

**THE TOWERS OF KEY BISCAYNE, INC.**  
1121 CRANDON BOULEVARD, KEY BISCAYNE, FL 33149  
Tel: 305-361-9114  
Fax: 305-361-9331

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. Estoppel requests must be submitted and paid for at least seven (7) business days, prior to closing. The fee for the estoppel is \$200.00 and must be submitted along with the request. Please note, the requests will not be processed unless payment is received.**
4. The following individual **checks** (including the sales contract and all purchase forms) are required for processing your application at or prior to the interview\*:
  - a. \$100.00 non-refundable Processing Fee. **(International applicants will have to pay \$100.00 per applicant.)**
  - b. \$25.00 non-refundable Rush Fee **(Interview within 5 business days, rush fee does not guarantee approval from the Association).**
  - c. \$1,000.00 common area deposit is a move-in deposit. If no damage has been sustained, a refund will be issued upon your request.
  - d. Please provide **Picture Identification for each applicant.**
  - e. \$25.00 for a SMARTPASS for your car.
  - f. \$12.00 for each FOBS (Maximum of two (2) per bedroom)

### **CASHIER’S CHECKS MUST BE GIVEN FOR ANY “RUSH” PURCHASE NEEDED.**

Separate checks are to be made for each fee. All checks are to be made payable to: **THE TOWERS OF KEY BISCAYNE, INC.**

**\*Failure to submit all required checks listed above and required paperwork at time of application, will cause your application to be returned and NOT BE PROCESSED.**

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 or more depending on the time the country agency takes to provide the information).** **There may be additional processing fees associated with international background checks.**
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 and Thursdays at 10:00a.m. or 1:00p.m. Certificates of Approval are issued **ONLY** after the interview. Copies of the **Certified/Registered Warranty Deed and Closing Statement** are required after the closing to be placed in the Towers’ permanent file. Failure to provide the proper warranty deed will result in the Association not being able to provide access to the property to the new owner.
7. **NO PETS ALLOWED.**

8. The seller must provide the purchaser with a copy of the latest Condominium Document, including the Rules & Regulations. Common Area Keys and FOBS 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.: \_\_\_\_\_

( )Single ( )Married ( )Widow(er) ( )Sep. /Div. Mother's Maiden Name (Int'l Applicant): \_\_\_\_\_

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

( )Single ( )Married ( )Widow(er) ( )Sep. /Div. Mother's Maiden Name (Int'l Applicant): \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of people who will occupy unit. Adults (over age 18) \_\_\_\_\_ Children (over 18) \_\_\_\_\_ (under 18) \_\_\_\_\_

Names and Ages of Children who will occupy unit: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Name Address Tel. #:

**RESIDENCE HISTORY**

Present Address \_\_\_\_\_ Apt. #: \_\_\_\_\_

Name of Apt./Condo \_\_\_\_\_ Tel. #: \_\_\_\_\_

Dates of Residency: From: \_\_\_\_\_ to \_\_\_\_\_ Tel. #: \_\_\_\_\_

Name of Landlord/Mortgage Co. \_\_\_\_\_

Prior Address \_\_\_\_\_ Apt. #: \_\_\_\_\_

Name of Apt./Condo \_\_\_\_\_ Tel. #: \_\_\_\_\_

Dates of Residency: From: \_\_\_\_\_ to \_\_\_\_\_ Tel. #: \_\_\_\_\_

Name of Landlord/Mortgage Co. \_\_\_\_\_

**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

THIS FORM IS FOR THE EXCLUSIVE USE OF United Screening Services Corporation CUSTOMERS, ANY REPRODUCTION OF THIS FORM WITHOUT THE EXPRESSED WRITTEN PERMISSION OF United Screening Services Corporation IS STRICTLY PROHIBITED.

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure ALL THREE Authorization Forms are completed as indicated.

ALL PARTS OF THESE FORMS ARE REQUIRED-DO NOT CUT OR SEPARATE THEM.

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**AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND POLICE RECORD INFORMATION**

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my/our application made for residency.

DESIGNATED PARTY: United Screening Services Corporation

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Applicant's Name Printed)

\_\_\_\_\_  
(Spouse's Signature)

\_\_\_\_\_  
(Spouse's Name Printed)

Date \_\_\_\_\_

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**CONSUMER REPORT AUTHORIZATION**

I or we authorize The Towers of Key Biscayne, Inc to verify all information of the purchase/lease 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**

\_\_\_\_\_  
**2<sup>ND</sup> 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