

# BRICKELL ON THE RIVER

NORTH TOWER ASSOCIATION

## New Resident/Tenant Checklist

Unit# \_\_\_\_\_ Unit Owner \_\_\_\_\_ Parking Space \_\_\_\_\_ Mailbox Number \_\_\_\_\_

### Lease Information

Tenant \_\_\_\_\_

Tenant \_\_\_\_\_

Tenant \_\_\_\_\_

Tenant \_\_\_\_\_

Total Rent \$ \_\_\_\_\_ /Month

Begins \_\_\_\_\_ Ends \_\_\_\_\_

### File Requirements

- ☐ Fully Executed Lease Agreement
- ☐ Copy of tenant(s) Driver's License or comparable ID
- ☐ Refundable Move in/Move out Security Deposit \$500.00
- ☐ Nonrefundable Application fee \$100.00
- ☐ Nonrefundable Move in/Move out fee for use of the service elevator and provision of Access Control Staff to monitor move \$100.00
- ☐ Common Area security Deposit

### Resident Package Forms completed and signed

- ☐ Resident Information
- ☐ Vehicle Registration
- ☐ Emergency Contact
- ☐ Move in/Move out Request
- ☐ Package Receipt Authorization
- ☐ Access Authorization
- ☐ Key Release Authorization
- ☐ Pet Registration (If Applicable)

**BRICKELL ON THE RIVER NORTH TOWER, A CONDOMINIUM**

**APPLICATION FOR LEASE/OCCUPANCY**

Please submit this completed application for sale/regular occupancy to the attention of the **Management Office, Brickell on the River North Tower Condominium Association, Inc., 31 SE 5th Street, Miami, FL 33131**

Date: \_\_\_\_\_, 20\_\_\_\_

I/We intend to **lease/occupy** (circle one) Unit Number \_\_\_\_\_ of the Brickell on the River North Tower Condominium (hereinafter "Unit") from current Unit Owner(s)

\_\_\_\_\_.

\_\_\_\_\_ A copy of the lease is attached to this Application.

\_\_\_\_\_ Lease Application fee of \$100.00 per applicant (except in cases of spouses who are considered one applicant) is attached to this Application/or other amount if fee for background screening is paid directly to screening company.

\_\_\_\_\_ Refundable security deposit of is attached to this Application.

One- bedroom unit \$1,400

Two-bedroom unit \$2,000

Three-bedroom unit \$2,600

\_\_\_\_\_ Proof of HO6 coverage with liability coverage for renters for the unit or renter's liability coverage is attached to this Application.

(Initial here)\_\_\_\_\_ I/We represent that the following information is factual and true. I/We am/are aware that any falsification or misrepresentation of the facts in this Application will result in rejection of this Application or constitute grounds for the Association to void any approval of the lease form that may be granted. I/We consent and acknowledge that you may make further inquiry concerning this Application, including but not limited to the references given below, credit and financial history, criminal history, residential history and public records history of the proposed tenant(s) and all proposed Unit occupants.

(Initial here)\_\_\_\_\_ I/We have read and agree to be bound by the Declaration of Condominium, Bylaws, Articles of Incorporation, and the Rules and Regulations of the Association, copies of which documents have been furnished to me by the current owner of the Unit.

(Initial here)\_\_\_\_\_ I/We understand that the Association may, pursuant to the Fair Credit Reporting Act, 15 U.S.C. Section 1681 *et seq.*, obtain a consumer report and/or investigative consumer report, and a criminal background report, on the applicants signing this Application and all proposed unit occupants. By signing this Application, I/We hereby consent to the Association obtaining a consumer report and/or investigative consumer report and criminal background report and considering same in connection with my application. I/We understand that every effort shall be made by the Association to maintain the confidentiality of the reports; however, by signing the application, I/We hereby waive and hold the Association harmless from any claim, action, or suit regarding the consumer report and/or investigative consumer report and criminal background report. I/We also consent to the Association, or its agents, contacting personal or professional references, or other parties in connection with its investigation of this application. The background report must be complete by going to <https://usabackground.com/brickellontheriver/>

(Initial here)\_\_\_\_\_ I/We understand and agree that this application and any requested documentation must be completed and submitted to the Board of Directors in their entirety at least 20 days prior to the intended start date of the lease. Incomplete applications will be returned. This application shall not be deemed received until fully completed and all requested documentation has been provided to the Association. Further, a personal interview may be required before the Board gives its final decision.

(Initial here)\_\_\_\_\_ I/We understand and agree that the minimum lease term in Brickell on the River North Tower Condominium is 90 days.

(Initial here)\_\_\_\_\_ I/We understand and agree that occupancy of a Unit by a lessee or prospective lessee prior to the time such lessee and lease are approved by the Board is prohibited and, in the event of such unauthorized occupancy, the application for lease approval is automatically withdrawn and the Association may take all necessary legal actions to terminate the unauthorized tenancy and evict the unauthorized tenant.

(Initial here)\_\_\_\_\_ I/We understand and agree that only those persons who are named lessees on the lease and who were approved by the Board at the time the lease application is approved can reside in the Unit. Any time after the original approval, any person or persons, regardless of their relationship to the lessee, desiring to reside in the Unit must be approved by the Board and the lease must be amended to include such other approved residents as a named lessee.

(Initial here)\_\_\_\_\_ I/We understand and agree that the unit must be covered by an HO6 policy including liability coverage for renters or a renter's liability policy prior to any lease of the unit.

1. FULL NAME(S) OF **PRESENT** OWNER(S) OF UNIT \_\_\_\_\_  
ADDRESS OF CURRENT OWNER(S): \_\_\_\_\_
2. FULL NAME OF APPLICANT \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

FULL NAME OF **SPOUSE/CO-APPLICANT** \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

A COPY OF THE LEASE MUST BE PROVIDED TO THE ASSOCIATION AS PART OF THIS APPLICATION PACKAGE.

3. PRESENT RESIDENCE ADDRESS OF APPLICANT(S): \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ HOW LONG? \_\_\_\_\_

4. IF APPLICANT'S PRESENT RESIDENCE, OR ANY PREVIOUS RESIDENCE, IS A CONDOMINIUM, COOPERATIVE OR IS SUBJECT TO REGULATION BY HOMEOWNER'S ASSOCIATION PLEASE PROVIDE:

NAME AND ADDRESS OF ASSOCIATION \_\_\_\_\_

\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

5. IF APPLICANT'S PRESENT RESIDENCE IS RENTAL:

NAME & ADDRESS OF CURRENT LANDLORD: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

6. OTHER THAN THE APPLICANT(S) LISTED ABOVE, PLEASE STATE THE NAME, RELATIONSHIP AND DATE OF BIRTH OF ALL PERSONS WHO WILL BE OCCUPYING THE UNIT ON A REGULAR BASIS (**A COPY OF A PHOTO ID ISSUED BY A GOVERNMENTAL ENTITY MUST ACCOMPANY THIS APPLICATION FOR ALL APPLICANTS AND OCCUPANTS OTHER THAN MINOR CHILDREN**):

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

S.S. # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

TYPE OF VERIFICATION PROVIDED: \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

S.S. # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

TYPE OF VERIFICATION PROVIDED: \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

S.S. # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

TYPE OF VERIFICATION PROVIDED: \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

S.S. # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

TYPE OF VERIFICATION PROVIDED: \_\_\_\_\_

7. ARE ANY OF THE PERSONS LISTED ABOVE SERVICEMEMBERS IN THE UNITED STATES ARMED FORCES, FLORIDA NATIONAL GUARD OR UNITED STATES RESERVE FORCES?

Yes \_\_\_\_\_ NO \_\_\_\_\_

*If you answered yes, please provide a copy of the military identification along with this application.*

8. DRIVERS LICENSE OR PASSPORT NUMBER(S) OF APPLICANT(S) (A COPY OF A PHOTO ID ISSUED BY A GOVERNMENTAL ENTITY MUST ACCOMPANY THIS APPLICATION FOR ALL APPLICANTS):

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

10. PERSON TO NOTIFY IN AN EMERGENCY \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PERSON TO NOTIFY IN AN EMERGENCY \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

11. TOTAL NUMBER OF VEHICLES YOU WISH TO PARK AT THE CONDOMINIUM? \_\_\_\_\_

MANUFACTURER, MODEL OF ALL MOTOR VEHICLES (ex. Honda Civic):

VEHICLE NO. 1: \_\_\_\_\_

LICENSE PLATE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

VEHICLE NO. 2: \_\_\_\_\_

LICENSE PLATE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

12. DO YOU HAVE ANY PETS? \_\_\_\_\_ YES \_\_\_\_\_ NO

TYPE OF PET(s): \_\_\_\_\_

IF YES PLEASE REQUEST PET REGISTRATION FORM

I understand that any violation of the terms, provisions, conditions, and covenants of the Condominium documents and rules and regulations, as any of the foregoing may be amended from time to time, provides cause for pursuit of remedies therein provided.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

\_\_\_\_\_  
Signature of Co-Applicant/Spouse

BRICKELL  
ON THE RIVER  
NORTH TOWER ASSOCIATION

**Emergency Contact Form**

Resident's Name(s): \_\_\_\_\_  
\_\_\_\_\_

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

Resident's Telephone#(s): \_\_\_\_\_  
\_\_\_\_\_

**In the event of an emergency, Management will attempt to contact the resident(s) noted above. However, if Management is unable to reach the resident(s), Management will make an effort to contact the following individual(s):**

Emergency Contact Name \_\_\_\_\_

Emergency Contact Telephone #(s): \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Telephone #(s): \_\_\_\_\_

Resident's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resident's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BRICKELL ON THE RIVER

NORTH TOWER ASSOCIATION

## Move In/Out Request Form

☐ Move In

☐ Move Out

Resident Name(s): \_\_\_\_\_ Unit # \_\_\_\_\_

Requested move date: \_\_\_\_\_

Requested time period: ☐ 830am – 1:00pm \*

☐ 8:30am – 1:00pm \*\*

☐ 1:30pm – 6:30pm \*\*\*

☐ Refundable Security Deposit, received: \_\_\_\_\_

☐ Nonrefundable application, received: \_\_\_\_\_

☐ Nonrefundable Special Detail Security Fee, received: \_\_\_\_\_

### READ CAREFULLY

If the resident causes any damage to any part of the property during a move, or if any of said resident's guest/movers/contractors cause any such damage, that resident is responsible for the full cost to repair those damages and will be billed by the Association accordingly.

A refundable security deposit is required to secure a reservation for a moving date. This deposit will be deposited by the Association, and returned within 10 days after the move, provided no damage has occurred.

In addition, a special detail security fee is required for all move in/out reservations for use of the service elevator and provision of Access Control Staff to monitor move.

All moving companies must provide a Certificate of Insurance, with Brickell on the River North Tower Condominium, 31 SE 5<sup>th</sup> Street, Miami, FL 33131, as Loss Payee. The Certificate of Insurance must include Liability Insurance and Worker's Compensation. All required documentation must be provided before moving contractors will be allowed on property

Rescheduling must coincide with an available date on the Association receiving area reservation calendar.

Moves must be scheduled no less than 7 days in advance and must be confirmed by Management. Moves are permitted during the following hours only:

Monday - Friday, 8:30am - 1:00pm - 1:30pm - 6:30 pm

Saturday, 8:30 am – 1:00pm

Sunday, or Holidays - Not permitted

\* Available only if available in reservation calendar at time reservation is made.

\*\* Movers must arrive on the property by no later than 10:30am (otherwise, they will not be allowed on the property), and must be off the property by 1:00pm

Movers must arrive on the property by no later than 3:30pm (otherwise, they will not be allowed on the property), and must be off the property by 6:30pm

All moving vehicles must park in the designated receiving area.

**Moving trucks that exceed the following dimensions will not be permitted on the property – no exceptions: Height: 12 Ft. Length: 24 Ft.**

Removal of all packaging materials, boxes, and other trash is the resident's responsibility. Movers MUST remove all such materials from premises. Under no circumstances may any of these materials be placed in the building trash chutes or left in the common areas (including hallways). If any of moving material is disposed of improperly, the Association will bill the resident for the cost of removing said materials.

I HAVE READ, AND FULLY UNDERSTAND AND AGREE TO THE ABOVE.

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

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**Package Receipt Authorization**

THE UNDERSIGNED, Owner(s) ☐ / Tenant(s) ☐ of Unit # \_\_\_\_\_ at Brickell on the River North Tower, hereby ☐ authorize(s) ☐ does not authorize the Condominium Association's front desk personnel to accept, receive and sign for any parcels, deliveries, and/or mail addressed to the Unit, without imposing any liability thereon for the condition or substance of any such parcels so received.

Understanding that this authorization is solely for the benefit of the undersigned, I hereby release the Condominium Associations, its employees, agents and assigns, from any liability arising from this authorization, including, without limitation, liability arising from its employees, agents and assigns, in such regard.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

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

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

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

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

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

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

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

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

# BRICKELL ON THE RIVER

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## Access Authorization

It is standard procedure for the front desk to contact residents prior to granting their visitor(s) access into the premises, except if the visitor has been previously authorized (in writing) by the resident. Otherwise, if the front desk is unable to obtain verbal authorization from the resident, the visitor will be turned away.

Therefore, if an Owner/Tenant wishes to authorize access to their unit during an absence from the property, this form must be used to designate such authorization. Access will be permitted to all parties listed below.

It is the sole responsibility of the Owner/Tenant to make all arrangements for their guest(s) to have access to their unit; the resident must provide unit keys for the authorized party. Management will not be responsible to provide the below named visitor(s) with keys under any circumstances.

Owner(s)/Tenant(s) are fully responsible for their guests' actions while at Brickell On The River North Tower, a Condominium and must explain to their guests' that they are required to abide by all governing documents (including Declaration of Condominium, Articles of Incorporation, By-Laws, and Rules and Regulations).

Owner/Tenant Name: \_\_\_\_\_

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

Hereby authorize access for the following person(s):

Call unit before granting access	Do not call unit	Name	Reason for authorization
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Owner/Tenant's Signature \_\_\_\_\_

Date \_\_\_\_\_

# BRICKELL ON THE RIVER

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## Key Release Authorization

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

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

I, the undersigned, authorize the following individual(s) and/or company(s) the right to access my Unit during my absence, without management personnel.

In addition, I authorize Brickell on the River North Tower Condominium Association, Inc. to release the emergency key of my residence to the persons whose name(s) are listed below and indemnify Brickell On the River North Tower Condominium Association, Inc. its agents, representatives, and/or employees for any damage and/or loss resulting there from.

Finally, I agree that in the event the emergency key is not returned or is misplaced by the person(s) listed below, all replacement costs for materials and labor shall be at my expense.

Name(s)	Reason for Authorization	Start Date	Expiration Date

\_\_\_\_\_  
Owner's / Tenant's Signature

\_\_\_\_\_  
Date

KEYS WILL ONLY BE RELEASED DURING OFFICE HOURS

(MONDAY – FRIDAY, 9:00 AM – 5:00 PM).

FOR YOUR SECURITY, MANAGEMENT WILL NOT LEAVE KEYS TO BE PICKED UP.