



## **PURCHASE APPLICATION CHECKLIST**

Unit # \_\_\_\_\_ Date \_\_\_\_\_  
Applicant's Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Co-Applicant's Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Thank you for your interest in Latitude on the River. We look forward to assisting you with processing your purchase application. The items listed below are required to be submitted along with this application. If the package is not complete, the process will be delayed. Applications must be received no later than 12pm, Tuesday, in order to be processed the same week. All approved Owners **MUST** complete an orientation prior to scheduling a move-in. All payments must be in the form of a **CASHIERS CHECK OR MONEY ORDER**. Please feel free to contact our office at (786) 364-3685 with any questions you have regarding the application.

Items that must be submitted (please check off):

- ☐ \$100 NON-REFUNDABLE Application Fee made payable to Latitude on the River Condo Association per individual, married couple or occupants over 18 years of age
- ☐ \$100 NON-REFUNDABLE Move-in fee made payable to Latitude on the River Condo Association
- ☐ **A FULLY COMPLETED APPLICATION**, signed by applicant and owner, as needed. Every family member 18 years of age or older is required to complete the screening application, provide all required documents, and pay screening application fee
- ☐ A clear, readable copy of the PURCHASE AGREEMENT
- ☐ Pre HUD statement
- ☐ Completed Resident Data form per applicant or married couple
- ☐ Please provide proof of income- Two (2) of the following items are required:
  - Three (3) consecutive pay stubs
  - 1099
  - W-2
  - Last three consecutive months bank statements (if self employed, must provide last 2 years tax returns)
- ☐ A copy of valid, government issued photo identification
- ☐ Vehicle registration and proof of vehicle insurance
- ☐ Pet registration form, most recent veterinarian records, a picture of pet and \$100 non-refundable pet fee made payable to Latitude on the River Condo Association

**LATITUDE ON THE RIVER**  
**CONDOMINIUM ASSOCIATION, INC.**  
**Resident Contact Information**

Owner Name: \_\_\_\_\_ Unit #: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Work #: \_\_\_\_\_ DOB: \_\_\_\_\_  
Email: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Other emergency #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Does this person have a key to the unit: \_\_\_\_\_

**OCCUPANTS IN UNIT:**

Name (s):	Relationship:
_____	_____
_____	_____
_____	_____

**Vehicles (Year, Make, Model, Color, Tag):**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Copy of Drivers License attached      \_\_\_\_\_ Copy of Registrations attached  
\_\_\_\_\_ Proof of Insurance

**Are you or anyone in your household in need of special medical attention or have restricted mobility, which would require additional assistance in case of emergency?** \_\_\_\_\_

**Please explain any special accommodations required (oxygen, wheelchair, impairments, etc.)**

\_\_\_\_\_

## **Move In/Move Out and Delivery Policy**

- All move-ins, move-outs, and deliveries must be scheduled with the Management Office at 786-364-3685.
- Notice for move-ins and move-outs must be given **at least seven (7) days prior** in order to properly schedule for the designated elevator for service. Any other deliveries must be scheduled not less than 48 hours in advance.
- A professional and insured moving company can be used for move-ins and move-outs of the Condominium. The moving company must provide the required Certificate of Insurance. You may fax it at 786-364-3690.
- Moving hours are 9:00 am to 5:00 pm., Monday through Friday. Saturday moving hours are 10:00 am to 2:00 pm. All moves must be completed by 5:00 p.m. (Mon through Fri) and 2:00 p.m. (Saturday). No moving in or out is permitted on Sundays or legal holidays.
- Any damage to Common Properties/Elements by movers shall be charged to the Owner of the Unit.
- All moves must be scheduled in sufficient time to schedule a time slot. At the end of the move the area shall be inspected. Should there be damage the amount of the damage will be documented and deducted from the security deposit.
- A **non – refundable \$100.00 move-in/move-out fee** is required and must be in the office 48 hours in advance to the move. **The fee must be in the form of a money order or cashier's check made out to Latitude on the River Condominium Association.**
- Access to the building by a contractor, vendor, or service person is obtained by first scheduling their arrival with the office, filling out a unit access authorization form, and by checking in with front desk.
- All employees of the moving company shall be dressed in clean working clothes.
- No employees should be going through the lobby area nor use the Residents elevators.
- Moving vehicles are permitted to park in designated areas only and must not park on the entrance drive or obstruct any parking areas.
- **THE SERVICE ELEVATORS HAVE BEEN DESIGNATED FOR MOVE-INS, MOVE- OUTS, DELIVERIES AND SERVICE.**
- All work including cutting, painting, carpentry, etc. must be performed inside the apartment or off the premises. The Hallways are not available as a work area.
- Boxes must be disposed properly by being broken down and brought to the dumpster rooms in the receiving area. A **\$ 50.00** fee will be charged to those who do not comply. Avoid placing any packing materials on your floor or down the trash chute. Please call the Management Office 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.

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

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

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

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

# **LATITUDE ON THE RIVER CONDOMINIUM ASSOCIATION, INC.**

## **Moving Procedure and Acknowledgement**

I, \_\_\_\_\_, of Unit # \_\_\_\_\_ hereby acknowledge that I have been informed of and understand the following:

1. Movers must use the assigned elevator.
2. Must have insurance in case any damages occur while the moving process is in place.
3. Must protect all common areas of any damages.

Should the moving company fail to abide with the Rules and Regulations for Latitude on the River Condominium, I hereby acknowledge that I will be personally responsible for any damage incurred due to their failure to follow these requirements and for the collection of insurance to cover the damage.

**NOTE:** It is suggested that each owner or resident using a moving company have these requirements written into their contract for the move.

SIGNED THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By: \_\_\_\_\_ WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_

UNIT#: \_\_\_\_\_

MOVING DATE: \_\_\_\_\_

COMPANY: \_\_\_\_\_



## **PET REGISTRATION FORM**

Unit Owner/Resident \_\_\_\_\_ Unit #: \_\_\_\_\_

Type of Pet (***please circle***):      DOG      CAT      OTHER \_\_\_\_\_

Specify OTHER: \_\_\_\_\_

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

Pet's Sex: \_\_\_\_\_ Pet's Weight: Current \_\_\_\_\_ Maturity \_\_\_\_\_

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

*Breed (Be specific- give complete description, color, etc.)*

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**NOTE:**

The Association allows residents to keep in the unit two (2) household pets (i.e., dog/cat or other domesticated pet as approved by the Association) with a total combined weight not to exceed sixty (60) pounds at full growth/maturity. Such pet(s) must be properly registered with the Association via the Management Office.

For proper registration with the Association, residents must include a **picture** of each pet and a current **veterinary report** and **vaccination history**. The veterinary report **must include current weight of pet(s)**, as well as anticipated weight of breed(s) at full maturity. Residents are responsible to provide the Association Management Office with a yearly updated report.

The Association charges a yearly non-refundable pet fee per pet in the amount of \$100. This fee is charged on January 1 of each calendar year, and is due in full by March 31 of each calendar year. Such fee shall be paid via money order made payable to Latitude on the River Condominium Association.

The Association recommends that you ask your insurance agent about adding liability pet coverage to your homeowner's or renter's insurance policy. Please attach a copy of the policy, if applicable.

***Please refer to the Association's Rules and Regulations for more detailed information regarding pets at Latitude on the River.***

***By signature below, I acknowledge receipt of a copy of the LATITUDE ON THE RIVER CONDOMINIUM ASSOCIATION, INC., Rules and Regulations, and any other restrictions regarding pets, and I hereby agree to abide by them at all times.***

***\_\_\_\_\_ (initial) As the owner/resident of Unit # \_\_\_\_\_ no pets will be living in the unit. I agree and understand that if in the future I desire to bring a pet to live in the unit, I must comply with the rules and procedures.***

**Unit Owner/Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**



## **PET RULES AND REGULATIONS:**

1. ***Combined total weight of pets shall not exceed sixty (60) pounds at full maturity.***
2. Upon move in, or upon acquisition of a pet, the pet must be properly registered with the Association through the Management Office. ***SEE REGISTRATION FORM.***
3. An annual non-refundable pet fee is charged by the Association in the amount of \$100 per pet. Fees are charged on January 1 of each calendar year, and are due by March 31 of each calendar year via money order made payable to Latitude on the River Condominium Association.
4. Pets must be kept on a leash outside of the unit at all times. Leashes shall not exceed six feet in length, and must be handled by an individual fully capable of controlling the pet at all times. Pets shall never be permitted to run free on the property or in the building except within a Unit.
5. No pet shall be left on a balcony unattended or while the Resident is absent.
6. Any pet that is deemed to be disruptive to other residents is subject to removal from the Condominium property at the discretion of the Board of Directors.
7. All pets must exit and enter the building through the back lobby door. No pets are allowed through the front lobby of the building. If pets are taken through the front lobby, the pet owner must carry the pet(s) until they have reached the exterior of the building.
8. All pet owners must walk pets in the designated area of common elements only. Such designated area is located behind the building, North facing, on the left as you leave the building's back lobby. This area is designated by a green Pet Station filled with pet waste baggies. ***This is the only location at Latitude where pets are allowed to defecate or urinate.***
9. In the event that any pet shall defecate or soil in any way in or on the Latitude on the River Condominium common element or limited common element property, the Owner shall immediately clean up the area, utilizing a "pooper scooper" or latex glove, deposit the waste in a closed bag and deposit the waste in the appropriate trash collection container.
10. All pets must be licensed and inoculated pursuant to all applicable City and/or County ordinances.
11. Pets shall not be allowed on common area furnishings whatsoever.
12. Pets shall not be allowed on the pool deck at any time.
13. All pet owners maintaining pet(s) on Condominium property shall be fully responsible for, and shall bear the total expense of, any damages to the property resulting from the acts of the pets. Any damage shall be determined by the Board of Directors and collected by the Association.

***Pet policies and rules are strictly enforced at Latitude.***

***All violators of pet policies and/or rules will result in fines of \$100 per day up to \$1,000, and may also result in eviction and/or other legal recourse as allowed by Florida Statutes.***

***Pet Owners must do your part to preserve the integrity of the common area, common area furnishings, floor coverings, grounds and the overall cleanliness and appearance of Latitude.***

<h1 style="margin: 0;">ResidentData</h1> <p style="font-size: small; margin: 0;">a ChoicePoint Service</p>	PROP:	
	APT#:	
	RENT:	
	AGENT:	
	MOVE IN DATE:	

  

**APPLICANT INFORMATION**

**PRIMARY**

NAME \_\_\_\_\_  
(LAST) (FIRST) (MI)  
MAIDEN NAME \_\_\_\_\_

PHONE \_\_\_\_\_  
(HOME) (BUSINESS)

SS# \_\_\_\_\_

DRIVERS LICENSE# \_\_\_\_\_

STATE \_\_\_\_\_

MARITAL STATUS: SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_

SEPARATED \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

**SPOUSE**

NAME \_\_\_\_\_  
(LAST) (FIRST) (MI)  
MAIDEN NAME \_\_\_\_\_ SS# \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_

PHONE \_\_\_\_\_  
(HOME) (BUSINESS)  
DL# \_\_\_\_\_ STATE \_\_\_\_\_

**OTHER OCCUPANTS**

NAME \_\_\_\_\_  
(LAST) (FIRST) (MI)  
NAME \_\_\_\_\_  
(LAST) (FIRST) (MI)

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

**PRIMARY APPLICANT**

**PRESENT EMPLOYER**

COMPANY \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

PERSONAL PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_

START DATE \_\_\_\_\_

POSITION \_\_\_\_\_

MONTHLY GROSS INCOME \$ \_\_\_\_\_

**PREVIOUS EMPLOYER**

COMPANY \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

PERSONAL PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_

START DATE \_\_\_\_\_

POSITION \_\_\_\_\_

MONTHLY GROSS INCOME \$ \_\_\_\_\_

**PRESENT ADDRESS**

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

APARTMENT OR LANDLORD NAME \_\_\_\_\_

END \_\_\_\_\_

RENT \$ \_\_\_\_\_

RESIDENCY DATES START \_\_\_\_\_

END \_\_\_\_\_

**PREVIOUS ADDRESS**

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

APARTMENT OR LANDLORD NAME \_\_\_\_\_

END \_\_\_\_\_

RENT \$ \_\_\_\_\_

RESIDENCY DATES START \_\_\_\_\_

END \_\_\_\_\_

**PREVIOUS ADDRESS**

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

APARTMENT OR LANDLORD NAME \_\_\_\_\_

END \_\_\_\_\_

RENT \$ \_\_\_\_\_

RESIDENCY DATES START \_\_\_\_\_

END \_\_\_\_\_

**PREVIOUS ADDRESS**

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

APARTMENT OR LANDLORD NAME \_\_\_\_\_

END \_\_\_\_\_

RENT \$ \_\_\_\_\_

RESIDENCY DATES START \_\_\_\_\_

END \_\_\_\_\_

**SPOUSE**

**PRESENT EMPLOYER**

COMPANY \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

PERSONAL PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_

START DATE \_\_\_\_\_

POSITION \_\_\_\_\_

MONTHLY GROSS INCOME \$ \_\_\_\_\_

**PREVIOUS EMPLOYER**

COMPANY \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

PERSONAL PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_

START DATE \_\_\_\_\_

POSITION \_\_\_\_\_

MONTHLY GROSS INCOME \$ \_\_\_\_\_

**PRESENT ADDRESS**

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

APARTMENT OR LANDLORD NAME \_\_\_\_\_

END \_\_\_\_\_

RENT \$ \_\_\_\_\_

RESIDENCY DATES START \_\_\_\_\_

END \_\_\_\_\_

**PREVIOUS ADDRESS**

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

APARTMENT OR LANDLORD NAME \_\_\_\_\_

END \_\_\_\_\_

RENT \$ \_\_\_\_\_

RESIDENCY DATES START \_\_\_\_\_

END \_\_\_\_\_

WILL YOU HAVE A PET IN THE APARTMENT?

YES OR NO \_\_\_\_\_

DESCRIPTION \_\_\_\_\_

LEASE FILE INFORMATION			
<b>NEAREST RELATIVE</b>			
NAME	(LAST) _____ (FIRST) _____ (MI) _____	HOME PHONE	_____
ADDRESS	_____	WORK PHONE	_____
<b>EMERGENCY CONTACT</b> (other than above)			
NAME	(LAST) _____ (FIRST) _____ (MI) _____	HOME PHONE	_____
ADDRESS	_____	WORK PHONE	_____
<b>PERSONAL DESCRIPTION</b>			
<b>PRIMARY APPLICANT</b>			
HEIGHT	_____	WEIGHT	_____
	HAIR	_____	EYES
	_____		_____
<b>SPOUSE</b>			
HEIGHT	_____	WEIGHT	_____
	HAIR	_____	EYES
	_____		_____
<b>VEHICLE DESCRIPTION</b>			
VEHICLE 1: MAKE	_____	MODEL	_____
	YEAR	_____	LICENSE#
	_____		_____
VEHICLE 2: MAKE	_____	MODEL	_____
	YEAR	_____	LICENSE#
	_____		_____
<b>BANK</b>			
<b>PRIMARY</b>			
NAME OF BANK	_____	PHONE#	_____
CHECKING ACCOUNT #	_____	SAVINGS ACCOUNT #	_____
<b>SPOUSE</b>			
NAME OF BANK	_____	PHONE#	_____
CHECKING ACCOUNT #	_____	SAVINGS ACCOUNT #	_____
<b>QUALIFYING QUESTIONS</b>			
	YES	NO	STATE
1. HAVE YOU OR YOUR SPOUSE EVER BEEN EVICTED FROM RENTAL HOUSING? If yes, List State	_____	_____	_____
2. HAVE YOU OR YOUR SPOUSE EVER BEEN CONVICTED OF A CRIME? If yes, List State	_____	_____	_____
3. WILL THERE BE ANY OTHER OCCUPANTS OVER 21 YEARS OF AGE OTHER THAN THOSE LISTED ABOVE?	_____	_____	_____
<p>RELEASE: I understand that I acquire no rights in an apartment until I sign this agreement and submit a holding fee in the amount of \$ _____</p> <p>Upon approval of tenancy and the signing of an apartment rental agreement, this fee will be credited against my deposit and/or my first months rent. In consideration for landlord holding said apartment at _____</p> <p>I hereby waive all rights to the return of said holding fee and said fee shall be retained as liquidated damages in the event I do not choose to enter into the agreement applied for herein. In the event said application for tenancy is not accepted, holding fee shall be returned to applicant.</p> <p style="text-align: center;"><b>NON-REFUNDABLE APPLICATION FEES</b> _____</p> <p>Pursuant to State and Federal Fair Credit Reporting Acts, this is to inform you that an investigation involving the statements made on your rental application at the above-mentioned apartment complex, as well as inquiries regarding public records, your character, general reputation, personal characteristics and mode of living may be initiated. You have the right to dispute the information reported. Upon written request, you are entitled to a complete and accurate disclosure of the investigation's nature and scope as well as a written summary of your rights and remedies under the Fair Credit Reporting Act. Inquiries should be directed to Resident Data, Inc. PO Box 850454 Richardson, TX 75085-0454. We certify that, to the best of my/our knowledge, all statements are true and complete. False, fraudulent or misleading information may be grounds for denial of tenancy or subsequent eviction. I/We authorize Resident Data, Inc. to obtain all reports and verifications necessary to verify all information put forth in the above application and to furnish all information to the landlord named above.</p> <p>Keys will be furnished only after contemplated lease and other rental documents have been properly executed by all parties and only after applicable rents and security deposits have been paid. This application does not obligate Property to execute a lease or deliver possession of the proposed premises. I understand if Property is unable to deliver possession of proposed apartment on the agreed date for any reason, including holdover of a prior Resident, then Property shall not be liable as a result. Property is also under no obligation to deliver possession of another apartment. By my signature below, I certify that I have read and understand the terms of this rental application.</p> <p>I am aware that an incomplete application causes a delay in processing and may result in denial of tenancy. <b>Equal Housing Opportunity</b></p>			
Future Resident Signature	DATE	AUTHORIZED CONSULTANT	DATE
Future Resident Signature	DATE	MANAGER APPROVAL	DATE
<b>Manager's Comments</b>			



**AUTHORIZATION AGREEMENT FOR ASSOCIATION TO  
COLLECT RENT UPON DELINQUENCY IN MAINTENANCE PAYMENTS**

WHEREAS, \_\_\_\_\_ (herein "Owner"), is the record owner(s) of the property located at \_\_\_\_\_, \_\_\_\_\_ Florida \_\_\_\_\_ (herein the "Unit") in the Latitude on the River Condominium (herein the "Condominium"), as described in the Declaration of Condominium of Latitude on the River, A Condominium (herein "Declaration"), as recorded in the Public Records of Miami-Dade County, at Official Records Book 25803 at Page 992; and

WHEREAS, Latitude on the River Condominium, Inc. (herein "Association") is the entity charged with the operation and management of the Community; and

WHEREAS, Owner desires to lease the Unit to \_\_\_\_\_ (herein "Lessee(s)") pursuant to a lease submitted herewith; and

WHEREAS, the parties desire the approval of the Association for this lease, pursuant to Article 17 of the Declaration.

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 follows:

1. Upon the execution and delivery of this Authorization Agreement, and the submission of any other documentation required by the Association, assuming the satisfactory result of the standard background investigation of Lessee(s), the Association shall provide the necessary approval for the lease.
2. If, at any time during the pendency or term of the lease, Owner(s) becomes delinquent thirty (30) days or more in the payment of assessments to Association, Owner(s) and Lessee(s) agree that Association shall have the power, right and authority to demand lease payments directly from the Lessee(s) and deduct such past-due assessments, costs and attorney fees, if any, as may be delinquent. Further, Owner(s) and Lessee(s) agree that Lessee(s) will pay the full rental payment due, to the Association, upon written demand. Owner(s) expressly absolves Lessee(s) from any liability to Owner(s) for unpaid rent under the Lease Agreement if such payment is made directly to Association upon demand from Association. If any funds remain after deduction of amounts owed, the Association shall apply the remaining funds to the account of the Unit Owner as a credit against future assessments.
3. Should Lessee(s) fail to comply with the written demand of the Association by forwarding the next rent payment due (and all future rent payments due until instructed otherwise, in writing, by the Association) to the Association, the Association is hereby granted the authority to obtain a termination of the tenancy, in the name of Owner(s), through eviction proceedings as set forth in Chapter 83, Florida Statutes, or to seek injunctive relief or specific performance under this contract. Such relief shall be cumulative, and shall not be a waiver of any right of the Association to pursue the Unit

Owner for non-payment of assessments.

4. Owner(s) and Lessee(s) further agree that, if any legal action becomes necessary to enforce the terms of this Authorization Agreement, the Association shall be entitled to recover reasonable attorney's fees and costs, including appeals, from Owner(s). Any such costs shall be deemed to be a special assessment against the unit and collectable in the same manner as any special assessment, pursuant to the Declaration.

5. Association shall not be liable to Owner, or to the Lessee, or Lessee's family, agents, guests, invitees, employees or servants for damage to persons or property caused by other residents or other persons. Lessee recognizes that Association does not warrant the security of the property, and is not responsible for the safety of Lessee, other unit occupants, nor their property. Owner(s) and Lessee(s) jointly and severally agree to indemnify and hold Association harmless from and against any claims for damages to person or property arising from Lessee's use of the premises, or from any activity permitted to be undertaken by Lessee in or about the premises. Association shall not be liable for personal injury, or damages to Lessee's personal property from theft, vandalism, fire, water, rain, storms, smoke, explosions, sonic booms, riots or other causes whatsoever unless it is established that Association has been negligent in the maintenance of the common elements which are the responsibility of the Association, and which negligence is the proximate cause of said damage. Lessee(s) agree to notify Association immediately upon the occurrence of any injury, damage or loss suffered by Lessee(s) or other person upon the premises.

6. Owner(s) and Lessee(s) understand and agree that this Authorization Agreement shall apply to any renewal, extension or modification of the Lease or any continued occupancy of the Unit, even if no written Lease remains in effect.

Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

LATITUDE ON THE RIVER  
CONDOMINIUM ASSOCIATION, INC.,  
a Florida not-for-profit corporation:

OWNER(S)

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

By: \_\_\_\_\_  
\_\_\_\_\_, President

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

Attest: \_\_\_\_\_  
\_\_\_\_\_, Secretary

LESSEE(S):

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

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



## **PARKING GARAGE GUIDELINES**

Effective September 1, 2012, oversize vehicles will no longer be accepted in the Latitude Garages either for Valet parking or Self parking. Oversize vehicles are those measuring more than 17 ft. long x 7ft. wide x 6.7 ft. high, such as large pickup trucks and suburban SUV's such as but not limited to: Toyota Tundra and Dodge Ram.

If you have any questions, please contact the Management Office at 786-364-3685.