



Purchase / Lease Application

BF2



BF2	APPLYING FOR ADDRESS/UNIT#:	DATE SUBMITTED:
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APPLICANT INFORMATION				
LEGAL NAME OF APPLICANT – FIRST	MIDDLE	LAST	SS#	
CURRENT ADDRESS		CITY	STATE and ZIP	
DATE OF BIRTH	YEARLY INCOME	APPLICANT EMAIL ADDRESS	HOME PHONE	CELL PHONE
EMPLOYER	EMPLOYER CONTACT NUMBER		EMPLOYER ADDRESS	
HOW LONG ON JOB	OCCUPATION – Full or Part Time	IN CASE OF EMERGENCY NOTIFY <i>(Name & Phone Number)</i>		
PETS	COLOR/KIND	SIZE/WEIGHT	LICENSE NUMBER OF PET(S)	
AUTO LIC PLATE	YEAR	MAKE	COLOR	

CO - APPLICANT INFORMATION				
LEGAL NAME OF APPLICANT – FIRST	MIDDLE	LAST	SS#	
CURRENT ADDRESS		CITY	STATE and ZIP	
DATE OF BIRTH	YEARLY INCOME	APPLICANT EMAIL ADDRESS	HOME PHONE	CELL PHONE
EMPLOYER	EMPLOYER CONTACT NUMBER		EMPLOYER ADDRESS	
HOW LONG ON JOB	OCCUPATION – Full or Part Time	IN CASE OF EMERGENCY NOTIFY <i>(Name & Phone Number)</i>		
PETS	COLOR/KIND	SIZE/WEIGHT	LICENSE NUMBER OF PET(S)	
AUTO LIC PLATE	YEAR	MAKE	COLOR	

ACTUAL LANDLORD INFORMATION		
LAST NAME, FIRST NAME & ADDRESS	TELEPHONE	HOW LONG
FROM: _____	TO: _____	

PREVIOUS LANDLORD INFORMATION		
LAST NAME, FIRST NAME & ADDRESS	TELEPHONE	HOW LONG
FROM: _____	TO: _____	

Have you ever been a party to a foreclosure action? _____

Have you ever been evicted from a rental residence? _____

Have you had two or more late rental payments in the past year? _____

Minors in the unit----NOTE: Any minor over the age of 10 years old must present a photo ID (school/passport)

NAME OF MINOR – FIRST	MIDDLE INITIAL	LAST	DATE OF BIRTH	AGE
NAME OF MINOR – FIRST	MIDDLE INITIAL	LAST	DATE OF BIRTH	AGE
NAME OF MINOR – FIRST	MIDDLE INITIAL	LAST	DATE OF BIRTH	AGE

Note: use this space for additional minor, if needed:

This application must be submitted along with:

If you are renting:

- Original Criminal background record from Metro-Dade Police Department for each applicant; no more than 30 days old.**
(If there are any criminal cases, provide us with Police Department Detail Report.)
NOTE: Police records for non-local applicants will be obtained from screening company for an additional fee.
- Copy of driver’s license or Florida Photo Identification.**
- Copy of current vehicle registration.**
NOTE: If the vehicle(s) being registered with the application is/are not under the name of the applicant(s), a notarized letter from the owner must be provided specifying that the vehicles’ owner is allowing the applicants to use said vehicle and that they do not intend to reside in the community.
- Copy of the lease or purchase agreement.**
- One Recommendation Letter**
- Employment Income Verification Letter and/or copy of cancelled payroll checks (copy of front & back). Payroll Checks from previous month, Copy of recent W-2. If self-employed, retired or disabled, proof of Income is required (Copy of recent 1090 or 1040, letter from Social Security Administration and bank statements).**
- A (refundable) cashier’s check or money order in the amount of \$500.00 payable to: BF2**
NOTE: This is a Common Area security deposit and will be returned upon termination of lease.
- A (Non- refundable) cashier’s check or money order payable to ASPMG in the amount of \$100.00 per applicants older than 18 years old, except married couples with valid certificate of marriage which only pay \$100.00**
NOTE: 3rd or 4th applicants will be processed at no additional cost.
NOTE: This fee is only for processing of the application and does not cover any association costs, keys, etc.
Applicants may pay a Rush Fee (if Rush service is available) of \$100.00 to accelerate the screening process To seven (7) to Ten (10) business days. Rush fee may be paid with cashier’s check or money order payable to: ASPMG.

If you are buying:

- ALL of the above, except security deposit must be submitted AND a Copy of credit report and credit score.**

Foreigners- If applicant is foreign, they must also submit:

- Copy of passport from original country, including copy of page where Date of Entry into the country is stamped.**
- One Recommendation letter from original country (from banking institution, employer, landlord, etc.).**
NOTE: Your police records will be obtained from screening company for an additional fee.

If application is not approved or accepted by the owner/agent, or Board; all fees for this application are non-refundable. The applicant hereby waives any claim for damages by reason of non-acceptance which the Board or agent may reject. The applicant recognizes that as a part of the application processing procedures, an investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom applicant may be acquainted. This inquiry includes information as to applicant’s character, general reputation, personal characteristics and mode of living as permitted by state law. **FULLY** completed applications, without any blank spaces, must be submitted in person to our office along with all required documentation. If you have any questions, please call our office prior to submission of the application as incomplete applications **WILL NOT** be accepted. **APPLICATIONS MAY NOT BE MAILED OR FAXED.**

The application approval process takes a minimum of 15 to 20 business days after it’s submitted to our office. Therefore do not make any arrangements to move into the unit or close on the property before this time or prior to receiving a Certificate of Approval from our management company.

We appreciate limiting any inquiries including status of applications.
These inquiries must be done ONLY via email to: aspmg6@gmail.com.

Name of Applicant

Name of Co Applicant

Release of Information

I authorize release of my character references as well as rental, criminal and credit history for the purposes of renting/purchasing a house, apartment, or condominium from this owner, manager, brokerage, finder, agent, or management company.

Name of Applicant (please print)

Signature

Date

Name of Co-Applicant (please print)

Signature

Date

**Important Note: ONLY fully completed applications will be accepted.
References cannot be relatives of the applicants.**

**Nota Importante: SOLO aplicaciones que estén completas serán aceptadas.
Las referencias no pueden ser familiares de los aplicantes.**

ONCE APPLICATION HAS BEEN SUBMITTED UNNECESSARY PHONE CALLS WILL DELAY THE PROCESS.

DO NOT WRITE BELOW THIS LINE FOR MANAGEMENT COMPANY USE ONLY.

Application was received on: ____/____/____ By: _____

85 Grand Canal Drive Suite 201 · Miami, FL 33144 · Tel: 305 661 8400 · Fax: 305 639 8966
aspmg6@gmail.com · www.aspmg.net



LEASE RIDER

THIS FORM IS TO BE USED FOR RENTAL APPLICATIONS ONLY

In the event the LESSOR (OWNER) becomes delinquent in the payment of any monthly maintenance or any assessment due to the Condominium Association and if such delinquency continues for a period over ten (10) days, the LESSEE (TENANT) upon receiving written notice of such delinquency from the Condominium Association or it's Agent, shall pay the full amount of such delinquency payable to the Condominium Association.

LESSEE is authorized to deduct from rental payment to the LESSOR the amount paid to cure the delinquency. It is understood and agreed by the LESSOR that the LESSEE shall continue to pay the monthly maintenance payments thereafter until the expiration of the lease. It is further understood and agreed such deduction from the rental payment will not constitute in default of rent to the LESSOR.

It is understood that the association has the right to evict the tenant(s) for non-payment of the Association's maintenance or any assessment with a seven (7) day notice. Additionally, the LESSOR understands that if rent payments are not given to him/her personally due to the fact that they have a debt with the Condominium Association and the LESSEE is paying the debt as stated above, the LESSOR cannot pursue eviction for failure to receive funds personally.

Unit Address: _____ Unit # _____

Lessee Signature

Print Name

Date

Lessor Signature

Print Name

Date

Notary Stamp (required):

For your convenience, our office offers Notary services.



OWNERS OCCUPANTS ACKNOWLEDGEMENT

BF2 is in agreement that only the occupant(s) listed on the application will be residing in the unit. In the event that any additional occupant(s) not listed in the original application wishes to occupy or reside in the unit he/she must apply to A Solid Property Management Group, Inc. and go through the screening process. Only when the occupant(s) receives approval from the Board of Directors is the occupant(s) clear to move into the property.

If the property will be rented at any given time to occupants not listed in the application they too need to apply.

Failure to do so may cause your account to be fined for having unapproved occupant(s) in your unit and there is also a possibility that your account may be sent to the Association's attorneys at the unit owners' expense.

All parties involved are in agreement that every occupant residing in the property must be screened by the association and obtain Board of Director's approval prior to moving in. Applicant(s) have also been explained the consequences if such rules are broken.

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Unit Address: _____ Unit # _____

Applicant Signature _____

Date: _____

Co-Applicant's Signature _____

Date: _____

Owner's Signature _____

Date: _____

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Building #: _____

Apartment #: _____

Name: _____

Monday through Saturday from 8:00 A.M. to 6:00 P.M.

(Sundays are not allowed)

Lunes a Sabado de 8:00 A.M. a 6:00 P.M.

(Domingos no se permiten mudadas)

Prior notification to the association is required to move in or out of the property moves not authorized by the Board of Directors will be considered a violation of the Condominium rules, resulting in legal action against the violator at his/her expenses.

Owner(s) / Lessee(s) Signature

Property Manager Signature

Name of Moving Company: _____

Truck Tag Number: _____

Authorized by: _____

RESIDENT INFORMATION UPDATE SHEET
BF2

Homeowner Information

Full Name: _____

Address: _____

Home Phone #: _____ Mobile Phone#: _____

Residing Resident Information **Owner** _____ **Tenant** _____

Full Name: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Mobile Phone #: _____ Mobile Phone 2 #: _____

Emergency Contact Person: _____ Emergency Contact #: _____

Vehicle Information

Make/Model / Color	Decal #	Tag or Chip #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Occupant Information

Full Name	Relation to Resident
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Authorized Visitor and Vendor Information

Authorized visitors will be screened at the entrance, but once their identity is verified, access to the community will be granted without the resident being contacted for authorization.

_____	_____
_____	_____
_____	_____
_____	_____

Signature: _____ Print Name: _____ Date: _____