



2655 Collins Avenue, Miami Beach, FL 33140

Office: (305) 672-2642 FAX (305) 538-7753

e-Mail: mirocean@atlanticbb.net

www.mirasoloceantowers.com

CHECK LIST

ITEMS:

RECEIVED:

1. APPLICANT'S OCCUPANCY APPLICATION ()
2. MOVE IN / OUT POLICIES & AUTHORIZATION ()
3. COPY OF LEASE CONTRACT OR PURCHASE CONTRACT ()
4. COPY OF DRIVER'S LICENSE & SS CARD FOR ALL APPLICANTS ()
5. SCREENING APPLICATION FEE - \$100.00 PER ADULTS ()
APPLICANTS OVER THE AGE OF 18. OUT OF CONTINENTAL USA THE
FEE IS \$200 (MONEY ORDER OR CASHIER'S CHECK ONLY)
6. SIGNED RECEIPT OF ASSOCIATION'S RULES & REGULATIONS ()
7. VEHICLE REGISTRATION AND DRIVER'S LICENSE FOR ALL APPLICANTS ()
8. ON LEASE APPLICATIONS A SECURITY DEPOSIT IS REQUIRED BY THE ()
RENTER OF ONE (1) MONTH OF RENT OR \$2,000.00 WHICHEVER IS HIGHER,
IS REQUIRED.
9. OWNER/TENANTS MUST FILL OUT ALL FORMS COMPLETELY ()
APPLICATIONS WILL NOT BE PROCESSED IF NOT FULLY COMPLETE
10. ALL REQUIRED PAYMENTS (MONEY ORDER OR CASHIER'S CHECK) MUST ()
BE RECEIVED ALONG WITH A COMPLETED APPLICATION AND A COPY OF
THE SALES CONTRACT
11. PROSPECTIVE OWNER/TENANTS AND OCCUPANTS OVER THE AGE OF 18 ()
A CREDIT HISTORY AND A BACKGROUND CHECK WILL BE OBTAINED AND
ALL REFERENCES VERIFIED; THE INFORMATION WILL BE SHARED WITH THE
BOARD OF DIRECTORS, OWNER(S) OF THE UNIT AND/OR THEIR
REPRESENTATIVES, AND ALL PARTIES ASSOCIATED WITH THE SCREENING
PROCESS.
12. LAST TWO PAY STUBS AND COPY OF THE LATEST W-2 ()
13. ORIENTATION INTERVIEW WITH THE BOARD OF DIRECTORS IS REQUIRED ()
FOR PURCHASE/RENT APPROVAL
14. EVERY PERSON THAT IS GOING TO RESIDE IN THE UNIT MUST BE NAMED ()
ON THE LEASE AGREEMENT AND APPROVED BY THE ASSOCIATION AFTER
SUBMITTING APPLICATION.
15. ALL LEASES MUST BE RENEWED AND PRESENTED TO THE OFFICE PRIOR TO ()
LEASE END.
16. UNIT WALK THRU INSPECTION FOR APPROVAL OF PURCHASE OR LEASE ()

**NO LEASE/SALE APPLICATION WILL BE ACCEPTED UNLESS ALL OF THE
ITEMS ARE RECEIVED AT THE SAME TIME**

Realtor acknowledges that the above documents have been provided to the office

Signed

Date



Mirasol Ocean Towers

2655 Collins Ave., Miami Beach, Florida 33140 / Tel. (305) 672-2642 / FAX (305) 538-7753

WALK THRU UNIT INSPECTION FOR APPROVAL OF PURCHASE OR LEASE

APARTMENT # _____

DATE: _____

INSPECTION FOR: PURCHASE LEASE

GARBAGE DISPOSAL YES NO

WASHER & DRYER YES NO

JACUZZI YES NO

WATER LEAKAGE

RUBBER CONNECTION IN:

 LAVATORIES YES NO

 SINK YES NO

 TOILET YES NO

CARPET ON TERRACE YES NO

TINTING GLASS – PROPER COLOR YES NO

OTHER: _____ YES NO

APPROVED BY:

Building Manager

Chief of Maintenance

Board Member



RESIDENTIAL APPLICATION PACKAGE

I. APPLICANT INFORMATION SHEET

Date: _____

Property Address: _____

Unit #: _____ Storage #: _____ (Cleared at the time of Purchase/Lease)

Applicant's Full Name: _____

Social Security Number: _____ Date of Birth: _____

() Single () Married () Separated () Divorced – How Long? _____

Maiden Name: _____

Spouse's Full Name: _____

Social Security Number: _____ Date of Birth: _____

Maiden Name: _____

Additional Applicant Name: Parking #: _____ E-mail address: _____

Social Security Number: _____ Date of Birth: _____

Have you ever been convicted of a crime? () Yes () No Date: _____

County/State convicted in: _____

Number of people who will occupy unit – (Over 18 years of age) _____

Names and ages of others who will occupy unit _____

Have any of the other occupants been convicted of a crime? () Yes () No

Explain: _____



II. EMPLOYMENT; PRIOR RESIDENCE INFORMATION & CHARACTER REFERENCES

RESIDENCE INFORMATION

(PLEASE PRINT FULL ADDRESS, INCLUDING UNIT #, CITY, STATE, & ZIP CODE)

Present Address: _____

Apartment or Condo Name: _____ **Phone #:** _____

Name of Landlord/Mortgagee: _____ **Phone #:** _____

Residency: From _____ **To** _____ **Rent/Mtg. Amount:** _____

Previous Address: _____

Apartment or Condo Name: _____ **Phone #** _____

Email Address: _____

Name of Landlord/Mortgagee: _____ **Phone #** _____

Residency: From _____ **To** _____ **Rent/Mtg. Amount:** _____

EMPLOYMENT

A. Monthly Income: _____ or Annual Income _____

B. Employed by: _____ Phone _____

How long _____ Dept.or Position _____

Address: _____

CHARACTER REFERENCES (NO FAMILY MEMBERS)

1. Name: _____

Address: _____

Residence Phone #: _____ **Business Phone #:** _____

2. Name: _____

Address: _____

Residence Phone #: _____ **Business Phone #:** _____



III. EMERGENCY CONTACT INFORMATION

In the event an emergency arises that affects your unit and you are away from your home, who should be contacted? This would include instances such as break-ins, water leaks into or from your home, fire, etc. Please provide three (3) contact persons with all telephone numbers where they may be reached.

It is suggested that at least two of your contacts have a key to your unit. Please indicate who will have your keys.

Resident Name: _____

Home Phone #: _____ **Work Phone #:** _____

Contact Name: _____

Home Phone #: _____ **Work Phone #:** _____

Relationship to you: _____ **Key:** (☐) Yes (☐) No

Contact Name: _____

Home Phone #: _____ **Work Phone #:** _____

Relationship to you: _____ **Key:** (☐) Yes (☐) No

Contact Name: _____

Home Phone #: _____ **Work Phone #:** _____

Relationship to you: _____ **Key:** (☐) Yes (☐) No



IV. DISCLAIMER

Please read and initial each item and sign the statement at the bottom of this page.

I / We understand that Mirasol Ocean Towers may cause to be instituted such investigation of my/our background and/or criminal background as Mirasol Ocean Towers may deem necessary. I / We authorize Mirasol Ocean Towers to make such investigation and that the Board of Directors of Mirasol Ocean Towers shall be held harmless from any action or claim by me/us in connection with the use of the information contained herein or any investigation conducted by the Association.

I / We understand that a formal interview with the Board of Directors may be conducted before approval for a sale/lease is granted._____

I/ We agree to provide any additional information and/or documentation as requested by Mirasol Ocean Towers ._____

I / We have received, read and understand Mirasol Ocean Towers Rules & Regulations and agree to abide by it and that a complete set of the Rules & Regulations have been provided to me/us by the Seller, Landlord, or Association._____

Signed this____ **day of**_____, 20__

Mirasol Ocean Towers

Tenant/Owner

Name Printed:_____

Name Printed:_____

Signature:_____

Signature:_____

Title:_____

Unit Number:_____



V. AUTHORIZATION FORM & SIGNATURE PAGE

PLEASE INCLUDE COPY OF DRIVER'S LICENSE & SOCIAL SECURITY CARD TO CONFIRM IDENTITY.

You are hereby authorized to release information to Mirasol Ocean Towers any and all information they request with regards to verification of my/our credit history, residential history, character, criminal record history and employment verification. 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 references to its release to the aforesaid party. Information obtained for this report is to be released to the Condominium Association for their exclusive use only.

I / We further state the Application for Occupancy and Authorization Form were signed by me/us or any other person and that the signature(s) below are my/our own proper signature(s).

PLEASE INCLUDE COPY OF DRIVER'S LICENSE & SOCIAL SECURITY CARD TO CONFIRM IDENTITY.

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

SIGNATURE

If this application is not legible or is not complete and accurately filled out, Mirasol Ocean Towers will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by omissions or illegibility.

By signing, the applicant recognizes that Mirasol Ocean Towers and/or (Screening Company) will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing police arrest record and mode of living, as applicable. This form is for the exclusive use of Mirasol Ocean Towers.

Signed this ____ day of _____, 20__

Name Printed: _____

Name Printed: _____

Signature: _____

Signature: _____



Title: _____ Unit Number: _____

MIRASOL OCEAN TOWERS

CONFIDENTIAL RESIDENT INFORMATION SHEET

Unit Number: _____ Resident's Name: _____

Telephone #: _____ Email Address: _____

Is Residence listed under a Corporation?

If yes, please state name of Corporation: _____

Primary or __Secondary Residence: _____

Business Address: _____

Emergency Contact: _____ Telephone: _____

Address: _____

Unit Occupants:	Telephone#	Email Address:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

For association mailing purposes, please state preferred address post office mail is to be sent to:

Family members, visitors, or representatives with key who may enter your residence at: **Mirasol Ocean Towers**

1. _____ 2. _____

3. _____ 4. _____

Are you or anyone in your household in need of special medical attention or have restricted mobility?

☐ NO ☐ YES

Who would require additional assistance in the event of an emergency?

Person's Name: _____



If yes, please check special needs: ☐ oxygen ☐ wheelchair ☐ blind ☐ deaf ☐ other _____

VEHICLE REGISTRATION FORM

Unit Owner Name: _____ Unit #: _____

Vehicle One:

Make: _____ Model: _____

Year: _____ Color: _____

Tag #: _____ Verified: _____

State: _____ Space Assignment: _____

Vehicle Two * (ONLY IF UNIT HAS ANOTHER PARKING SPACE):**

Make: _____ Model: _____

Year: _____ Color: _____

Tag #: _____ Verified: _____

State: _____ Space Assignment: _____

Note:

Vehicles must be parked in assigned space(s) only. All unauthorized vehicles are subject to restrictions.



2655 Collins Avenue,

ALL APPLICATIONS MUST BE FULLY COMPLETED OR THEY WILL NOT BE PROCESSED. PROCESSING TIME IS 10 BUSINESS DAYS OF RECEIPT OF COMPLETED APPLICATION AND PAYMENT(s) ACCORDINGLY.

(INITIALS)

ALL FOREIGNER(S) APPLICATIONS WILL TAKE A PROCESSING TIME OF APPROXIMATELY 25 DAYS. APPLICATION FEE(S) WILL VARY ACCORDING TO THE COUNTRY OF ORIGIN.

(INITIALS)

SHOULD A POTENTIAL OCCUPANT MOVE IN WITHOUT PRIOR AUTHORIZATION, THE ASSOCIATION MAY IMPOSE FINES AND/OR PENALTIES ACCORDINGLY.

NOTE: A PURCHASE/LEASE WILL NOT BE PROCESSED IF THE UNIT IS DELINQUENT ON THEIR MAINTENANCE ACCOUNT.

EVERY FORM IN THIS PACKAGE MUST BE COMPLETED AND ALL INFORMATION REQUIRED SHOULD BE PROVIDED. FAILURE TO PROVIDE A COMPLETE PACKAGE MAY DELAY MOVE-IN TO MIRASOL OCEAN TOWERS. THE COMPLETION OF THIS PACKAGE IS THE OCCUPANT'S RESPONSIBILITY. PLEASE RETURN TO THE MANAGEMENT OFFICE AS SOON AS POSSIBLE.

Date received:_____

Management Representative:_____



I have read and fully understand the rules and regulations for Mirasol Ocean Towers.

Print Name _____

Signature _____

Date _____

Print Name _____

Signature _____

Date _____