



CONTINUUM II
 O N S O U T H B E A C H
 O N T H E O C E A N

**Continuum on South Beach Condominium, The North Tower
 Association Inc.**

Application for Lease

Leasing of Units or portions thereof shall be subject to the prior written approval of the Association; the unit owner must be current with maintenance payments in order to lease the unit. In addition, the following requirements must be followed in order to comply with regulations concerning the accuracy of residential information in accordance with Statutes. The following required items must be submitted at least fourteen (14) business days prior to the intended occupancy date.

1. Please complete the attached application. **DO NOT LEAVE ANYTHING BLANK.** All applications must have a copy of the proposed lease attached. The application will not be processed unless we have a copy of your lease. For security reasons, one passport sized, color photo of each applicant and occupant must be included with the application. A photocopy of a government issued identification of each occupant must also be supplied (i.e. driver's license, passport, visa, immigration card). NO lease of a Unit shall be for a period of less than six (6) months. (Declaration Section 17.8 Leases).
2. Return this completed application(s) to the Continuum on South Beach Condominium, The North Tower Management Association Office with a copy of your LEASE, (Credit Report and Background info must be submitted by the broker or unit owner), a copy of your driver license, passport, visa or immigration card and check in the amount of \$100.00 made payable to the Continuum on South Beach, The North Tower together with the Common area security Deposit of \$5,000.00, which shall be returned at the end of the lease period.
3. Once the required information has been received by the Association, the applicant will be contacted to schedule an orientation meeting with Board of Directors.

All deliveries require a seven (7) days advance reservation and a refundable \$1,000.00 moving deposit. Move-ins and deliveries may only be performed Monday through Friday, from 8:30AM to 4:30PM movers are not permitted to begin unloading after 2:00pm.

4. It is the responsibility of the Unit owner to turn over all individual Unit keys and access devices to the Lessee at the time of lease commencement. Only current residents may have active access devices, therefore any non-transferred devices will be deactivated upon the commencement of the lease.

In accordance with the Association's Governing Documents and State Statute, when a Unit is leased, Unit Owner shall forfeits all use rights in the Association Property. The tenant shall have all use right in Association Property and those Common Elements otherwise readily available for use generally by Unit Owners, including but not limited, to the use of all Common Elements and amenities.

Applicant Signature _____
 Co-Applicant Signature _____

** Please note that all checks must be drawn on the Landlords or Tenants account. Money orders will not be accepted for the Moving Deposit. The Board of Directors is only approving the lease of Unit No. 2304 based on the lease package received.

Continuum on South Beach Condominium, The North Tower Association Inc.

Application for Residency

DATE: 11/9/12
(Each co-resident unless husband and wife must submit separate applications)

THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ARE ANSWERED

PLEASE PRINT

2304

UNIT

Applicant Name	Date of Birth	Social Security No.	Marital Status	Driver's License No./State
[REDACTED]	[REDACTED]	[REDACTED]	<u>S</u>	[REDACTED]

Spouse Name	Date of Birth	Social Security No.	Driver's License No./State

Expected Move-in Date	Apt. to be occupied by	Children Names & Ages
<u>Nov.</u>	<u>2</u> Adults <u>0</u> Children	

Other Occupants

Name [REDACTED] Age 33

Relationship _____

Name _____ Age _____

Relationship _____

RESIDENCE HISTORY

Present Address Code	City, State Zip	Building Name	How long?	Own	Area
[REDACTED]	[REDACTED]	<u>Ft. Lauderdale</u>	<u>1 yr.</u>		Rent <u>\$6800.00</u>

Phone No. _____

From/To	Present Landlord/Mortgage Co.	Phone No.	Monthly Payment

Previous Address Code	City, State Zip	Building Name	How Long?	Own	Area
[REDACTED]	[REDACTED]	<u>Ft. Lauderdale</u>	<u>4 yrs.</u>		Rent <u>\$12,000.00</u>

Phone No. _____

From/To Previous Landlord/Mortgage Co. Phone No. Monthly Payment

Have you ever been evicted from any leased premise? If yes, please explain: NO

EMPLOYMENT HISTORY

Present Employer	Business Address	Position	Employed Since
[REDACTED]	[REDACTED]	[REDACTED]	4 yrs.
Phone No.	Supervisor	Salary	Tips / Bonus
[REDACTED]	n/a	\$600,000.	
Spouse's Employer	Business Address/Phone No.	Position	Employed Since
n/a			

ADDITIONAL INCOME

Source	Amount
[REDACTED] investments / distributions	\$1-2 ml

BANK REFERENCE

Checking Account No.	Bank Name and Branch	Account No.	Phone No.
BB+T	Palm Beach gardens	[REDACTED]	561-253-8991
Savings Account No.	Bank Name and Branch	Account No.	Phone No.
BB+T	Palm Beach gardens	[REDACTED]	561-253-8991
BB+T	Thomasville NC		336-474-3015

LOANS & CHARGE ACCOUNTS

Firm	Address	Account No.	Total Debt	Monthly Payment
CCO	PO Box 6260	[REDACTED]	\$360,705.	3163.45

VEHICLE

Auto Year & Make	Tag No./State	Vehicle Registered to:
[REDACTED]	[REDACTED]	Florida
[REDACTED]	[REDACTED]	Florida

<u>PET(S)</u>		
Do you have any pets?	How many?	Type & Size
NO		

<u>SPECIAL COMMENTS</u>			
Emergency Contact	Relationship	Phone No.	
[REDACTED]	mom + office manager	[REDACTED]	cell office
[REDACTED] in the next two weeks:			

<u>CHARACTER REFERENCES</u>			
(Do not include relatives, attorney, employees, or business partner)			
Name	Address	Work Phone No.	Home Phone No.
1. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
2. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

<u>PREVIOUS NEIGHBOR</u>			
(Must list two for each residence including present residence)			
Name	Address	Work Phone No.	Home Phone No.
1.			
2.			

I hereby acknowledge that the Association or Agent assigned by the Association may investigate the information provided by me, and agree that a full disclosure of any information, including residential, employment, banking information, personal and credit related may be made to the Association and the Owner of the Unit, which is the subject of this application.

Signature of Applicant _____ Date _____

Signature of Spouse _____ Date _____

**Continuum on South Beach Condominium, The North Tower
Association Inc.**

CONFIDENTIAL RESIDENT INFORMATION SHEET

Unit Number: [REDACTED] _____

Lessee's Name: [REDACTED]

List all full-time residents: _____
[REDACTED]

(List names & ages if less than 18): n/a

IMPORTANT! Please identify which phone numbers listed below you wish to be notified in the event of an emergency or non-emergency through our new system Resident Alert™. You may check both emergency and non-emergency for each number, or select as you wish. Timely messages recorded by the property manager will be broadcast to the number you select:

	Emergency	Non-Emergency
Continuum Home Phone #: _____	_____	_____
Cellular Phone #: [REDACTED] [REDACTED]	<u>✓</u> <u>✓</u>	<u>✓</u> <u>✓</u>

Business Telephone: [redacted] _____

Other (Alternate, Fax, etc.): _____

E-mail Address: [redacted] @ [redacted] _____

Emergency Contact Name: [redacted] _____

Phone #: [redacted] Relationship: mom _____

Are you or anyone in your household in need of special medical attention or have restricted mobility, which would require additional assistance in the event of an emergency.

YES NO

If yes, please explain special needs (i.e. oxygen, wheelchair, blind, deaf, etc.):

I/We certify that the above information is true and correct.

Lessee Signature: _____ Date: _____

Lessee Signature: _____ Date: _____

●

CONTINUUM II
ON SOUTH BEACH
ON THE OCEAN

**Continuum on South Beach Condominium, The North Tower
Association Inc.**

**UNIT ACCESS AUTHORIZATION
GUESTS and CONTRACTOR**

I, [REDACTED] hereby authorize the following person(s) to enter Unit No.: [REDACTED], effective 11/12/12 (date). This authorization is valid until: 11/11/13 (date).

(PLEASE PRINT NAME AND/OR COMPANY CLEARLY)

<u>NAME / COMPANY</u> (friend/family/contractor)	<u>DESCRIPTION</u>
<u>[REDACTED]</u>	<u>girlfriend</u>
<u>[REDACTED]</u>	<u>mom</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Owners or authorized tenants, may access the property at will using fobs at designated entry points. The residents must authorize all other visitors to the property. You may authorize entry at any time over the telephone while in residence. If you wish to authorize access to your unit during an absence from the property, use this form to designate such authorization. Once the management office has this authorization, access will be given to the above listed parties until further notice. **Residents must make all arrangements for unit accesses with their guests (i.e. provide keys, fobs, etc.)**

Contractors or service personnel are not allowed to use the Fob; residents are responsible to provide them **ONLY** with the **UNIT KEYS**.

The undersigned acknowledges and agrees to fully indemnify and hold harmless you and all of your officers, directors, members, employees and agents (including, without limitation, your management and security companies and their officers, directors and employees) for and from any and all misconduct or negligence of the person(s) named above, whether in the Unit, the Common Elements of the Condominium or otherwise (such agreement to include all attorney fees and court costs regardless of whether suit is brought or any appeal is taken there from).

TELEPHONE #: [REDACTED] FAX#: [REDACTED]

LESSEE'S SIGNATURE _____

**Continuum on South Beach Condominium, The North Tower
Association Inc.**

MOVE-IN/OUT ACKNOWLEDGEMENT

DATE 11/14/12 UNIT [REDACTED]

HOURS: 8:00 [REDACTED] TILL 4:30PM MONDAY THROUGH FRIDAY

NO MOVE-INS/OUTS ARE PERMITTED ON SATURDAY AND SUNDAY.

NAME OF RESIDENT [REDACTED]

MOVING/DELIVERY COMPANY Two Men And A Truck

NOTES:

1. Movers are not permitted to begin unloading after 2:00 P.M.
2. No items may be stored or left in the receiving area.
3. The moving company must remove carton, crates and packing material from the property.
4. Certificate of Insurance must be submitted to Management office prior to moving
5. For the oversized items that will not fit in the elevator cab please contact Management office.
6. No overnight storage is permitted in the Loading Dock area or building hallways.
7. Refundable moving deposit of \$ 1,000.00 must be deposited in the Management office prior to moving-in or moving- out or for any deliveries.
8. Please reserve the service elevator at least 7 days in advance.

	<u>DOOR</u>	<u>CAB</u>
Height	7'	9'4"
Depth		4'3"
Width	3'6"	6'8"
Weight Capacity		3500 lbs

THE LOADING DOCK MAXIMUM HEIGHT CLEARANCE IS 13'

I agree that all work performed or delivered to improve and/or furnish my condominium unit by above party is to be performed on my behalf, by such party as my agent. I assume full liability for damages caused by such agent, whether to any person or whether hereby agree to indemnify and hold harmless the Continuum on South Beach, The North Tower Condominium Association, Inc. for any damages claimed by any party.

NO MOVING WILL CONTINUE PAST 4:30 P.M.

I AM IN RECEIPT OF THE MOVING PROCEDURES FOR CONTINUUM ON SOUTH BEACH
CONDOMINIUM, THE NORTH TOWER ASSOCIATION.

Signature _____

Date _____



CONTINUUM II
 ON SOUTH BEACH
 ON THE OCEAN

CONTINUUM ON SOUTH BEACH CONDOMINIUM, THE NORTH
 TOWER ASSOCIATION INC.
 RECEIPT AUTHORIZATION

UNIT OWNER: [REDACTED] UNIT # [REDACTED]

THE UNDERSIGNED, the owner(s) of Unit listed above (the "Unit") of CONTINUUM ON SOUTH BEACH, THE NORTH TOWER CONDOMINIUM, hereby authorizes the personnel employed by CONTINUUM ON SOUTH BEACH CONDOMINIUM, THE NORTH TOWER ASSOCIATION, INC. (the "Association") to accept, receive and sign for any parcels, deliveries, or mail addressed to the Unit, without imposing any liability thereon for the condition or substance of any such parcels so received.

Understanding that this Authorization is solely for the benefit of the undersigned, we hereby release the Association, its employees and agents, from any liability arising from this Authorization, including, without limitation, liability arising from the misplacement of parcels, and/or the negligence of the Association, its employees or agents in such regard.

Executed this ^{all} 25th day of Nov, 2012

By: _____
 (On behalf of all residents of above unit)

NAMES OF THOSE WHO WILL RECEIVE ITEMS FOR THE ABOVE NAMED UNIT:

- Print Name: Suzy Badieroz
- Print Name: Continuum North Tower
- Print Name: _____
- Print Name: _____

Rental / Purchase Application

Complete all questions. If any question is not answered or left blank, this application may be returned, not processed, and/or not approved. Print legibly. Missing information will cause delays. All information will be verified.

Rental / Purchase Unit

Building Name/ Number Continuum The North Tower Apartment: [REDACTED]

Lease Purchase Rent Rent Amount / Mortgage: \$6000.00 Monthly

Move in / Close Date: Now Rent / Lease Term: 1 yr.

Applicant Information

Last Name: [REDACTED] First Name: [REDACTED] Middle: [REDACTED]

Social Security No: [REDACTED] Date of Birth ([REDACTED] / [REDACTED] / [REDACTED])

Driver's License No: [REDACTED] State Issued: FL

Passport #: [REDACTED] Country: USA

Telephone No: [REDACTED] Email: [REDACTED]

Co-Applicant Information

Last Name: _____ First Name: _____ Middle: _____

Social Security No: _____ Date of Birth (____ / ____ / ____)

Driver's License No: _____ State Issued: _____

Passport #: _____ Country: _____

Telephone No: _____ Email: _____

Current Residence

Address: [REDACTED]

City: Palm Beach State/Zip: FL Country: 33480

How long at this address? 5 yrs. Own Rent

Landlord Name: [REDACTED] Phone #: _____

Employment History

Applicant Employer Name: [REDACTED] How Long: _____
Address: [REDACTED] FL State / Zip: 33480
Occupation / Position: Pres. Supervisor Name: n/a
Telephone: [REDACTED] Salary including commissions \$ 600,000.00

Co-Applicant Employer Name: n/a How Long: _____
Address: _____ City: _____ State / Zip: _____
Occupation / Position: _____ Supervisor Name: _____
Telephone: _____ Salary including commissions \$ _____

Financial History

Saving Account # [REDACTED] Checking Account # [REDACTED]
Bank Name: BBT Address: _____
City: Palm Beach Gardens State / Zip: FL
Phone Number: [REDACTED] Contact Name: _____
Thomcattle inc [REDACTED] George Miller
Have you or the co-applicant ever filed for Bankruptcy? NO If so, when: _____
Have you or the co-applicant ever been:
Evicted from any tenancy? NO Ever Broken Lease?: NO Ever Sued?: NO

Pets

Do you have pets? _____ If Yes, Please describe your pet.
Pet's Name: _____ Age: _____ Sex: _____ Weight: _____
Breed: _____ Spayed / Neutered? _____

Personal References (No Family Members)

Name: [REDACTED] Home Phone Number: _____

Work Phone Number: _____ Cell Phone Number: _____

Relationship: Friend

Name: [REDACTED] Phone Number: _____

Work Phone Number: _____ Cell Phone Number: _____

Relationship: Friend

Vehicle / Motorcycle Information

Vehicle 1 Make: Ducati Model: _____ Color: Black

Year 2011 License Plate # [REDACTED] State: FL Insured By: _____

Vehicle 2 Make: Ducati Model: _____ Color: White

Year 2011 License Plate # 2931LE State: FL Insured By: American Auto Inc. Company

In Case of Emergency

Name: [REDACTED] Phone #: [REDACTED]

Current Address [REDACTED] City: Thomasville State / Zip: 27360

Convictions

Have you or the co-applicant ever been arrested or convicted of any crime? Include

Misdemeanors, DUI, etc. or are any criminal charge now pending? Yes

Applicant Co-Applicant if yes, City _____ State _____ Date _____

Please explain _____

List Other Occupants

Tenant Evaluation LLC
18851 NE 29th Avenue Suite 710
Aventura, Florida 33180

Office 305.692.7900

Authorization Form

You are hereby authorized to release any and all information requested with regards to verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references to Tenant Evaluation LLC. 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 Tenant Evaluation LLC, Property Manager, Board of Directors and The Landlord for their exclusive use only.

PLEASE INCLUDE COPY OF DRIVER'S LICENSE and SOCIAL SECURITY CARD TO CONFIRM IDENTITY. If you do not have a Social Security Card, please include a copy of your Passport or current identification card.

Please notify your Landlord(s), Employer(s), and Character References that we will be contacting them to obtain a reference pursuant to your application.

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

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

If you or the co-applicant have falsified, deliberately misled or omitted to mention any information on your application, you may not be approved for a purchase, lease and or occupancy.

_____	Date <u>11/12</u>	
(Applicant's Signature)		(Applicant's Name Printed)
_____	Date _____	_____
(Co-Applicant's Signature)		(Co-Applicant's Name Printed)