



JMK PROPERTY INVESTMENT

2020 Prairie Ave #303
Miami Beach, FL 33139
305-930-1160

APPLICATION FOR OCCUPANCY

Please send application package fully completed to the address shown below **at least seven (7) working days** (excluding holidays) prior to the desired date of occupancy. Submit this Application for Occupancy with signature of the applicant(s), Release Authorization for background information, a copy of the lease or sale contract, ID in the form of a Passport or U.S. Driver License, proof of income (tax return, paystubs, bank statement). If applicant is from a foreign country, please provide police report or applicable document from country of residence.

Please make sure any if all additional documentation with signatures where needed are attached as well. Acceptance of this processing fee does not constitute acceptance of this application. Processing of this application will begin after all required forms have been completed, signed and **emailed** complete to info@jmkpropertyinvestment.com.

Falsification of information on these forms will result in automatic disqualification of this application and occupancy.

Fees (non-refundable)

Application/Processing Fee: \$100.00 **per person** (except person under 18 years old) – Money order or cashier check ONLY
Above Payable to: JMK Property Investment

Mailing Address

JMK Property Investment
2020 Prairie Ave #303
Miami Beach, FL 33139
Tel: 305-930-1160

Restrictions:

- Residents must be approved by the Association in writing. Occupancy prior to Board approval is prohibited.
- 12-month lease minimum. Short-term is not tolerated. Owner/tenant will be fined for abusing Condo Docs.
- A copy of the lease agreement or sale contract is required.
- A police background is required for all applicants over the age of 18.
- A non-refundable move-in deposit \$250 payable to Lincoln West Towers must be presented with the application.
- **Pets are not allowed** unless it's a legitimate service pet as described by the National Service Animal Registry.
- Garbage is to be deposited in the dumpster. Large furniture items cannot be left in the dumpster at any time. Cardboard boxes must be broken down for recycling. Gates are not to be left open or unattended at any time.
- Renters cannot sublease.
- Residents are permitted to move into the building between the hours of 9:00 AM and 5:00 PM (Mon-Fri).
- **No move in or out allowed on weekend. No deliveries allowed on weekend.**
- Residents must provide the Association with a set of unit keys.
- If in violation of the Declaration of Condominium items a written warning will be first given, on second violation the occupant will have fines imposed (Exception: Short term leasing, **No Warning will be given**).
- If sale, all maintenance fees must be current at the time of application.
- If sale, buyer agrees to provide management company with copy of the closing statement in less than 7 days.
- **If sale, renting the unit will not be allowed during the first year of ownership.**

Building: _____ Unit #: _____ Estimated move-in date: _____



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PROPERTY INFORMATION

Unit Address: _____ Unit Number: _____
Approximate Closing/Lease date _____ Desired Date of Occupancy: _____ SALE/RENTAL Circle one

APPLICANT(S) INFORMATION

Applicant's Name: First _____ Middle _____ Last _____
DOB: _____ Social Security Number: _____ Email: _____
Phone Number: _____ Current Address: _____
Co-Applicant's Name: First _____ Middle _____ Last _____
DOB: _____ Social Security Number: _____ Email: _____
Phone Number: _____ Current Address: _____
Name of Realtor/Agent: _____ Realtor Phone Number: _____
Will any minors occupy the unit? Yes _____ No _____
Children: _____ (Names and Age)
Is Co-Applicant Spouse? Yes / No If not explain relationship: _____
Total Number of Occupants _____ Pets _____ Weight _____

EMERGENCY CONTACT INFORMATION

Applicant Emergency Contact. Name _____ Phone Number _____ Relationship: _____
Address _____
Co-Applicant Emergency Contact. Name _____ Phone Number _____ Relationship: _____
Address _____

BACKGROUND OF APPLICANTS

Have any of the applicants ever been convicted of a crime?

Yes / No APPLICANT Yes / No CO-APPLICANT

If Yes, explain:

List other states you've lived in _____

TENANCY/OWNERSHIP VERIFICATION

Applicant Current address (NOT the one you're moving to): _____
Applicant Current Landlord/Mortgage Company: _____ Phone Number: _____
Co-Applicant Current address (NOT the one you're moving to): _____
Co-Applicant Current Landlord/Mortgage Company: _____ Phone Number: _____

BANKING INFORMATION

Applicant Bank Name: _____ Bank Phone Number: _____
Applicant Account Number: _____ Checking ___ Saving ___ How Long: _____
Co-Applicant Bank Name: _____ Bank Phone Number: _____
Co-Applicant Account Number: _____ Checking ___ Saving ___ How Long: _____



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APPLICATION EMPLOYMENT INFORMATION

Current Employer: _____ Address: _____
Phone Number: _____ Date of Employment: _____
Position: _____ Annual Salary/Compensation: _____
Past Employer (if Current Employer is less than 5 years): _____
Phone number: _____ Position: _____ Dates of Employment: _____

CO-APPLICANT EMPLOYMENT INFORMATION

Current Employer: _____ Address: _____
Phone Number: _____ Fax: _____ Date of Employment: _____
Position: _____ Annual Salary: _____
Past Employer (if Current Employer is less than 5 years): _____
Telephone: _____ Position: _____ Dates of Employment: _____

Character References OTHER THAN RELATIVES: (3) Three per Applicant

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

1. I hereby agree for myself and on behalf of all persons who may use the unit which I seek to purchase/lease that we will abide by all the restrictions contained in the By-Laws, Rules and Regulations, Condominiums documents and restrictions which are or may in the future be imposed by the Board of Directors. I understand that I will be present when guests, relatives or children who are not residents occupy the unit.
2. I have _____ have not _____ received from the current owner a copy of all the Condominium Documents and Rules and Regulations
3. I understand that the acceptance for purchase of the unit is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Occupancy prior to final approval is prohibited.
4. I understand that the Board of Directors may cause to be instituted such as an investigation of my background as the Board of Directors may deem necessary. Accordingly, I specifically authorize the Board of Directors or their Agents to make such an investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors and Officers of the Community Association itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board.
5. I certify that I have read and understood the above application and restrictions. I/We hereby state that **all information provided in this application is accurate**. Approval is hereby granted to the Condominium Association or Agent, to investigate all information supplied on this application and full disclosure of pertinent facts may be made to the Condominium Association/JMK Property Investment LLC is authorized to obtain credit rating through a credit reporting agency.



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

Signature of Applicant

Signature of Co-Applicant

APPLICANT AUTHORIZATION FOR RELEASE OF BANKING, RESIDENCE, EMPLOYMENT, CREDIT AND POLICE INFORMATION

I, _____ authorize the release of information to JMK Property Investment concerning my banking, credit, residence, employment or police records in reference to the application for housing.

I understand that this information is used as part of an investigative consumer report and/or credit report. Furthermore, I hereby wave any privileges I may have with respect to the disclosure of said information to the aforesaid parties.

I am also authorizing JMK Property Investment, the management company, to furnish the landlord and/or association with a copy of the credit report and police reports.

Print Name _____

Signature _____ Date _____

CO-APPLICATION AUTHORIZATION FOR RELEASE OF BANKING, RESIDENCE, EMPLOYMENT, CREDIT AND POLICE INFORMATION

I, _____ authorize the release of information to JMK Property Investment concerning my banking, credit, residence, employment or police records in reference to the application for housing.

I understand that this information is used as part of an investigative consumer report and/or credit report. Furthermore, I hereby wave any privileges I may have with respect to the disclosure of said information to the aforesaid parties.

I am also authorizing JMK Property Investment, the management company, to furnish the landlord and/or association with a copy of the credit report and police reports.

Print Name _____

Signature _____ Date _____



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Service Pet Annual Registration Form

Owner/Resident Name: _____

Unit No.: _____ Telephone No.: _____

Name of Service Animal/ Pet being registered: _____

Breed of Service Animal/ Pet: _____

Weight of Service Animal/ Pet: _____

Color of Service Animal/ Pet: _____

Name of Vet: _____

Telephone No.: _____

Address: _____

City/State/Zip code: _____

Attach Veterinary certification:

Feline Leukemia testing/vaccination Rabies and other inoculations, when applicable

Rabies and other inoculations, when applicable

Attach license certificate for Service Animal (dog or cat).

List emergency boarding accommodations:

Name of Boarder: _____

Telephone No.: _____

Address: _____

City/State/Zip code: _____



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Service Pet Annual Registration Form

List (2) two alternative caretakers who will assume immediate responsibility for the care of Service Animal/ Pet should the owner be incapacitated.

Name: _____

Telephone No.: _____

Address: _____

City/State/Zip code: _____

Name: _____

Telephone No.: _____

Address: _____

City/State/Zip code: _____

I hereby certify that the information contained herein or provided herewith is true and accurate.

Signature of Owner/Resident

Date



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Service Pet Acknowledgment Form

I understand and agree to provide the foregoing requirements to the Association.

I understand and agree that, if my Service Animal/ Pet is approved, I must ensure that the Service Animal/ Pet does not create noise or otherwise create a nuisance at the property for other residents.

I understand and agree that, if my Service Animal/ Pet is approved, and if I take the animal outside to relieve itself, I MUST clean up after the animal.

I understand and agree that, if my Service Animal/ Pet is approved, and if I take the animal outside, the animal must be leashed at all times while within the condominium community and the City of Miami Beach.

I understand and agree that, if I should violate or fail to ensure compliance with the foregoing rules and procedures, and any other rules, regulations or procedures promulgated by the Association, the Association may exercise all legal remedies available to it to ensure compliance. These remedies may include, but are not limited to, the levy of fines, the institution of legal action, etc.

I understand and agree that, if my Service Animal/ Pet is approved, such approval is only limited to the time that my reported disability/residency is present and requires me to maintain such service animal or harbor a pet.

Signature of Owner/Resident

Date

UPON BOARD CONSIDERATION OF THE REQUEST FOR A REASONABLE ACCOMMODATION TO PERMIT THE ABOVE REFERENCED OWNER TO KEEP AND MAINTAIN THE SERVICE ANIMAL/PET SET FORTH, THE BOARD HEREBY

_____ APPROVES _____ DISAPPROVES

Such request.

By: _____
Date _____

Print Name: _____

Board Position and/or on behalf of: _____