAVID CONDO ASSN. as a Security Deposit. This must be paid at the time of the Final Personal Screening.

ALL NEW RESIDENTS-A NON-REFUNDABLE MOVE-IN FEE \$250.00 AND REFUNDABLE MOVE-IN DEPOSIT OF \$500.00 MUST BE PAID TO KING DAVID OF SUNNY ISLES AT TIME OF SCREENING.

THE RENT OR LEASE CAN'T BE RENEWED IF THE ASSOCIATION FEES ARE NOT CURRENT

KING DAVID OF SUNNY ISLES CONDOMINIUM ASSOCIATION, INC
APPLICATION FOR OCCUPANCY
OF SUNNY ISLES CONDO

DATE: _____

PLEASE TYPE OR PRINT-COMplete ALL QUESTIONS AND FILL IN BLANKS

Unit # _____ Address applied for _____

Full Name _____ Date of Birth: _____

Social Security #: _____ Phone # _____

Email: _____

Second Name _____ Date of Birth: _____

Social Security #: _____ Phone # _____

Email: _____

Name of Applicants: _____ Relationship: _____ DOB: _____

Name of Applicants: _____ Relationship: _____ DOB: _____

Other occupants in Unit: _____ Relationship: _____ DOB: _____

Other occupants in Unit: _____ Relationship: _____ DOB: _____

Driver's License # (Primary Applicant) _____ State: _____
(copy of driver's license must be attached)

Driver's License # (Secondary Applicant) _____ State: _____
(copy of driver's license must be attached)

Vehicle: Year: _____ Make: _____ License Plate #: _____ State: _____

Vehicle: Year: _____ Make: _____ License Plate #: _____ State: _____

Have you/spouse ever:	YOU	SPOUSE
Filed for Bankruptcy:	YES ___ NO ___	YES ___ NO ___
Been Evicted:	YES ___ NO ___	YES ___ NO ___
Been Convicted of a Crime:	YES ___ NO ___	YES ___ NO ___

Please explain any YES answers:

KING DAVID OF SUNNY ISLES CONDOMINIUM ASSOCIATION, INC

RESIDENCE HISTORY

Present address: _____

How long: From _____ to _____

Landlord's Name: _____ Landlord's Phone #: _____

EMPLOYMENT HISTORY

Employed by: _____ Phone #: _____

Position: _____ How long: _____

Address: _____ Supervisor: _____

Spouse Employed by: _____ Phone #: _____

Position: _____ How long: _____

Address: _____ Supervisor: _____

PERSONAL REFERENCES:

Name: _____ Phone #: _____

Address: _____ Relationship: _____

Name: _____ Phone #: _____

Address: _____ Relationship: _____

BANK REFERENCE:

Name: _____ Branch: _____

Account #: _____ Checking: _____ Savings: _____

Person To Be Notified In Case Emergency:

Name: _____

Phone: _____

KING DAVID OF SUNNY ISLES CONDOMINIUM ASSOCIATION, INC

I represent that the information provided in the Application is true and correct to the best of my knowledge. The Board of Directors or Property Management Company is authorized to verify the references and employment information given in the Application and to request a credit check.

Applicant's Signature

Date:

Applicant's Signature

Date:

IT IS AGAINST THE LAW DISCRIMINATE AGAINST PROSPECTIVE TENANTS/OWNERS ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY OF FAMILY STATUS. LOCAL OR STATE LAW MAY INCLUDE ADDITIONAL CLASSES WHICH ARE PROTECTED FROM DISCRIMINATION IN HOUSING.

The information provided by the prospective applicant(s) may be used

KING DAVID OF SUNNY ISLES CONDOMINIUM ASSOCIATION, INC
AUTHORIZATION AGREEMENT FOR ASSOCIATION TO COLLECT
RENT UPON DELINQUENCY IN MAINTENANCE PAYMENTS

WHEREAS _____ (herein "Owner"), is the record owner(s) of Unit _____ located at Atlantic Blvd., Sunny Isles Beach FL in King David Condominium Association as amended, recorded in the Public Records of Miami-Dade County.

WHEREAS, King David Condominium Association (herein "Association") is the entity charged with the operation and management of the Condominium, and

WHEREAS, Owner desires to lease the unit to _____ (herein "Lessee(s)") pursuant to a lease submitted herewith.

NOW, THEREFORE, in consideration of the mutual covenants contained herein and for other good and valuable consideration, the receipt and adequacy of which is expressly acknowledged, the parties hereto agree as follow:

1. If, at any time during the pendency of term of the lease, Owner becomes delinquent in payment of assessments to Association, owner and Lessee(s) agree that the Association shall have the power, right and authority to demand lease payments directly from the Lessee(s) and deduct such past due assessments, cost and attorney fees, if any, as may be delinquent. Further, owner and Lessee(s) agree that Lessee(s) will pay the full rental payments due, to the Association, upon written demand. Owner expressly absolves Lessee(s) from any liability to Owner for unpaid rent under the Lessee Agreement. If such payment is made directly to Association upon demand from Association, if any funds are left over, the Association shall immediately remit the balance to Owner at the address listed in the Association records.
2. Should Lessee(s) fall to comply with the demand of the Association within three (3) days of receipt of a demand for payment hereunder, the Association is hereby granted the authority to obtain a termination of the tenancy, in the name of the Owner, through eviction proceedings, or to seek injunctive relief or specific performance under this contract. Owner and Lessee(s) further agree that, if such legal action becomes necessary, the Association shall be entitled to recover reasonable attorney's fee and cost, including appeals from owner.

Agreed to this _____ day of 20____

Owner _____ Lessee(s) _____

By: _____ Attest: _____

KING DAVID OF SUNNY ISLES CONDOMINIUM ASSOCIATION, INC
DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CONSUMER REPORTS

DISCLOSURE

A consumer report and or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and or indebtedness may be obtained in connection with your application for and or continued residence. A consumer report and or an investigative consumer report may be obtained at any time during the application process or during your residence. Upon timely written request of the management and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to finish AmeriCheckUSA with any and all background information in their possession regarding you, in order that your residence qualifications may be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

Print Name

Signature

Date_____

KING DAVID OF SUNNY ISLES CONDOMINIUM ASSOCIATION, INC

RESIDENTIAL SREENING REQUEST

FIRST _____ MIDDLE _____ LAST _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SSN _____ DOB(MM/DD/YYYY) _____

HOME PHONE #: _____ CELL PHONE #: _____

CURRENT EMPLOYER

COMPANY _____ PHONE #: _____

SUPERVISOR _____ SALARY _____

EMPLOYED FROM _____ TO _____ TITLE _____

CURRENT LANDLORD

LANDLORD _____ RENT _____

RENTED FROM _____ TO _____

I have read and signed the Disclosure and Authorization Agreement

Signature _____ Date _____

KING DAVID OF SUNNY ISLES CONDOMINIUM ASSOCIATION, INC

WAIVER AND RELEASE OF LIABILITY

I understand that I will be participating in an activity that has a potential for physical injury. Because this activity is INHERENTLY DANGEROUS , for myself/child and on behalf of my heirs, assigns, and personal representative, hereby RELEASE AND HOLD HARMLESS King David of Sunny Isles Condominium Association, Inc. their officers, officials, agents teachers, and or employees or others participants (herein called Academy) from any and all liability, claims, actions, damages, cost, expenses, and any attorney fees related to, arising out of, or are in any way connected with my participation with the Academy with respect to any and all injury or disability to myself/child, including death, or loss/damage to personal property.

I certify that I have no physical limitations/conditions and I am fully able to participate in this activity, YES __, NO __. (If no refer to registration form to list physical limitations) I acknowledge that failure to disclose any health conditions may result in injury and I hereby RELEASE AND HOLD HARMELESS King David of Sunny Isles Condominium Association, Inc, from any and all liability associated with any harm or injury resulting from my failure to disclose such health condition.

I have read, fully understand and agree with the terms of this waiver and release of Liability. I assume the risk and danger of injury to myself/my child while participating at the Academy or in an event related with the Academy.

PRINT YOUR NAME(S)

DATE

KING DAVID OF SUNNY ISLES CONDOMINIUM ASSOCIATION, INC

CAR REGISTRATION FORM

Unit Owner Name: _____ Unit#: _____

Vehicle 1 Make _____ Model _____

Year _____ Color _____

Tag # _____ State _____

Keys Assignment _____

Vehicle 2 Make _____ Model _____

Year _____ Color _____

Tag # _____ State _____

Keys Assignment _____

Vehicle 3 Make _____ Model _____

Year _____ Color _____

Tag # _____ State _____

Keys Assignment _____

Note: Every unit has two (2) parking spaces assigned (not a particular numbered space) and it is STRICTLY VALET ONLY.

