

**Eastside Management**  
**Condominium and Rental Property Management**

**UNIFORM APPLICATION FOR LEASE, ROOMMATE, SALE or TITLE TRANSFER**

**ONE APPLICATION PER PERSON UNLESS MARRIED**

Applicant's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Applicant's Email Contact: \_\_\_\_\_

Unit Owner's Name: \_\_\_\_\_ Unit # \_\_\_\_\_

Application to: Rent ( ) Lease ( ) Title Transfer ( ) Roommate ( )

**INSTRUCTIONS for APPLICATION for LEASE, ROOMMATE, SALE or TITLE TRANSFER**

1. Complete every blank line on the attached documents. All questions must be answered. All blanks must be completed. Should the question not apply, answer 'NA'.
2. PRINT complete mailing address, including zip codes.

**ILLEGIBLE, INACCURATE OR INCOMPLETE APPLICATIONS CAN DELAY THE APPROVAL PROCESS. STATUTE PERMITS A CONDO ASSOCIATION 30 DAYS TO PROVIDE AN APPROVAL.**

Return the attached, along with a copy of the lease or purchase agreement, application fee and necessary pet information if applicable to:

**Eastside Management**  
**PO Box 70264**  
**Fort Lauderdale FL 33307**  
**DO NOT FAX THIS APPLICATION TO THE OFFICE.**

3. A nonrefundable application fee must accompany **EACH application.** Please submit **\$100** payment in the form of cashier's check or money order payable to **PALMA VISTA CONDOMINIUM INC.**
4. The references listed on the application must be thoroughly investigated, prior to any meeting with the interview committee. The Association has thirty (30) days from the receipt of a valid and completed set of responses to the association's inquiries in which to give their decision.
5. If a dog or cat is permitted by the association and will occupy the unit, a picture of the pet and their last medical records must be attached. Pets are always subject the rules of PALMA VISTA CONDOMINIUM INC.
6. **Prior to final approval, all applicants must be interviewed. The board normally gives management their decision within twenty-four (24) hours following the interview.**
7. Should the unit have funds owing the association, an application for lease or sale will not be considered a valid one until such time as all balances due the association have been

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satisfied. Such funds are not deemed paid in full until all checks have cleared the bank. Please allow additional time for all out of the area checks to clear before requesting an interview.

- 8. If approval is given on the purchase of the unit, management will furnish the properly written approval form to the designated party. Should the application be for a purchase, the designated party then agrees to furnish copies of the WARRANTY DEED, along with the buyer's LEGAL MAILING ADDRESS, and PHONE NUMBER to Management immediately following the close of a sale. Management will not amend their records without a recorded warranty deed.

**It is the seller's or owner's obligation to furnish the following to the buyer/lessee:**

- a.) **A full set of the documents (on sale only)**
- b.) **All information relating to future payments of maintenance fees due the association (on sales only)**
- c.) **A Copy of the rules & regulations**
- d.) **Key(s) to the Unit**
- e.) **A mailbox key and other keys for pool, etc.**

By signing, the applicant recognizes that the Association, or their agent, may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, and personal characteristics and mode of living if applicable. The Association may also require a credit report through a credit-report agency.

I (we) hereby agree to abide by all the restrictions contained in the by-laws, Rules and Regulations, and restrictions which are, or may be, imposed in the future, by the Association.

**I UNDERSTAND THE REQUIREMENTS AND OBLIGATIONS, AS SET FORTH ABOVE AND AGREE TO COMPLY WITH SAME**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Current Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Other Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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**APPLICATION FOR OCCUPANCY SECTION I**

Anyone who will stay more than 30 days must make application and have background check.

Date received by Management: \_\_\_\_\_ Application fee(s): \_\_\_\_\_

**PLEASE PRINT:** Complete ALL questions and fill in ALL blanks. If incomplete it will be returned to sender. Include a copy of the lease or purchase agreement.

Applicant Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Desired date of Occupancy: \_\_\_\_\_ Number of people to Occupy: \_\_\_\_\_

Pets: Yes ( ) No ( ) Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Broward County Animal Control License number: \_\_\_\_\_

Applicant's S.S. #: \_\_\_\_\_

( ) Single ( ) Married ( ) Separated ( ) Divorced

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

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

In case of Emergency notify: \_\_\_\_\_

Relationship/Phone: \_\_\_\_\_

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

Spouse's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

S.S. #: \_\_\_\_\_

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

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

In case of Emergency notify: \_\_\_\_\_

Relationship/Phone: \_\_\_\_\_

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

Please list all occupants under 18 who will reside at the residence if approved:

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
1 _____		
2 _____		

**USE ADDITIONAL SHEET OF PAPER IF MORE THAN TWO ADDITIONAL RESIDENTS.**

**No more than 2 persons may occupy a One Bedroom unit.**

**No more than 4 may occupy a Two Bedroom.**

**All persons over age 18 must make separate application and pay Application Fee**

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Provide address for all correspondence to be sent to owner / occupant if approved:

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

\_\_\_\_ Rental Application: Rental period from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_ Resale/Transfer Application:

Desired closing/transfer date \_\_\_\_\_

**Resale/Transfer Only:** In making the foregoing application, I represent to the Board of Directors that the purpose for the purchase of an apartment is as follows:

**Permanent Residence** \_\_\_\_\_

**Seasonal Residence** \_\_\_\_\_

**Investment For Rental** \_\_\_\_\_

1. I have received a copy of all Condominium Documents (buyers only) and Rules and Regulations (buyers and tenants) : **Yes** \_\_\_\_\_ **No** \_\_\_\_\_
2. I hereby agree for myself and on behalf of all persons who may use the apartment which I seek to purchase/lease that I will abide by all of the restrictions contained in the By-laws, Rules & Regulations, Condominium Documents, and restrictions, which are or may be in the future, imposed by the Condominium Association.
3. I understand that I will be advised by the Administration Office of either Acceptance or denial of this application.
4. I understand that the acceptance for purchase of an apartment at the 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.

**In making the foregoing application, I am aware that the decision of the Condominium Association will be final and no reason will be given for any action taken by the Board. I agree to be governed by the determination of the Board of Directors.**

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

Signature:

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

Signature:

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**RESIDENCE HISTORY**

**SECTION II**

(PLEASE PRINT)

- 1) Present address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Apt. or Condo # \_\_\_\_\_  
Phone \_\_\_\_\_  
  
Apt or Condo Name \_\_\_\_\_  
Date of Occupancy \_\_\_\_\_  
Landlord or Mortgagee \_\_\_\_\_  
Phone \_\_\_\_\_  
Landlord Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Mortgage # \_\_\_\_\_
- 2.) Previous Address if less than 2 yrs: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Apt or Condo # \_\_\_\_\_  
Phone \_\_\_\_\_  
Apt or Condo Name \_\_\_\_\_  
Apt or Condo # \_\_\_\_\_  
Landlord or Mortgagee \_\_\_\_\_  
Phone \_\_\_\_\_  
Landlord Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Mortgage # \_\_\_\_\_

**EMPLOYMENT & BANKING REFERENCES**

**SECTION III**

(PLEASE PRINT)

- A.) Employed by \_\_\_\_\_  
Phone \_\_\_\_\_  
How Long \_\_\_\_\_  
Dept. or Position \_\_\_\_\_  
Monthly Income \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

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B.) Spouse's employer (if applicable) \_\_\_\_\_  
Phone \_\_\_\_\_  
How Long \_\_\_\_\_  
Dept. or Position \_\_\_\_\_  
Monthly Income \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

C.) Bank Reference \_\_\_\_\_  
Phone \_\_\_\_\_  
How Long \_\_\_\_\_  
Check # \_\_\_\_\_  
Savings # \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**CHARACER REFERENCES**      **SECTION IV**

(PLEASE PRINT)

1. \_\_\_\_\_

Contact Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

2. \_\_\_\_\_

Contact Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

3. \_\_\_\_\_

Contact Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

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**AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE & EMPLOYMENT INFORMATION** **SECTION V**

I have named you as a reference (SECTIONS III, IV, V), on my application for residence. You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, and employment in reference with my/our application made for residency.

\_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant's signature)

**CONFIRMATION OF RULES AND REGULATIONS RECEIVED**

I (We), \_\_\_\_\_  
(Please print name(s))

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

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

AND FURTHER I / WE UNDERSTAND THAT A VIOLATION OF THE RULES AND REGULATIONS COULD RESULT IN A LEGAL ACTION, FINE OR EVICTION

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

Buyer/Tenant Signature: \_\_\_\_\_

Buyer/Tenant Signature: \_\_\_\_\_

**Vehicle Information:**

Make \_\_\_\_\_ Model: \_\_\_\_\_ State \_\_\_\_\_

Color \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_

Make \_\_\_\_\_ Model: \_\_\_\_\_ State \_\_\_\_\_

Color \_\_\_\_\_ Year \_\_\_\_\_ License Plate # \_\_\_\_\_