



VILLA REGINA ASSOCIATION, INC.

RESIDENT APPLICATION

**ALL FORMS MUST BE FILLED OUT
COMPLETELY**

UNIT# _____

**All documents must be legible faxed or
incomplete applications will not be accepted.**

Dear Prospective Resident:

Congratulations for choosing Villa Regina to be your next home. We will do everything we can to make your application process as comfortable and expeditious as possible. However, we will need your cooperation and strongly suggest you follow the checklist below in order to avoid delays in processing the final approval of your application. Please give attention to detail as incomplete or illegible applications **will not be processed**. As stated in the Declaration of Condominium, the Association will provide you with a written statement of approval or denial **within 30 days** of receipt of a **complete application**. Once approved, an Association representative will contact you to schedule an interview with a Screening Committee member that usually takes approximately 1 hour.

A \$100 application fee for each applicant or married couple, made payable online when screening link is provided after completion of application.

For Applicant Use	APPLICATION FORM S	For Office Use Only
	Resident Occupancy Application Procedures Form Initialized	
	Photo Identification for each adult	
	Unit Owner Resident Information Form	
	Confidential Resident Information Form	
	Employment verification in the form of a letter on company letterhead stating you have worked at a particular location, for what length of time and position	
	Bank letter (current letter of good standing)	
	Vehicle Registration Form	
	Bicycle Registration Form (must be signed)	
	Parcel Receipt Authorization Form (must be notarized)	
	No Pets allowed for Residents (Unit Owners can only have a pet)	
	Elevator Reservation Request for Move-In	
	\$2,000.00 Common Areas Deposit – Move In Check #	
	Date completed application was received	
	Interview Process	
	New Resident has made the necessary arrangements to obtain universal garage opener(s) and building access fob(s), or gray cards from unit owner.	
	Rules and Regulations Initialized each page.	
	Miscellaneous Property Information Form	
	Interview Questionnaire	

NOTE: Please come to the Management Office so we can take your picture, activate your access devices and provide you with valuable information regarding your new home.

Application for Occupancy Procedures

In an effort to avoid unnecessary delays and confusion during the screening process, we are providing the following information for your convenience.

1. Please make sure the Application for Occupancy / Approval form is thoroughly completed. Incomplete applications will not be processed. Failure to provide a complete application will delay the screening process and Certificate of Approval.
2. The application fee is \$100 for one person or married couple, all fees are non-refundable.
3. The screening link provided is for completion of the second part of the application
4. Once the Association has received the report from "Screening Link", you will be contacted to schedule an interview with a member of the Board of Directors. Please be advised, the report from "Screening Link" is received fifteen (15) days after completion by the applicant.
- 5. Interviews are conducted only on the 1st and 3rd Wednesday of the month, no exceptions will be made.**
6. Elevator reservations for Move-In cannot be scheduled until applicant has been interviewed and approved. Move-In Monday-Friday from 9:00am. To 4:00pm. **A refundable security deposit in the amount of \$2000.00 check must be presented with the application and made payable to Villa Regina Association.** Please refer to attached Elevator Request form for more information.
7. All agreements must be signed and returned before screening link is released. We hope that the above information will assist you with the screening process.

Please call the Management Office at 305-854-1581 x203 if you need help with a particular section of the application, or if you have any questions regarding the Rules & Regulations for Villa Regina

Thank you,

The Board of Directors
Villa Regina Condominium

Initials _____

**PHOTO
IDENTIFICATION
FOR
EACH ADULT**

UNIT OWNER/RESIDENT INFORMATION

Unit # _____ Date: _____

Owner Names (s) _____ & _____

Resident(s) Name (s) _____ & _____

PLEASE FILL IN THE APPROPRIATE NAMES OF THE PERSONS RESIDING IN THE UNIT

Resident Name: _____ Relationship _____

Resident Name: _____ Relationship _____

Resident Name: _____ Relationship _____

Resident Name: _____ Relationship _____

Home Phone #s _____ FAX #s _____

Cellular Phone _____ Work # _____

EMAILS: _____

In Case of Emergency Please Contact _____

Telephone # _____ or _____

Mailing address (if different than above) in care of: _____

City: _____ State: _____ Zip: _____ Country: _____

Email Address: _____

Billing Address (if different than above) in care of: _____

Contact Person: _____ Phone # _____

City: _____ State: _____ Zip: _____ Country: _____

Email Address _____

(Please give full description / size, color & breed)

Type of Pet (s) _____

PLEASE FILL IN THE BLANKS FOR THE PERSON THAT HAVE ACCESS INTO YOUR UNIT OR BLDG

Family Name (s) _____

Guest (s) _____

Housekeeper (s) _____

Please list all parking space number assigned to your unit: _____

Boat Slip Number _____ Boat Name _____

Please list all key fobs, garage openers & security card

Number of Security cards: _____ Number of Key fobs: _____ Number of Garage Openers _____

Card #'s _____ Fob #'s _____ Openers #'s _____

Card #'s _____ Fob #'s _____ Openers #'s _____

Card #'s _____ Fob #'s _____ Openers #'s _____

CONFIDENTIAL RESIDENT INFORMATION FORM

Please return this form to:

Attn: *Villa Regina
Management Office
1581 Brickell Avenue*
Email: *asstmanager@villareginacondo.com*
Fax: 305-854-6153

In a continuing effort to improve communication between your property management Company (FirstService Residential), your Board of Directors and residents, we request all residents to completely fill out/update the form below and return as soon as possible via mail, e mail or fax.

Unit Number/Address: _____

Resident Name: _____

Is the Home listed under a Corporation? If yes, please state name and address of Corporation:

Is this home your primary residence? Yes _____ No _____

Forward all Association mailings to (Official Mailing address):

Secondary Address:

Name(s) of full-time occupants (children, live-ins, etc.):

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 our property manager will be broadcast to the number you select:

CONFIDENTIAL RESIDENT INFORMATION FORM

	Emergency	Non-Emergency
Home Telephone Number: _____	_____	_____
Secondary Telephone Number: _____	_____	_____
Business Telephone: _____	_____	_____
Other (Cell Phone, etc.): _____	_____	_____
Emergency Contact - Phone Number: _____	_____	_____
Emergency Contact- Name: _____		
E-mail Address*: _____@_____		

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 authorize First Service Residential to alert the phone number(s) listed above for urgent and timely alerts.

In case of Emergency an emergency key is at the security office Yes No

Amenities if applicable to you: Marina Dock Slip # _____

Parking Space # _____

Storage # _____

Resident Signature: _____ Date: _____

Resident Signature: _____ Date: _____

EMPLOYMENT

VERIFICATION

BANK LETTER

(Current letter of good standing)

UNIT# _____

VEHICLE REGISTRATION FORM

Name: _____ Unit #: _____

Vehicle 1 Make: _____ Model: _____

Year: _____ Color: _____

Tag # _____ State: _____

Space Assignment: _____

Vehicle 2 Make: _____ Model: _____

Year: _____ Color: _____

Tag # _____ State: _____

Space Assignment: _____

Vehicle 3 Make: _____ Model: _____

Year: _____ Color: _____

Tag # _____ State: _____

Space Assignment: _____

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

Bicycle Registration Form

Tenant's Name: _____

Unit Number: _____

Date of Application: _____

Make: _____ Model: _____ Color: _____

Make: _____ Model: _____ Color: _____

Make: _____ Model: _____ Color: _____

Make: _____ Model: _____ Color: _____

I/We undersigned owner understand that storage space for bicycles are on a first come, first served basis and that every bicycle in the storage facility must be registered with building administration. Further, I/we understand that submitting this registration form does not confirm acceptance.

I/We understand that building administration will advise me/us of the status of this request within 10 business days of receipt.

I/We understand that VILLA REGINA ASSOCIATION, INC. is not responsible for the theft or damages to bicycles stored. All bicycles must be individually locked at all times to the rack and not to each other.

I/We understand that a decal must be affixed to my bicycle and visible at all times. Decals will be provided to me once my application for space is confirmed. Failure to display my assigned decal could result in the disposing of my bicycle by the Association with no claim made against the Association or its agents.

Owner Signature

Witness

Owner Signature

Witness

For Office Use Only

Decal Number(s) Issued: _____

Date Decal(s) Issued: _____

PARCEL RECEIPT AUTHORIZATION FOR RECEIVING/SIGNING FOR PARCELS, DELIVERIES OR MAIL ADDRESSED TO THE UNIT

TO: VILLA REGINA ASSOCIATION, INC.

FROM: RESIDENT'S NAME _____ UNIT #: _____

THE UNDERSIGNED, the owner(s) of Unit listed above (the "Unit") of VILLA REGINA ASSOCIATION, INC. hereby authorizes the personnel employed by VILLA REGINA 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.

I agree that if I am not present to sign for a Certified Letter, the Association will not sign on my behalf, unless I designate the Association in writing to do so, without imposing any liability thereon for the condition or substance of any such parcels so received.

EXECUTED THIS:

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

Print Name: _____

**State of Florida
County of Miami Dade**

The foregoing instrument was acknowledged before me this _____ day of _____, 20__ by _____ who has produced _____ as identification and did take an oath.

Name: _____ **My Commission Expires:** _____

Acknowledgement of Pet Rules

Under the Rules and Regulations of the Villa Regina Condominium Association

**ONLY REGISTERED DEED TITLED OWNERS ARE
PERMITTED DOGS OR DOMESTIC CATS, LIMITED TO
20 LBS. AT MATURITY**

Only one dog or cat is permitted for unit owners.

A letter from a Certified Veterinarian will be required stating the
pets weight at the time of purchase.

I acknowledge that I cannot have a pet.

Applicant's Signature

Unit #

Date

Thank you,

The Board of Directors
Villa Regina Condominium