



## **APPLICATION to LEASE for 6months and Under UNIT# \_\_\_\_\_**

**DOCUMENTS MAY NOT BE FAXED ALL DOCUMENTS MUST BE COMPLETED, MANAGEMENT WILL NOT ACCEPT AND WILL NOT BE RESPONSIBLE TO PROCESS AN INCOMPLETE APPLICATION/APPROVAL MAY TAKE UP TO 15 DAYS.**

### **Tenant Responsibilities:**

- \_\_\_ Copy of a Legible Lease Contract Agreement (listing all persons staying in unit)
- \_\_\_ Application fee \$100.00 per person (money order or cashier check); (Married couple \$100 for both with copy of married certificate)
- \_\_\_ Rental Application for occupancy
- \_\_\_ Resident Information Form
- \_\_\_ Vehicle Registration Form
- \_\_\_ Pet Registration Form
- \_\_\_ Pet Non Refundable Deposit (effective June 2017)
- \_\_\_ Package Receipt Authorization
- \_\_\_ Access Authorization Form
- \_\_\_ Rules and Regulations
- \_\_\_ Driver license or picture ID of prospective Tenant (s)

### **Homeowner Responsibilities:**

- \_\_\_ Common area security deposit of \$1000.00 (office accepts only security deposits from owners) Effective June 1<sup>st</sup>, 2017, Security deposit will be the amount of 1 months' rent  
\*\*\*This deposit must be provided to La Perla by the owner and will be refunded to the owner only.
- \_\_\_ Home Owners insurance (H06 Policy)

### **Additional Cost Upon Arrival**

- Vehicle Bar Codes \$10.00 each
- Building ID's \$20.00 per person

Please be advised that leasing of the units shall be subject to the prior written approval of the association. Prior to move in every lease of a unit shall require a deposit from the owner to be held in an escrow account maintained by the Association. This security deposit is against damage to the common areas refundable 15 days upon inspection of common element after termination of lease, **if no damage to the common elements.**

**A tenant may NOT, under any circumstances, sublet the unit (or any portion thereof) to any other person or permit occupancy by any other person (including children). This means tenants cannot have overnight guests. Failure to include all people on this application will be a direct violation and could include fines to the home owner and resident denied access to the amenities.**

**THERE ARE STRICT OCCUPANCY RESTRICTIONS AT LA PERLA CONDOMINIUM. ONLY 2 PERSONS PER ROOM AND 1 PER DEN PERMITTED IN UNITS.**

- **1 BEDROOM = 2 PEOPLE MAX (INCLUDING CHILDREN OF ALL AGES)**
- **2 BEDROOM = 4 PEOPLE MAX (INCLUDING CHILDREN OF ALL AGES)**
- **2 BEDROOM AND A DEN = 5 PEOPLE MAX (INCLUDING CHILDREN OF ALL AGES)**
- **PH = 7 PEOPLE MAX (INCLUDING CHILDREN OF ALL AGES)**

La Perla Condominium Association  
16699 Collins Ave Sunny Isles, FL 33160  
●Management Office 786-364-4900●  
●Fax 786-364-4901●

# 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 Unit Information :

Apartment Number: \_\_\_\_\_ Rent Amount \$ \_\_\_\_\_ (Monthly)

Are you working with a Realtor? Yes \_\_\_ No \_\_\_

If Yes, Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Applicant Information:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth (\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)  
Month/ Day/ Year

Driver's License No: \_\_\_\_\_ State Issued : \_\_\_\_\_

Passport #: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

## Co-Applicant:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth (\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)  
Month/ Day/ Year

Driver's License No: \_\_\_\_\_ State Issued : \_\_\_\_\_

Passport # : \_\_\_\_\_ Country : \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

## Current Residence:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Country \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_ Own [\_\_\_] Rent [\_\_\_]

Landlord Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Employment History:**

Applicant Employer Name: \_\_\_\_\_ How Long: \_\_\_\_\_

Address: \_\_\_\_\_ City : \_\_\_\_\_ State Zip: \_\_\_\_\_

Occupation / Position: \_\_\_\_\_ Supervisor Name : \_\_\_\_\_

Telephone : \_\_\_\_\_ Salary including commissions \$ \_\_\_\_\_

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Co-Applicant Employer Name: \_\_\_\_\_ Length of time: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State /Zip \_\_\_\_\_

Occupation / Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Salary including commissions \$ \_\_\_\_\_

**Personal Reference:**

Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ (No Family Members)

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Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_ (No Family Members)

**Convictions:**

Have you or the co-applicant ever been arrested or convicted of any crime? Including Misdemeanors, DUI, etc. Yes\_\_ No\_\_ any criminal charge now pending? Yes \_\_ No\_\_

Applicant [\_\_] Co-Applicant [\_\_] if yes, City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Please explain \_\_\_\_\_

**Other:**

Have you or the co-applicant ever filed for Bankruptcy? \_\_\_\_\_ If so, when \_\_\_\_\_

Have you or the co-applicant ever been: Evicted? \_\_\_\_ Broken Lease?: \_\_\_\_ Sued?: \_\_\_\_

Please explain \_\_\_\_\_

**BROWN'S BACKGROUND CHECKS**  
**CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER**  
**La Perla Condominium Association Inc.**

I understand that you may obtain consumer reports that relate to my credit and/or criminal history. This information will, in whole or in part, be obtained from AISS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4<sup>th</sup> floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal, state and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my credit and/or criminal history.

I authorize, without reservation, any party, institution, or agency contacted by AISS to furnish the above mentioned information:

**California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you.

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**Notice to CALIFORNIA Applicants**

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

\_\_\_\_\_ Date \_\_\_\_\_  
**(Applicant's Signature)** **(Applicant's Name Printed)**

\_\_\_\_\_ Date \_\_\_\_\_  
**(Co-Applicant's Signature)** **(Co-Applicant's Name Printed)**



## **RESIDENT INFORMATION**

Tenant Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### **Please list all individuals that will be staying in the unit at any given time:**

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*Excluding any information regarding other residents staying in the unit (regardless of age) may result in the lease being terminated!*

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**Note: Please be advised the building cannot park a vehicle that exceeds the height of 6'8". This includes all large SUVs including the Hummer cannot be parked in the parking garage.**

## **VEHICLE REGISTRATION FORM**

VEHICLE #1

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

COLOR: \_\_\_\_\_

YEAR: \_\_\_\_\_

PLATE#: \_\_\_\_\_

STATE: \_\_\_\_\_

BARCODE# \_\_\_\_\_

VEHICLE #2

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

COLOR: \_\_\_\_\_

YEAR: \_\_\_\_\_

PLATE#: \_\_\_\_\_

STATE: \_\_\_\_\_

BARCODE# \_\_\_\_\_

RESIDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RESIDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**EFFECTIVE JUNE 1<sup>ST</sup>, 2017; A NON REFUNDABLE PET DEPOSIT of \$250 FOR EACH DOG WILL BE COLLECTED BY THE ASSOCIATION.**

The deposit will cover the cost of maintaining the dog park and tags which must be worn for proof of approval.

**PET REGISTRATION FORM**

Unit owner will provide Management with photograph of pet in order to complete the pet registration process. PET MUST ALWAYS BE KEPT ON A LEASH and is not a pit bull or other breed considered to be dangerous. Also pet owner must return this application to association with a copy of pet vaccinations. Please complete one form per animal.

Type of Pet (please circle one):      DOG      CAT      OTHER (please specify) \_\_\_\_\_

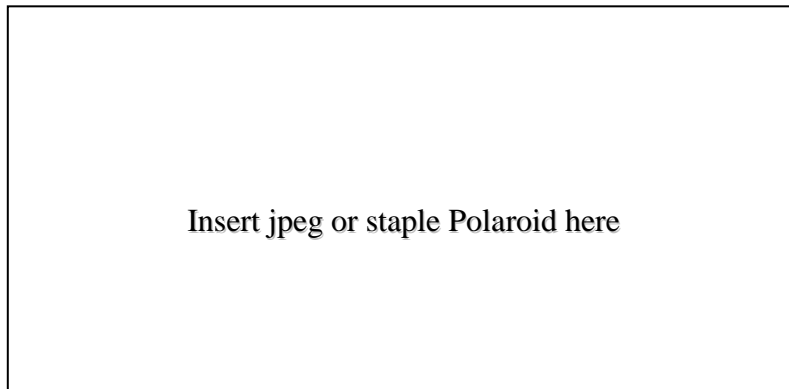
Pet's Name: \_\_\_\_\_ Pet's Age: \_\_\_\_\_

Pet's Sex: \_\_\_\_\_ Pet's Weight: \_\_\_\_\_

Pet's License/Tag Number: \_\_\_\_\_ Color of Pet: \_\_\_\_\_

Breed (*Be specific – give complete description, color, etc.*): \_\_\_\_\_

Picture:



RESIDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RESIDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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## **PACKAGE RECEIPT AUTHORIZATION**

THE UNDERSIGNED, tenant(s) of Unit # \_\_\_\_\_ **La Perla Ocean Residences** hereby authorize(s) the Condominium Association's front desk personnel to accept, receive and sign for any parcels 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, I/we hereby release the Condominium Association, its employees, agents and assigns, from any liability arising from this authorization, including, without limitation, liability arising from its employees, agents and assigns, in such regard.

**Please be aware that La Perla Ocean residences will hold packages for 15 days only after 15 days packages will be return to sender.**

Executed on \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

By: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

By: \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature





## **PLEASE REMEMBER OUR SIMPLE RULES:**

1. **Guest and renters** must be registered with the office and issued a building picture Id per person. ID's cost \$20.00 each.
2. **Occupancy** in units shall not exceed 2 persons per bedroom and 1 person per den. (including children of any age)
3. **Children** (ages 12 and under) must be accompanied by an adult at all beachside recreational Common Areas, Gym/Spa, and the Children's room.
4. **Garbage chute:** Do not throw **carton boxes** or **construction material** down the trash chute. Do not leave your garbage and/or boxes in the hallways. Always **tie your bags** before you throwing them down the chute. Carton Boxes should be broken down and brought down to receiving area.
5. Do not throw anything off your balcony especially cigarettes butts. Tossing cigarette butts is a felony. Fines from the Fire Dept. could also apply!
6. **Parking:**
  - Long term or short term renters must register their vehicle with the office and pay \$10 for the Barcode sticker.
  - Any car that **does not** have a **Barcode** sticker may be towed at your expense.
  - Each **Barcode** is registered to your exact vehicle and are specific to Make/Model/Color/Tag.
  - Barcodes are **NOT** for multiple cars and are not to be switched from one vehicle to another vehicle.
  - Cars with **Expired Barcodes** will be issued violation and recorded. These vehicles are susceptible to being towed. It is your responsibility to maintain your records current.
  - **Parking is strictly for residents:** therefore visitors, housekeepers, Nanny's, contractors, workers etc... **Must Pay Valet at daily rate.**

- You can buy a **coupon book** at the management office for a charge of \$30. The coupon book comes with 10 validations stickers.

#### 7. **Pets:**

- Pet owner must pick up and clean up after their pet and dispose of waste appropriately.
- Pets must be kept on a leash at all times.

#### 8. **Smoke Detectors**

- You may not remove any life safety component (Smoke detector, Sprinkler etc...) from the unit. By doing this you will cause the alarm to sound and damage can occur. Damages will be bill accordingly.
- Smoke detector battery should be change at lease ones a year, association is not responsible to change smoke detectors batteries

## **Beach and Pool Rules**

1. **Attire:** Shoes & Shirts must be worn inside the common areas at all times.
2. **Towel Cards** should be provided by the unit owner or their representatives.
  - Towels are for beach and pool use only residents/guest are not allowed to take the towels to the units.
  - One towel is provided for each card presented at the front desk. You must present your La Perla ID along with the towel card in order to receive a towel.
3. **Beach Equipment** is available only when an attendant is on duty.
4. **Beach Chairs & Umbrellas** will be available to unit owners, register guest and register tenants on a “first come, first served” basis.
  - Residents must be present & One (1) chair per ID will be issued.
  - Maximum are as follow:
    - **One bedroom** apartment is entitled to 2 chairs and 1 umbrella.
    - **Two bedrooms** are entitled to 4 chairs and 2 umbrellas.
    - **Penthouses** are entitled to 6 chairs and 4 umbrellas.
5. No advanced reservations will be permitted



6. Beach/pool attendants will not be responsible for any items left unattended.
7. Swimmers must shower before entering the pool or spa.
8. Beach-goers must **rinse the sand off their feet** before entering the pool and the building area.
9. You must remove sand and dry yourself off before entering the building.

***PLEASE BE AWARE THAT ANY VIOLATION OF THE LA PERLA RULES AND REGULATIONS MAY RESULT IN A \$100 FINE.***

I \_\_\_\_\_ by signing below this document I acknowledge, received and agree to abide by **RULES AND REGULATION** of the condominium **LA PERLA OCEAN RESIDENCES**.

RESIDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I \_\_\_\_\_ by signing below this document I acknowledge, received and agree to abide by **RULES AND REGULATION** of the condominium **LA PERLA OCEAN RESIDENCES**.

RESIDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## **Home Owners Insurance Requirements:**

*It is the Homeowners responsibility to provide the Association with their Homeowners Insurance H06 policy:*

- Must provide \$2,000 loss assessment coverage per occurrence
- Provide amount of liability insurance
- Include association as name insured (additional interest)

**La Perla Ocean Residences**

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**Sunny Isles Fl, 33160**