

# Brickell Heights

## Lease Application Check List

Applicant Name: \_\_\_\_\_ East Tower or West Tower (circle one)

Primary Contact Number: \_\_\_\_\_ Unit #: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

### *FOR MANAGEMENT USE ONLY*

- Completed Screening Application \_\_\_\_\_
- Signed Consent Form \_\_\_\_\_
- Approved Background Check \_\_\_\_\_
- Copies of Driver's License & SSN card \_\_\_\_\_
- Vehicle Registration \_\_\_\_\_
- Pet Registration (if applicable) \_\_\_\_\_
- Move-in Request Form \_\_\_\_\_
- Application Fee (\$100.00) \_\_\_\_\_
- Elevator Deposit (\$250.00) \_\_\_\_\_
- Security Deposit (equal to one month of rent) \_\_\_\_\_
- Rules and Regulation Acknowledgement \_\_\_\_\_
- Lease Acknowledgement \_\_\_\_\_
- Copy of Lease Agreement \_\_\_\_\_

Manager Approval:

\_\_\_\_\_  
Print Name Signature Date

# Brickell Heights East Condominium Application

Prospective New Address: 45 SW 9<sup>th</sup> Street, Miami FL, 33130 Unit:

## Applicant Information

Name:		Driver's License #:	
Date of birth:	Phone:	SS#:	
Current address:			
City:	State:	ZIP Code:	
Own    Rent    (Please circle)	Monthly payment or rent:	Dates:	
Landlord name:		Landlord phone:	
Landlord address:			
Previous address:			
City:	State:	ZIP Code:	
Owned    Rented    (Please circle)	Monthly payment or rent:	Dates:	
Landlord name:		Landlord phone:	
Landlord address:			

## Employment Information

Current employer:			
Employer address:			Dates:
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:		Annual income:	
Supervisor:	Other Income Source:	Other Income \$:	

## Previous Employment Information

Previous employer:			
Employer address:			Dates:
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:		Annual income:	

## Emergency Contact

Name of a person not residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

## Co-applicant Information (if married)

Name:		Drivers License #:	
Date of birth:	Phone:	SS#:	
Current address:			
City:	State:	ZIP Code:	
Own    Rent    (Please circle)	Monthly payment or rent:	Dates:	
Landlord name:		Landlord phone:	
Landlord address:			
Previous address:			
City:	State:	ZIP Code:	
Owned    Rented    (Please circle)	Monthly payment or rent:	Dates:	
Landlord name:		Landlord phone:	
Landlord address:			

Co-applicant Employment Information			
Current employer:			
Employer address:			Dates:
Phone:	E-mail:		Fax:
City:	State:	ZIP Code:	
Position:	Hourly	Salary (Please circle)	Annual income:
Additional Occupants			
Name:	DOB:		Relation:
Name:	DOB:		Relation:
Name:	DOB:		Relation:
Financial Information			
Do you have a checking account:	Yes	No	Bank / State:
Do you have a savings account:	Yes	No	Bank / State:
Do you have credit card debt:	Yes	No	Cards & Debt Amount:
Have you ever:			
Filed for bankruptcy:	Yes	No	State / County / Year:
Been convicted of a felony:	Yes	No	Describe:
Been evicted from a rental:	Yes	No	Describe:
Defaulted on a lease:	Yes	No	Describe:
Been served a late rent notice:	Yes	No	Describe:
Other Information			
Do you have renter's insurance:	Yes	No	Company:
Do you have a water bed:	Yes	No	Do you have insurance: Yes No
Do you have a history of drug use:	Yes	No	Describe:
Do you own pets:	Yes	No	Number of Pets: Type:
Do any proposed occupants smoke: Yes No			
Have you ever broken a lease:	Yes	No	Describe:
Why are you moving / were you asked to move?			
When would you be able to move in:		How long do you expect to stay here?	
Vehicle Information			
Vehicle 1 Make:	Model:	Year:	Color:
Plate #:	State:	Financed: Yes No	Payment \$:
Vehicle 2 Make:	Model:	Year:	Color:
Plate #:	State:	Financed: Yes No	Payment \$:
Do you have any commercial or recreational vehicles (RV, campers, boats, motorcycles, etc.)? Yes No			
List:			
Personal References (list at least two)			
Name:	Phone:		Relation:
Name:	Phone:		Relation:
Name:	Phone:		Relation:
Agreement & Authorization			
I warrant, to the best of my knowledge, all of the information provided in this Application is true, accurate, complete and correct as of the date of this Application. If any information provided by me is determined to be false, such false statement will be grounds for disapproval of my Application or termination of my Lease with Owner. I hereby authorize Brickell Heights Condominium to verify the information provided and obtain a credit report on me. I understand that this requires a \$100 non-refundable fee per unmarried applicant.			
Signature of applicant:			Date:
Signature of co-applicant:			Date:

**BROWN'S BACKGROUND CHECKS**  
**CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER**

**Brickell Heights East Condominium Association Inc.**

I understand that you may obtain consumer reports that relate to my credit and/or criminal history. This information will, in whole or in part, be obtained from AISS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4<sup>th</sup> floor, Independence, OH 44131, telephone 800.853.3228. 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 by AISS to furnish the above mentioned information:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant Name                      Date of Birth\*                      Social Security Number  
\*Date of Birth is requested in order to obtain accurate retrieval of records.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Co-Applicants Name                      Date of Birth                      Social Security Number

\_\_\_\_\_  
Alias/Previous Name(s)

\_\_\_\_\_  
Current Physical Address                      City & State                      Zip code

☐ **California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you.

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**Notice to CALIFORNIA Applicants**

Under Section 1786.22 of the California Civil Code, you have the right to 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 the 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 \_\_\_\_\_ DATE \_\_\_\_\_

Co-Applicant  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# Brickell Heights

VEHICLE/PARKING REGISTRATION \_\_\_\_\_ TOWER

Unit #: \_\_\_\_\_

## Vehicle 1

Owner Name: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_

Date Transponder/Card Installed: \_\_\_\_\_

Date Returned: \_\_\_\_\_

Reason for Return: \_\_\_\_\_

Date Reinstalled: \_\_\_\_\_

☐ VOIDED

Registration: \_\_\_\_\_

License Plate: \_\_\_\_\_

Transponder #: \_\_\_\_\_

## Vehicle 2

Owner Name: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_

Date Transponder/Card Installed: \_\_\_\_\_

Date Returned: \_\_\_\_\_

Reason for Return: \_\_\_\_\_

Date Reinstalled: \_\_\_\_\_

☐ VOIDED

Registration: \_\_\_\_\_

License Plate: \_\_\_\_\_

Transponder #: \_\_\_\_\_

## Vehicle 3

Owner Name: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_

Date Transponder/Card Installed: \_\_\_\_\_

Date Returned: \_\_\_\_\_

Reason for Return: \_\_\_\_\_

Date Reinstalled: \_\_\_\_\_

☐ VOIDED

Registration: \_\_\_\_\_

License Plate: \_\_\_\_\_

Transponder #: \_\_\_\_\_

Parking Assignments: 1<sup>ST</sup> # \_\_\_\_\_ 2<sup>ND</sup> # \_\_\_\_\_ Verified By: \_\_\_\_\_

Proof of ownership of these parking assignments from the seller must be provided and verified by Management.

# Brickell Heights

## PET REGISTRATION FORM \_\_\_\_\_ TOWER

Unit #: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Pet 1:

Type of Pet: ☐ Dog ☐ Cat ☐ Bird ☐ Other: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Pet's Date of Birth: \_\_\_\_\_

Pet's Weight: \_\_\_\_\_

Breed: \_\_\_\_\_

Pet's License/Tag Number: \_\_\_\_\_

Color: \_\_\_\_\_

Sex: ☐ Male ☐ Female

Pet Description: \_\_\_\_\_

### Pet 2:

Type of Pet: ☐ Dog ☐ Cat ☐ Bird ☐ Other: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Pet's Date of Birth: \_\_\_\_\_

Pet's Weight: \_\_\_\_\_

Breed: \_\_\_\_\_

Pet's License/Tag Number: \_\_\_\_\_

Color: \_\_\_\_\_

Sex: ☐ Male ☐ Female

Pet Description: \_\_\_\_\_

**\*\*\*\*\* Please attach a recent photo of pet(s) to this form. \*\*\*\*\***

Pets may only be walked in paths and areas designated for such purposes. No pet may pass through the Lobby unless it is held in its owner's arms. Pets that cannot be carried in their owner's arms shall enter and exit the Condominium through the service entrance of the building. As a general rule, the aggregate number of gallons of water for any aquarium(s) within a Unit shall not exceed 125 gallons.

I am aware of the Brickell Heights \_\_\_\_\_ Condominium Association, Inc. rules, regulations and restrictions regarding pets on the property as referred to in the Declaration of Condominium, and agree to abide by them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Brickell Heights

## MOVE IN/OUT AND DELIVERY POLICY \_\_\_\_\_ TOWER

All move-ins, move-outs, and deliveries, must be scheduled with the Management Office. Please contact the Management Office at (786) 374-2088.

Notice for move-ins and move-outs must be given at least two (2) weeks prior in order to schedule a reservation for the service elevator. Please re-confirm your move-in/out and large deliveries one (1) week in advance. All other small deliveries not requiring more than one (1) elevator trip must be scheduled at least 24 hours in advance. Reservations are made on a first-come, first-serve basis. **Only one (1) Unit will be permitted to reserve the service elevator for a block of time up to four (4) hours (either 9:00 am - 12:30 pm or 12:30 pm - 4:30 pm) with a maximum of two (2) Units allowed to perform a move per day.** Moves must be 100% completed and their corresponding delivery vehicle(s) removed from the premises no later than 12:30 pm or 4:30 pm, respectively. Elevator protective panels must be installed prior to moving. Deliveries, including move-ins, are only permitted Monday through Friday between the hours of 9:00 am to 4:30 pm. **Weekend deliveries and/or moves are not permitted unless approved by the Association.**

Moving companies must provide proof of liability insurance with a minimum coverage limit of **One Million Dollars (\$1,000,000.00)**. Movers must be compliant with the **CONTRACTOR & VENDOR REQUIREMENTS FORM**.

**A refundable Elevator Use Fee of Two Hundred and Fifty Dollars (\$250.00) in the form of a check or money order must be submitted to the Management Office in order to reserve your spot for your Move-In/Move-Out.** If any damage occurs, the Association, its management agents, in their sole discretion, will charge the Unit Owner's maintenance assessment account for any damage-requiring repair.

Moving vehicles are permitted to park in designated areas only and **must not** park anywhere on the main entrance driveway, block the garage entrances or exits, or obstruct any parking areas. Any assembly work must be performed inside the apartment or off the premises. The common areas are not available as a work area for delivery persons.

All pallets, boxes, and packing materials (bubble wrap, foam, shrink wrap, etc.) must be removed by delivery personnel. Boxes can be disposed of by being broken down and brought to the Receiving Clerk on the ground level. No disposal of any packing materials is permitted on your floor or down the trash chute. Please call the Front Desk if you need directions or assistance with the disposal of boxes and packing materials.

Management reserves the right to ask moving or delivery personnel to leave the property and/or deny future access to ensure orderly move-ins, move-outs, and deliveries. Please contact the Management Office if you require additional assistance.

MOVE IN DATE: \_\_\_\_\_

MOVE IN TIME: \_\_\_\_\_

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

**\*\* Checks shall be made payable to Brickell Heights \_\_\_\_\_ Condominium Association, in the form of a Cashier's check or money order in the amount of (\$250.00) two hundred and fifty dollars. \*\***

# Brickell Heights

## ACKNOWLEDGEMENT AND ACCEPTANCE OF ASSOCIATION RULES & REGULATIONS AND USE RESTRICTIONS

I hereby agree for myself and on behalf of all persons who may use the Unit which I seek to lease that we will abide by all the restrictions contained in the Declaration of Condominium, By-Laws, Rules and Regulations, Condominium Documents, Declaration of Master Covenants and other restrictions of Brickell Heights \_\_\_\_\_ Condominium Association, Inc.

Signature of Applicant: \_\_\_\_\_

Name: \_\_\_\_\_

Signature of Spouse/Roommate: \_\_\_\_\_

Name: \_\_\_\_\_



# Brickell Heights

## LEASE ACKNOWLEDGEMENT AGREEMENT FOR UNIT \_\_\_\_\_

I hereby acknowledge that I will abide by the Rules, Policies and Regulations set forth by the Brickell Heights \_\_\_\_\_ Condominium Association, Inc. and Brickell Heights Master Association, Inc. I also understand that I am personally responsible for my actions as defined in Florida Statute 718.303, "Actions for damages or injunctive relief for failure to comply with these provisions may now be brought against any tenant leasing a unit, rather than the owner".

I agree that I am subject to the Declaration of Brickell Heights \_\_\_\_\_ Condominium Association, Inc. and the Declaration of Master Covenants. Failure to comply with terms and conditions thereof shall be a material default and breach of the lease agreement.

I/We understand that this application must be completed in its entirety, and declare that the information provided is true and correct. Willful misrepresentation will void any lease, contract or agreement entered into in connection with this application.

I/We authorize the Association or its agent(s) to obtain and verify a consumer credit and background reports and understand an investigation may be conducted to determine mode of living, financial ability, personal character and general reputation.

I/We release the Association, their agent(s) and members from any loss, expense or damage, which may result directly or indirectly from any information or reports furnished

Dated: This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Owner or Authorized Representative Signature

\_\_\_\_\_  
Print Name

### APPLICATION INSTRUCTIONS:

- (i) Prospective tenants must fill out all applications, forms and documents completely.
- (ii) Provide a copy of the fully executed lease agreement and signed lease addendum (enclosed) must be included with the lease application.
- (iii) Provide a copy of a Government issued, non-expired I.D. for identification purposes.
- (iv) An **application processing fee of One Hundred Dollars (\$100.00)** is required in the form of a check made payable to Brickell Heights \_\_\_\_\_ Condominium Association. A separate \$100.00 application fee must be paid for each additional individual over the age of eighteen (18) anticipated to reside in the Unit, spouses excluded.
- (v) A **refundable security deposit** equal to **one (1) month's rent**, in the form of a check made payable to Brickell Heights \_\_\_\_\_ Condominium Association, must be submitted to the Association at the time of application. Upon written request to the Association and after the move-out has been completed, this security deposit will be returned in accordance with Florida Landlord and Tenant Law to the name listed on the original payment deposit received.
- (vi) Please allow up to fourteen (14) days for the application to process. The completion of this package is your responsibility. Please submit as soon as possible. Prospective tenant(s) must complete this application for occupancy in detail. Processing of this application will begin after all required forms have been completed, signed and submitted to the Association.