

THE SAIL CONDOMINIUM ASSOCIATION INC.
170 S.E 14 STR # C-1, MIAMI FL 33131
305-858-2286

Condominium Application Check List

1. _____\$80.00 Application Fee in form of Money Order Payable to The Sail Condominium, Inc. (For each adult applicant) This is a Non Refundable Fee.
2. _____\$150.00. Move in Fee in form of Money Order Payable to The Sail Condominium, Inc. This is a Non Refundable Fee.
3. _____Application to Sell or Lease. (Must be filled out and signed)
4. _____ Copy of Purchase or Lease Contract
5. _____Resident information
6. _____Auto Registration
7. _____Picture ID (example: Driver's License or US Passport)

NOTE: No applications will be processed if the starting lease/occupancy date is within 14 days of the date the application was received.

Please note the following:

- The tenant's/buyer's approval will be done by the discretion of the Board and a mandatory screening will be performed every Tuesday. **Allow 2 weeks for processing. Only application with ALL documentation will be processed.**
- Minimum leases of no less than 30 days. Condominium is not a Hotel.
- Move in Procedures. Elevator must be reserve in advance with the association from Monday to Friday, 9 AM to 5 PM.
- No Time – Shares estates shall be created or permitted in the condominium.
- Insurance: Association highly suggest that you should get insurance for the inside and content of the unit, The Association is not liable for damages or anything that happens inside the condominium unit.
- Pet's weight limit is 25 lbs as per condominium bylaws.
- Unit Modifications: If there will be any alterations or modifications done inside the unit, the Board's approval is required. In addition, the company providing you the services must have a Florida License, Insurance and a deposit of \$300.00 will be required.

Failure to comply with these Rules and Regulations of the Association may result in violation fines.

THE SAIL CONDOMINIUM APPLICATION TO SALE OR LEASE
170 SE 14 ST, Miami FL 33131 *(Please complete fully and accurately)*

The undersigned hereby makes an application to Sale or Lease on **Unit #** _____

Owner Name: _____ Phone Number: _____

Date of Lease: _____ (date) End of Lease _____ (date)

Move date of: _____

APPLICANT NO. 1

Full Name _____

Phone #() _____

Email Address: _____

Date of Birth _____ Social Security #: _____

Driver's License Number _____ State _____

APPLICANT NO. 2

Full Name _____

Phone #() _____

Email Address: _____

Date of Birth _____ Social Security # _____

Driver's License Number _____ State _____

ADDITIONAL INFORMATION

Names of Dependents _____

Dependents Date of Birth _____

List All Pets _____

Vehicle Make / Model _____ Year _____

License Plate State _____

PLEASE DESCRIBE YOUR CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years? Yes _____ No _____

Have you ever been evicted from a rental residence? Yes _____ No _____

Have you had two or more late rental payments in the past year? Yes _____ No _____

Have you ever willfully or intentionally refused to pay rent when due? Yes _____ No _____

PLEASE GIVE RESIDENTIAL HISTORY (LAST 2 YEARS)*

Current Address _____

Month/Year Moved In _____ Reasons for Leaving _____

Rent _____ Owner/Agent _____

Phone () _____

Previous Address (last 3 years) _____

Rent \$ _____ Owner/Agent _____ Phone _____

(*If more space needed, please attach an additional page to the application)

PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

Your Status: _____ Full Time _____ Part Time _____ Student _____ Unemployed

Employer _____ Date employed _____

Position: _____ Supervisor Name _____

Phone () _____

Salary \$ _____ per _____.

(If employed by above less than 12 months, give name & phone of previous employer or school: _____)

If you have other sources of income that you would like us to consider, please list income, source, and person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application. Amount \$ _____ Source/Contact

Name _____

PERSONAL REFERENCE OR EMERGENCY CONTACT

No.1

Name _____

Address _____

Phone _____

Relationship _____

No. 2

Name _____

Address _____

Phone _____

Relationship _____

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Unit #: _____

Name: _____

AUTHORIZATION
Release of Information

I authorize an investigation of my credit, tenant history, and employment for the purposes of renting a house, apartment, or condominium from this owner/manager.

Name (please print)

X _____
Signature

Date