



Condominium Association
200-210 172nd Street
Sunny Isles Beach, FL 33160
Telephone: 305-945-9772 – Fax: 305-945-1857

SCREENING PROCEDURE

1. Fill out all forms completely
2. By signing the Avila South application form and providing the social security number, you authorize the Association to conduct a **CRIMINAL BACKGROUND REPORT**. A money order of certified check in the amount of \$100.00 is required for each individual background check. Husband and wife will pay \$100 for both, must present certificate of marriage. Please allow 72 hours for results.
3. Provide a copy of photo ID or passport
4. Meet in person with Board Members to obtain approval, after background check has been completed.
5. Tenants are required to provide to the Association a security deposit equal to **one-month rent** to protect the common areas. Said deposit will be due at the screening meeting. The deposit will be returned when proof of vacancy is verified, no damaged to common areas occurred, pending violations has been paid in full (if applicable) and all keys and remotes have been returned to the owner. The unit owner must advice the office that the refund may be processed. The refund will be issued to the name of the issuer. Please ensure that said name is printed on the Money order or cashiers' check.

New Owner/Renter Check Sheet

Date: _____ Unit _____

Name: _____ Phone _____

Screening payment: Money order: _____ Certified check: _____

Submittal of completed application: _____ Date _____

Application _____

Copy of Photo ID _____

Copy of Lease or Purchase Agreement _____

Rules & Regulations Signed and Dated _____ (must be initial must be initial at screening time.)

Reply from Criminal Background check _____

Screening meeting date: _____

Below this line for Office Use only

Financial Report:

Maintenance is due on the **first day** of each month until 10th. Monthly maintenance Fee: _____.

Monthly Special Assessment, if applicable: _____

Remarks of screening committee _____

Action Taken _____ Date: _____

New owner will be responsible for providing to the association with a copy of warranty deed.



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 Telephone: 305-945-9772 – Fax: 305-945-1857
 Email: Avilasouth@atlanticbb.net
 Website: avilasouth.com**

RENTERS/BUYERS MUST BE PERSONALLY INTERVIEWED BEFORE APPLICATION CAN BE APPROVED

OWNERS AND TENANTS MUST ABIDE BY AVILA SOUTH CONDO BY-LAWS, RULES & REGULATIONS
THIS APPLICATION IS NOT A CERTIFICATE OF APPROVAL

DATE _____

AVILA SOUTH CONDOMINIUM ASSOCIATION, INC., A NON-PROFIT FLORIDA CORPORATION.
 Pursuant to DECLARATION OF CONDOMINIUM OF AVILA SOUTH CONDOMINIUM, Filed December 27, 1973 - Under clerk's File No. 73R-308734 of the Public Records of Dade County, Florida, and in compliance with section 10, Article A, Paragraph 2.

1. **Property Owner's Name:** _____
2. Building No. _____ Unit number _____
3. Address of Parcel _____
4. Buyer/ Renter's Name _____
5. Social Security: _____
6. Number of family members: _____ No. of Children: _____ Ages: _____
7. Current Address _____
 Phone No. _____

8. BANK REFERENCES: (2) Required

BANK _____
 Address _____
 BANK _____
 Address _____

8. **What Type of Transaction:** Sale () Rental ()

SALE: Transaction Terms

- A. Sale Price \$ _____
- B. Mortgage Assumption Amount _____
- C. Have you received transfer forms from Mortgages? _____
- D. **New owner is responsible to provide a copy of a recorded Deed.**

Monthly maintenance: _____ **Special Assessment dues:** _____

LEASE: Term of Lease: Months (three minimum) ____ Yearly ____
Monthly Rent Amount\$ _____

10. INDIVIDUAL REFERENCES: (Required three, local if possible)

1. Name _____
Address _____ Phone # _____
2. Name _____
Address _____ Phone # _____
3. Name _____
Address _____ Phone # _____

Signatures:

BUYER _____

RENTER: _____

UNIT OWER _____

FOR ASSOCIATION USE ONLY

APPROVED BY _____

TITLE _____ DATE APPROVED _____



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ADDENDUM TO RENTAL AGREEMENT

By signing this document, the undersigned unit owner and tenant, agrees that, if the unit owner becomes delinquent on the monthly maintenance and/or special assessment fees due to Avila South Condominium Association, Inc., while the tenant is occupying the unit, the tenant will deduct the monthly maintenance and/or special assessment amount from the rent due to the owner, and will pay said amount directly to the Association on the first of each month until all fees due by the owner are paid in full.

Tenant will begin leased occupancy of Unit _____ on _____, 20____ located in Avila South Condominium Association, Inc.

Unit **Owner** (Print Name)

Tenant (Print Name)

Unit **Owner** Signature

Tenant Signature



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PARKING SPACE ASSIGNMENT
ONE VEHICLE PER UNIT

Name: _____
Phone #: _____
Make: _____
Model: _____
Color: _____
Tag (plate) No. _____
Building No. _____ **Unit No.** _____
Remote No. _____
Entry Code _____

Parking Space Assigned: _____

Signature of Owner/Renter

Signature of Board Member

Avila South Condominium Association

AUTHORIZATION FOR FILE DISCLOSURE

PLEASE ATTACH DRIVER'S LICENSE OR PHOTO ID TO THIS FORM
APPLICANT/TENANT CONSENT

I hereby consent to allow Verify Screening Solutions, Inc., through its designated agent/employee, to obtain and verify my consumer reports, including but not limited to, my credit report, criminal information, and eviction information for the purpose of determining my eligibility to lease/purchase an apartment. I further understand if I lease/purchase an apartment, I consent to allow Verify Screening Solution, Inc. and its designated agent/employee, for the duration of my lease, to review the following list of information to assess risk, for analytics, for process improvement, and other uses: my consumer reports, including but not limited to my credit report, criminal information, eviction information, my rental payment history, and occupancy history, and other information. The facts set forth in my application for residency are true and complete. False, fraudulent, or misleading information on an application may be grounds for denial of residency or subsequent eviction. Results will be provided to: Avila South Condominium Association, Inc.

X _____

Signature Date

Full Name - First, Middle, and Last Name (Please Print)

Home Address (Unit # if applicable) APPLICANTS CONTACT #(REQUIRED)

CITY STATE ZIP

Social Security Number Date of Birth Driver's License Number and State Issued