

## CITY VIEW BY THE RIVER CONDOMINIUM ASSOCIATION

### APPROVAL REQUIREMENT (SALE, LEASE OR TRANSFER)

UPON SUBMITTING, PLEASE ALLOW TWO WEEKS FOR PROCESSING

1. **APPLICATION FOR OCCUPANCY MUST BE COMPLETED THOROUGHLY.** Authorization for release information **must be signed.**
2. If it's a rental the owner has to complete the Certificate of Approval for rent.
3. Bring a copy of the **lease or sale contract** with a money order of **\$100.00** for the first applicant, **\$50 per applicant over 18 years old**, as application fee **payable to City View by The River Condominium Association.** This charge **is non-refundable.**
4. Submit **3 WRITTEN** Character Reference Letter for all occupants over the age of 18.
  - **3 Character Reference** They must be unrelated and must be known for at least 1 year
  - **Current Employment** for applicant 1, applicant 2, and at least Current/Previous Residence.
5. Bring a photocopy of the **Driver's License or Picture I.D.** along with a photocopy of the **Social Security Card** for **ALL OCCUPANTS** over the age of 18.
6. When the inquiry into the applicant's background is completed, it will be submitted to the Board of Directors for their final decision and interview.

**ALL ASSESSMENTS MUST BE CURRENT FOR APPROVAL**

DESPUES DE SOMETIDA, TOMA HASTA DOS SEMANAS PARA PROCESAR

1. **LA PLANILLA DE OCCUPACION DEBE SER LLENADA COMPLETAMENTE.** La autorización para solicitar información tienen que ser firmada
2. Si es una renta, el dueño debe firmar Certificado de Aprobación para renta.
3. Traiga **copia del arrendamiento o contrato de venta** junto con un money orden de **100.00** para el primer aplicante y **\$50 por cada persona que tenga más de 18 años**, para cargos de transferencia, a nombre de **City View by The River Condominium Association, Estos cargos no son reembolsables**
4. Favor entregar 3 referencias personales **POR ESCRITO** para todos los ocupantes que sean mayores de 18 años de edad
  - **3 cartas de referencia personales** No pueden ser familiares y deben de ser conocidos por más de un año.
  - **Carta de empleo** actual del aplicante 1 y aplicante 2 y de su arrendador.
5. Traiga copia de la **licencia de manejar o identificación** junto con la copia de la **tarjeta de Seguro Social** para **TODOS LOS OCUPANTES** que sean mayor de 18 años de edad.
6. Cuando la investigación del aplicante este terminada se le entregara a la junta directiva para su aprobación final y entrevista.

**PARA SER APROBADOS LAS CUOTAS DE MENTENIMIENTO TIENEN QUE ESTAR AL DIA**

**REQUEST FOR APPROVAL FOR RENTAL OR LEASE**

ALLOW TWO WEEKS FOR PROCESSING / TOMA HASTA DOS SEMANAS PARA PROCESAR

**OWNER MUST COMPLETE FORM. IT MUST BE SUBMITTED TO THE ASSOCIATION AND APPROVED BEFORE TENANT OCCUPIES UNIT. INCOMPLETE FORMS WILL BE RETURNED TO OWNER FOR COMPLETION BEFORE BEING CONSIDERED.**

Owner Name (S) \_\_\_\_\_

Unit Address \_\_\_\_\_

Owner Mailing Address \_\_\_\_\_

Owner Telephone Number (s) \_\_\_\_\_

Tenant Name (s) \_\_\_\_\_

Present/ Most recent address \_\_\_\_\_

Telephone Number (s) \_\_\_\_\_

The terms of the Rental / Lease Agreement \$ \_\_\_\_\_ per month for \_\_\_\_\_ months.

Effective dates of Rental / Lease Agreement: From \_\_\_\_\_ to \_\_\_\_\_

A copy of the Rental / Lease Agreement must be attached. Must be a minimum of 1 year.

Number of adults to occupy unit \_\_\_\_\_ Number of children \_\_\_\_\_ Ages \_\_\_\_\_

Number of bedrooms in unit \_\_\_\_\_

**NOTE:**

OCCUPANTS CANNOT EXCEED 4 PERSONS IN A 2 BEDROOM UNIT, AND 2 PERSON IN A 1 BEDROOM UNIT. NO COMMERCIAL VEHICLES, BOATS, TRAILERS, TRUCKS, OR RECREATIONAL VEHICLES ARE PERMITTED IN THE COMMUNITY.

**OWNER AGREES TO:**

1. Submit a copy of the Rental / Lease Agreement to the Association.
2. Provide tenant with all rules and regulations pertaining to the unit and to the community, and advise them of penalty for non-compliance.
3. Owner will remain responsible for all obligations of ownership as set forth under the terms and conditions of the Declaration of City View By The River Condominium Association, Articles of Incorporation, and By-Laws of the Association.
4. Owner will be responsible for any and all actions of persons renting the unit.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE OF OWNER OR AGENT

\_\_\_\_\_  
DATE

## OCCUPANCY APPLICATION

Unless all the requested information is provided, this application cannot be processed.  
Please print legibly or type all information. **ALLOW TWO WEEKS FOR PROCESSING!!**

APPLICATION FOR Rent ( ) or Purchase ( ) Occupancy Date: \_\_\_\_\_

New Property Address: \_\_\_\_\_

### APPLICANT 1:

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB \_\_\_\_\_

Marital Status: \_\_\_\_\_

### APPLICANT 2:

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB \_\_\_\_\_

Marital Status: \_\_\_\_\_

List Names, relationships, Social Security # & Date of Birth of **ALL** persons who will occupy the residence other than applicant 1 and 2.

	NAME	RELATIONSHIP	SS #	DOB
1.				
2.				
3.				
4.				

**PETS: No pets allowed in the community except service dogs and emotional support animals (ESA). Proper documentation is required.**

1. Species: \_\_\_\_\_ Weight \_\_\_\_\_
2. Species: \_\_\_\_\_ Weight \_\_\_\_\_

### EMERGENCY CONTACT:

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

Relationship: \_\_\_\_\_ Phone Daytime: \_\_\_\_\_ Phone Night: \_\_\_\_\_

List ALL cars that will be parked on the premises: **No Commercial Vehicles allowed in the Community.**

	MAKE	STATE	TAG NUMBER	OWNER
1.				
2.				
3.				

### RESIDENCE HISTORY

**Current Address:** \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Owned ( ) Rented ( ) How Longs? \_\_\_\_\_

Name of Landlord or Mortgagee: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Owned ( ) Rented ( ) How Longs? \_\_\_\_\_

Name of Landlord or Mortgagee: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMPLOYMENT HISTORY**

**Applicant 1:**

Current Position \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Yearly Income: \_\_\_\_\_

**Applicant 2:**

Current Position \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Yearly Income: \_\_\_\_\_

**CHARACTER REFERENCES**

Please list three (3) unrelated persons who have known you for at least 1 year. You must also submit the same 3 references in writing.

1. Name: \_\_\_\_\_ Phone Day: \_\_\_\_\_ Phone Home: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Day: \_\_\_\_\_ Phone Home: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone Day: \_\_\_\_\_ Phone Home: \_\_\_\_\_

Address: \_\_\_\_\_

**Note: Please see attached sheet for additional information required at the time the application submission.**

**I/We authorize the Association, Board of Directors or its agent, to obtain such information as may be required to substantiate the information on this application. An investigation may be made of the applicant 1's and/or applicant 2's character, credit, residence, employment, and criminal records. All fees assesses as part of this application are NON-REFUNDABLE.**

\_\_\_\_\_  
Applicant 1's Signature

\_\_\_\_\_  
Applicant 2's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*FOR OFFICE USE ONLY*

Date Received: \_\_\_\_\_ Property: \_\_\_\_\_

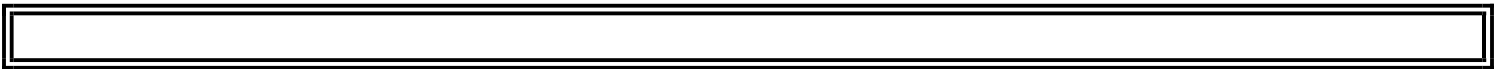
Requested by: \_\_\_\_\_ Telephone: \_\_\_\_\_

Report Submitted to: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Fees; \_\_\_\_\_ Cash ( ) Money Order ( ) Check ( ) # \_\_\_\_\_

Date Fee Received: \_\_\_\_\_



**CITY VIEW BY THE RIVER CONDO ASSOCIATION**

Application for Lease, Sale, Gift or Inheritance approval.

1. I understand that any violation of the terms, provisions, conditions, and covenants of the City View by the River Condominium Association documents provides cause for immediate action as therein provided or termination of the leasehold (when applicable) under appropriate circumstances.
  
2. I understand that the acceptance for Lease of a unit at the City View by the River Condominium is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. **OCCUPANCY PRIOR TO APPROVAL IS PROHIBITED.** Any misrepresentation or false information on these forms will result in the automatic rejection of this application.
  
3. I understand that the board of Directors of the City View by the River Condominium may request and investigation of my background and the board may deem necessary. Therefore, I authorize the Board of Directors and their agents to make such investigations and I also agree that the information contained in this and the attached application may be used in said investigations, and that the Board of Directors and Officers of the City View by the River Condominium shall not be held responsible for any action or claim by me in connection with the use of the information contained herein or any investigations conducted by the Board of Directors.

I hereby certify that I have read and understood this application and have received from the owner of the unit a copy of the governing documents and rules and regulations of the City View by the River Condominium Association. I further covenant to abide by the terms and condition of said documents, rules and regulations.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**CITY VIEW BY THE RIVER CONDO ASSOCIATION**

Notice of demand for rent pursuant to the Florida statutes, section 718.116 (11).

Attention: Owner and Tenant

Pursuant to Florida statutes, section 718.116(11), if the parcel is occupied by a tenant and the parcel Owner is delinquent in paying any monetary obligation due to the Association, the Association will make a written demand to the tenant to pay the Association in future monetary obligations related to the Parcel, and the Tenant must make such payment.

In accordance with the forgoing, the Association hereby would demand what is owed \$[full amount due by the Parcel owner plus late fees] of your next rent payment to the Association (the "Required Payment"). To the extent that the required payment exceeds your monthly rent payment, the tenant will be required to remit the full amount of rent payment. After the required amount payment has been paid in full, the amount of \$[monthly assessment] is required to be paid to the Association each month thereafter. Please note that the tenant is still responsible to remit the remainder of the rent, if any, directly to the Parcel Owner.

This demand is continuing in nature, and upon this demand, the tenant must pay the monetary obligation described above to the Association until (i) the Association notifies in writing to pay a different amount, or (ii) the Association releases the obligation, or (iii) tenancy of the Parcel is discontinued, whichever occurs first.

Payments to the Association must be made payable to:

**City View by The River Condo Association.**

And mailed to: **P.O.BOX 228503. Doral, FL 33222**

Section 8 Voucher Programs Participants

You are required to stay current on Association Assessment. If you are delinquent the Association will be advising Section 8 Customer Service of all delinquencies.

**IF YOU FAIL TO MAKE ANY PAYMENTS TO THE ASSOCIATION AS SET FORTH ABOVE OR BY SUBSEQUENT NOTICE, YOUR RENTAL AGREEMENT MAY BE TERMINATED AND THE TENANT MIGHT BE EVICTED FROM THE PARCEL BY THE ASSOCIATION.**

\_\_\_\_\_  
Print Parcel Owner's Name

\_\_\_\_\_  
Print Tenant's Name

\_\_\_\_\_  
Parcel Owner's Signature

\_\_\_\_\_  
Tenant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date