



MIDTOWN DORAL CONDOMINIUM 4 ASSOCIATION, INC.

7875 NW 107th Ave, Doral, FL 33178

Welcome to Midtown Doral. We are very glad you decided to be part of our Community and we hope you will be able to go through this application process successfully and in the shortest time possible.

Here you will find all the necessary information and steps to make this process easy and smooth. In the event you will have any doubt, require more information about how to fill the application, or need to follow up on your application status, do not hesitate to contact us. Please send in your application by mail, complete with all the requested support documents or deposit in the mail box located for this purpose outside of our offices located at:

RENOVATIONS PROPERTY MANAGEMENT

10855 NW 33rd Street, Doral FL 33172

Toll-Free: 1 (855) 9-CONDO HELP (26-6364)

Phone: (305) 883-5681 | **Email:** info@renovationspm.com

Or VISIT OUR WEBSITE AND CHAT LIVE WITH AN OPERATOR

www.renovationspm.com

Office Hours: Monday - Friday from 9:00 am to 4:30 pm

Any missed document or information, will negatively affect your application. Incomplete applications will not be processed. Please take the necessary time to prepare and review your application carefully. Return the completed application to the management office at least 15-20 days prior to moving into the Association.

No lease of a unit shall be for a period of less than six (6) months and no unit shall be leased more than two (2) times in any twelve (12) month period.

New owners are responsible for providing the certificate of title or warranty deed to be updated within the community database and request a coupon book. Please ensure you read the Association's Governing Documents and comply with our established procedures, Rules and Regulations.

Master and Condo Association's governing documents, mailbox and common area keys must be provided to the new residents by the actual unit owner.

No rental or sale will be completed without the certificate of approval from the Association. This certificate will be given within 48 hours of the interview. You will be contacted as soon as the certificate of approval is ready for pick up, it will be valid for 30 days. Applicants cannot move in until the approval is granted and the interview completed.

Moving and deliveries shall be allowed the hours of 9:00 am to 4:00 pm Monday through Friday. Saturdays from 10:00 am to 2:00 pm. One moving per day is permitted and must be requested in advance using the reservation form provided in this package. No Move-in or Move-Out is permitted on Sundays or Holidays or after hours. Please make all necessary arrangements to comply with the provided Rules and Regulations.

Thank you,

Renovations Property Management

RENOVATIONS PROPERTY MANAGEMENT, LLC

10855 NW 33RD Street, Doral FL 33172 | Phone: (305) 883-5681 | Fax: (305) 883-6310

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APPLICATION FOR LEASE, PURCHASE, LOAN OR COMMODATUM

REQUIREMENTS AND CHECKLIST

- Non-Refundable Application Fee of 100.00 “Husband & Wife and or Parent/Dependent Child”. Any applicant applying as a dependent and/or married couple must provide proof of such status (Valid Proofs: Marriage Certificate, Tax Returns); any other adult must pay an additional \$100.00 (per adult). Payable with Money Order or Cashier's Check to: **RENOVATIONS PROPERTY MANAGEMENT LLC.**
- New resident(s) must provide a \$500 cashier check payable to MIDTOWN DORAL CONDOMINIUM 4 ASSOCIATION, INC. as a move in/out refundable security deposit. It will be reimbursed in full if:
 1. No damage is caused to common areas elements (elevators, carpets, walls, etc.),
 2. Unauthorized objects are not to be left in the trash rooms,
 3. Resident do not extend the moving process out of the authorized period,
 4. If no fines or violation notices are pending, and
 5. If Master and/or Condo monthly fees payments are on time for the unit.
- Copy of the complete LEASE AGREEMENT, SALES CONTRACT, LOAN OR COMMODATUM must be included within the application package signed by all parties. Not double sided documents permitted.
- Proof of Income (3 Months) of each adult applicant.
- A valid Florida Driver's License or Identification Card, U.S. Passport or other U.S. Government issued photo identification of each adult resident. Provided documents copies need to be legible and in color.
- Provide vehicle registration and insurance of every car or motorcycle you are going to park in the community.

DO NOT MOVE IN WITHOUT THE BOARD OF DIRECTOR'S APPROVAL

Received by administration: _____



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PROPERTY OWNER INFORMATION SHEET

NOTE: Print legibly or type all information. Complete all questions and fill in blanks.

Property Address: _____

Current Unit Owner Name (s) _____

Owner's Alternative Address: _____

Home Telephone: _____ **Work:** _____ **Cell:** _____

Owner Email(s): _____

Authorization for Electronic Communications Yes ____ **No** ____

Owner Name: _____ **Phone:** _____

Owner Signature: _____ **Email:** _____



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APPLICANT INFORMATION

Please check mark the one that applies to your application type:

Purchase: Lease: Loan: Commodatum:

If not a purchase, Term of the contract: Beginning date _____, ending date _____.

LEADING APPLICANT INFORMATION:

Applicant's Name _____ Date of Birth _____

Relationship _____ Last 4 SS # _____ Driver's License # _____

Police Records ___ Yes ___ No Are you a military service member? ___ Yes ___ No.

"Service member" means any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces. [250.01.\(19\), Florida Statutes](#).

Current Address: _____ City/ State: _____ Zip Code: _____

Home Telephone: _____ Cell: _____ Email: _____

Employer: _____ Position: _____ Work Ph: _____

Current Address: _____ City/ State: _____ Zip Code: _____

CO-APPLICANT INFORMATION

Co-Applicant's Name _____ Date of Birth _____

Relationship _____ Last 4 SS # _____ Driver's License # _____

Police Records ___ Yes ___ No Are you a military service member? ___ Yes ___ No.

"Service member" means any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces. [250.01.\(19\), Florida Statutes](#).

Current Address: _____ City/ State: _____ Zip Code: _____

Home Telephone: _____ Cell: _____ Email: _____

Employer: _____ Position: _____ Work Ph: _____

Current Address: _____ City/ State: _____ Zip Code: _____



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INFORMATION ON HOUSEHOLD MEMBERS

Name for all household members that will live in the property. In no event shall occupancy exceed two (2) persons per bedroom and one (1) person per den (as defined by the Association for the purpose of excluding from such definition living rooms, dining rooms, family rooms and the like).

- 1. Name _____ Age _____ Relationship _____
- 2. Name _____ Age _____ Relationship _____
- 3. Name _____ Age _____ Relationship _____
- 4. Name _____ Age _____ Relationship _____
- 5. Name _____ Age _____ Relationship _____
- 6. Name _____ Age _____ Relationship _____

I ACKNOWLEDGE THAT THE INDIVIDUAL'S LISTED ABOVE ARE THE ONLY AUTHORIZED HOUSEHOLD MEMBERS TO LIVE IN THIS PROPERTY.

Principal Applicant Name: _____ **Signature:** _____ **Date:** _____

REFERENCES

REF # 1 Name _____ Work/ Cell Telephone _____

Current Address _____ City/ State _____ Zip Code _____

REF # 2 Name _____ Work/ Cell Telephone _____

Current Address _____ City/ State _____ Zip Code _____

REF # 3 Name _____ Work/ Cell Telephone _____

Current Address _____ City/ State _____ Zip Code _____

CONTACT PERSON IN CASE OF AN EMERGENCY SUCH AS A FIRE OR FLOOD

Name _____ Relationship _____

Home Telephone _____ Work _____ Cell _____



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PET REGISTRATION FORM

A maximum of two (2) domesticated pets may be maintained in a Unit provided that such pets: (i) do not weigh more than fifteen (15) pounds each, and are: (ii) permitted to be so kept by applicable laws and regulations, (iii) not left unattended on balconies, terraces, patios and/or in common areas, (iv) generally, not a nuisance to residents of other Units or of neighboring buildings and/or Lots and (v) not a breed prohibited by applicable law or considered to be dangerous or a nuisance by the Board of Directors (in its sole and absolute discretion)

Leading Applicant's Name: _____ Unit #: _____

PET 1: Type of Pet (please circle one): **DOG** **CAT** **BIRD** **OTHER**

Pet's Name: _____ Age: _____ Weight: _____ Weight at full growth: _____ Color: _____
Breed _____ Pet's License / Tag Number: _____ Neutered Yes ___ No ___
Vaccines Information: _____

PET 2: Type of Pet (please circle one): **DOG** **CAT** **BIRD** **OTHER**

Pet's Name: _____ Age: _____ Weight: _____ Weight at full growth _____ Color: _____
Breed _____ Pet's License / Tag Number: _____ Neutered Yes ___ No ___
Vaccines Information: _____



Leading Applicant - Owner/Tenant to Sign Below:

I am aware of MIDTOWN DORAL CONDOMINIUM 4 ASSOCIATION, INC. rules, regulations and restrictions regarding pets on the property and agree to abide by them.

Principal Applicant Name: _____ Signature: _____ Date: _____



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AUTHORIZATION RELEASE

I/We hereby authorize **MIDTOWN DORAL CONDOMINIUM 4 ASSOCIATION, INC.** and/or Association's Property Management to make any investigation to confirm the information contained on this application for occupancy. I/We understand that this investigation may include, but not limited to: credit report, verification of employment and background check. I/We consent to the investigations and authorize and direct any employer, past or present, credit reporting agencies, banking institutions and law enforcement agencies to release to **MIDTOWN DORAL CONDOMINIUM 4 ASSOCIATION, INC.**, this information without any liability. I/We further agree that **MIDTOWN DORAL CONDOMINIUM 4 ASSOCIATION, INC.** Shall be held harmless from any action or claim by me/us in connection with the use of the information contained herein.

APPLICANTS: Most banks, financial institutions, mortgage companies and employers require your signature and name to verify information. Please complete the form below.

You are hereby authorized to release information to **Renovations PROPERTY MANAGEMENT, LLC.** Any and all information they request with regards to verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references. This information is to be used for my/our credit report for my/our application for Occupancy.

I/We hereby waive any privileges. I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the Association for their exclusive use only.

I/We further state the application for occupancy and authorization form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our proper signature.

I/We certify under penalty of perjury that the foregoing is true and correct.

_____	_____	_____
Principal Applicant Name	Signature	Date
_____	_____	_____
Co- Applicant Name	Signature	Date



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OWNER-TENANT AGREEMENT

By signing this letter, you are confirming that you did receive the following documents:

- **Rules and Regulations**
- **Florida Statute in reference to association payments.**

Pursuant to Florida Statute Section 720.3085(8) (A), the association has the right to collect rents directly from a tenant when the unit owner has outstanding amounts owed to the Condominium Association. If the owner of the unit is delinquent in its payments the tenant will pay the monthly maintenance.

By signing this agreement, the unit owner and the tenant, agree:

Tenants must follow the Rules and Regulations of the condominium; otherwise he/she will be evicted within 15 days and subject to pay any penalties.

I _____ on _____, 20__ received the Rules and Regulations.
Principal Applicant

PROPERTY OWNER:

_____	_____	_____
Owner Name	Signature	Date

TENANT:

_____	_____	_____
Owner Name	Signature	Date



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VEHICLE REGISTRATION FORM

VEHICLE 1

VEHICLE 2

MOTORCYCLE

MAKE			
MODEL			
COLOR			
YEAR			
LICENSE PLATE			
VEHICLE VIN#			

ATTACH THE FOLLOWING DOCUMENTS:

- Copy of current vehicle registration matching the license tag on the vehicle
- Copy of vehicle's insurance cards
- Copy of Driver's License

Important:

All documents must be active, we will check expiration dates. Additionally, if your application is approved, Florida law requires that you must obtain a new license showing your new address within 10 days of the change. And consequently, update your vehicle's registration address as well as is a requirement for all the vehicles in our community.

NOTE: Every time you will change your vehicle(s) during the time you will reside in Midtown Doral, they need to update this form to the management.

Principal Applicant Name

Signature

Date

