

DATE: _____

UNIT: _____

PARKING SPACE NO.: UG _____

LG _____

APPLICATION FOR PURCHASE, GIFT, DEVISE OR INHERITANCE APPROVAL

1. The attached Application of Occupancy and the Authorization Form must be completed in detail by each proposed purchaser.
2. If any question is not answered or is left blank, the application will be returned, will NOT be processed and will NOT be approved.
3. **A copy of your sales contract *must* be attached to the application form. Please request an "Estoppel Letter" from your attorney prior to closing.**
4. The following individual **checks** are required for processing your application at or prior to the interview:
 - a. \$100.00 non-refundable Processing Fee.
 - b. \$25.00 non-refundable Rush Fee (**Interview within 5 business days, rush fee does not guarantee approval from the Association**).
 - c. \$50.00 tax included for each required pool towel.
 - d. \$1000.00 common area deposit is a move-in deposit. If no damage has been sustained, a refund will be issued upon your request.
 - e. Please provide **Picture Identification**.
 - f. \$25.00 for a SMARTPASS for your car

All checks are to be made payable to: **THE TOWERS OF KEY BISCAYNE, INC.** Failure to submit all required checks at time of application will cause your application to be returned and **NOT PROCESSED** until all **checks** listed above have been received.

5. The completed applications and checks must be submitted to the Administration Office at least **25 days prior to the expected closing date.** Approval time varies pending on background screening results (**International screening results may take as much as 20 business days depending on the time the country agency takes to provide the information**)
6. **All applicants** must be available for a personal interview prior to final approval. **Occupancy prior to the Association approval is prohibited.** Call the Administration Office (305) 361-9114 to schedule the interview at least 5 business days in advance. Interviews are held Tuesdays, Wednesdays and Thursdays from 10:00 a.m. to 4:00 p.m. Certificates of Approval are issued ONLY after the interview. Copies of the Warranty Deed and/or Closing Statement are required after the closing to be placed in the Towers' permanent file.
7. **NO PETS ALLOWED.**
8. The seller must provide the purchaser with a copy of the Condominium Document, including the Rules & Regulations. Common Area Keys that have been provided to the seller must be provided to the new Owner at the Closing.
9. **Purchaser MUST notify the Administration Office with the exact date of their closing.**
10. Occupancy regulations:

One Bedroom Unit:	no more than 2 occupants
Two Bedroom Units:	no more than 4 occupants
Three Bedroom Units:	no more than 6 occupants
11. Moving of furniture is not permitted on Saturdays, Sundays and/or Holidays. Hours for moving are from **9:00 a.m. to 4:30 p.m. Monday through Friday.** Please notify the Manager's Office at least two weeks in advance of your scheduled move so that the elevator may be reserved for your convenience.
12. Name of Realtor Handling Sale: _____ Tel: _____
Thank you for choosing The Towers of Key Biscayne as your home!

APPLICATION FOR OCCUPANCY/APPROVAL FOR PURCHASE

Apt. No.: _____

Date: _____

Name: _____ Date of Birth: _____ Soc. Sec. No.: _____

Name: _____ Date of Birth: _____ Soc. Sec. No.: _____

Other Name: _____

Number of people who will occupy. Adults (over age 18) _____ (under 18) _____

Names and Ages of Children who will occupy: _____

In case of emergency notify: _____ (_____) _____
Name Address Tel. #:

RESIDENCE HISTORY

Present Address _____ Tel. #: _____

Name of Apt./Condo _____ Tel. #: _____

Name of Landlord/Mortgage Co. _____ Apt. #: _____

Dates of Residency: From: _____ to _____

Prior Address _____ Tel. #: _____

Name of Apt./Condo _____ Tel. #: _____

Name of Landlord/Mortgage Co. _____ Apt. #: _____

Dates of Residency: From: _____ to _____

EMPLOYMENT & BANK REFERENCES

Employed By: _____ Tel. #: _____

How Long: _____ Dept. or Position: _____

Address: _____

Other Owner on Deed Employment: _____ Tel. #: _____

How Long: _____ Dept. or Position: _____

Address: _____

Bank Reference: _____ Tel. #: _____

How Long: _____ Address: _____ Zip _____

Bank Reference: _____ Tel. #: _____

How Long: _____ Address: _____ Zip _____

CHARACTER REFERENCES

_____ Tel. #: _____ Office #: _____

Address: _____ Zip Code: _____

_____ Tel. #: _____ Office #: _____

Address: _____ Zip Code: _____

If this application is not legible or is not completely and accurately filled out, the Association will not be liable or responsible for any inaccurate information in the investigation and related (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, MAF Background, may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's credit standing, police arrest record as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature _____
Applicant

Applicant Signature: _____
Other Applicant

**CONSUMER REPORT AUTHORIZATION
FOR PURCHASE APPLICATION**

I or We authorize The Towers of Key Biscayne, Inc to verify all information of the purchase application by all available means, including consumer reporting agencies , public records, current and previous purchase or rental property owners, employers and personal references. Re-verification or investigation or investigation of preliminary findings is not required.

APPLICANT'S SIGNATURE

DATE

2ND APPLICANT'S SIGNATURE

DATE

CRIMINAL & CREDIT BACKGROUND CHECK AUTHORIZATION

I, _____, AUTHORIZE THE TOWERS OF KEY BISCAYNE TO CONDUCT A VERIFICATION OF MY CRIMINAL AND CREDIT BACKGROUND. I RELEASE ALL PERSONS INVOLVED IN THIS SEARCH FROM LIABILITY OR DAMAGES INCURRED AS A RESULT OF THIS INQUIRY AND FURNISHING THIS INFORMATION.

NAME: _____

S.S.#: _____

D.O.B: _____

ADDRESS: _____

SIGNATURE

DATE