



VILLA REGINA ASSOCIATION, INC.

SALES APPLICATION

**Incomplete or illegible applications
will not be accepted**

DO NOT FAX APPLICATIONS

UNIT# _____

NOTE: After the closing please provide the Management office with a copy of the Warranty Deed and Closing Statement.

Sales Application

Dear Prospective Homeowner:

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. Interviews can take up to 1 hour.

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

Applicant Checklist	APPLICATION FORMS	Office Checklist
	1. Application forms checklist (ALL DOCUMENTS MUST BE LEGIBLE) Faxed applications will not be accepted.	
	2. Application for Occupancy Procedures Form <i>(Initialized)</i>	
	3. Owner Notice Of Sale (Must be Notarized)	
	4. Legible, executed sales contract (Articles of Incorporation if a Corporation with Board Resolutions)	
	5. Applicant Acknowledgement Form (receipt of Condominium Documents, Rules & Regulations and Pet Restrictions) (Must be Notarized)	
	6. Photo Identification for each adult and applicant	
	7. Unit Owner Information Form	
	8. 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)	
	9. Confidential Resident Information Sheet (1)	
	10. Confidential Resident Information Sheet (2)	
	11. Parcel Receipt Authorization Form signed and notarized.	
	12. Acknowledgement of Pet Rules	
	13. Pet Registration Form	
	14. Pest Control Request	
	15. Form Bicycle Registration Form (Needs to be sign.)	
	16. Elevator Reservation Request for Move-In- \$2,000.00 Deposit Check#	
INTERVIEW PROCESS		
	New owner has made the necessary arrangements to transfer the exclusive right use Boat Slip	
	New owner has made the necessary arrangements to transfer exclusive right to use parking space(s)	
	New owner has made the necessary arrangements to obtain the transponder garage gate opener(s) and building access fob(s),	
	Rules and Regulations initialized each page.	
	Miscellaneous Property Information Form	
	Emailed application link on: _____ Time _____ By: _____	

NOTE: After the closing please provide the Management office with a copy of the Warranty Deed and Closing Statement.

Date received _____ By: _____

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 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 will be provided upon the correct completion of an 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, and may be delayed further if applicant information is not provided correctly.
- 5. Interviews are conducted only on the 1st and 3rd Wednesday of the month, No exceptions will be made.**
6. A legible copy of the Sales Contract must be submitted along with a \$2,000 deposit in anticipation of an approval, and future scheduled move in date.
7. Elevator reservations for Move-In cannot be scheduled until applicant has been interviewed and approved. Move-In's are 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.
8. All agreements must be signed and returned with the screening process. 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

Owner Notice of Sale

To: The Board of Directors
From: Current Owner of Unit _____

Date: _____

In accordance with the provision of Villa Regina Association, Inc. Declaration of Condominium, I/We _____ as owners of the unit# _____ hereby serve notice to Villa Regina Association that I/we have placed the condominium unit for sale.

In accordance with the provision of Villa Regina Association, Inc. Declaration of Condominium, I/We _____ as owners of the unit# _____ hereby serve notice that I/we desire to accept a bona fide offer made to me/us by _____ to purchase unit# _____. I/we are aware of the fact that the Association has a period of approximately 30 days from the receipt of a completed application to approve or disapprove this application

I/we agree to provide the prospective purchaser a copy of the most current Rules & Regulations, the condominium documents, and other condominium printed material requested of the prospective purchaser. I/we understand that should I/we not have these documents available, the prospective purchaser may obtain copies of these documents at the current fee(s).

In order for you to facilitate consideration of my/our application for sale of the above described unit, I/we have caused the prospective purchaser to complete the attached application. I/we are aware that any falsification or misrepresentation of the facts in the attached application could result in the automatic rejection of this application to sell. I/we consent that you may make further inquiry concerning this application, particularly of the reference given.

I/we understand that we are responsible to send under separate cover to the Association in writing to discontinue any automatic debits payments previously authorized on my/our homeowner account.

I/we understand that we must make arrangements to purchase the transponder garage opener(s) or building access fob(s).

I/we have attached hereto a copy of the executed Purchase Contract that timely and accurately sets forth the terms of the offer that I/we wish to accept.

Unit Owner Signature

Witness

Unit Owner Signature

Witness

State of Florida
County of Miami-Dade

The foregoing instrument was acknowledged before me this _____ day of _____ 20____, by _____ and _____ produced a _____ as identification or is personally known to me and did/did not take an oath.

Name: _____ My Commission Expires: _____

Legible Executed Sales Contract

**PHOTO
IDENTIFICATION
FOR EACH
ADULT AND
APPLICANT**

UNIT OWNER INFORMATION

Unit# _____ Date: _____

Owner Names (s) _____ & _____

Tenant (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: _____ County: _____

Email Address _____

(Please provide 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 (if any):		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	

**EMPLOYMENT
VERIFICATION LETTER
&
BANK LETTER**

CONFIDENTIAL RESIDENT INFORMATION FORM

PLEASE RETURN THIS FORM TO:

Attn: VILLA REGINA
Management Office
1581 Brickell Avenue
Email: asstmanager@villareginacondo.com
Phone: (305)854-1581 Fax: 305-854-6153

In a continuing effort to improve communication between your property management company (First Services Residential (FSR), your Board of Directors and residents, we request all new owners complete and return the information requested below via mail, email or fax, as soon as possible.

Owners Name(s): _____

Unit Number: _____

Is the unit listed under a Corporation? If yes, please provide name, address and State of Incorporation.

Is this your primary residence? Yes No

Forward all Association mailings to (official billing/ mailing address):

Secondary Address:

Name(s) of all persons who will occupy unit full time, (children, family members, or significant others).

CONFIDENTIAL RESIDENT INFORMATION FORM

IMPORTANT! Please indicate the primary telephone you wish to be notified in the event of an emergency or non-emergency through our automated Resident Alert System. You may select both emergency and non-emergency for each number. Timely automated messages recorded by the General Manager will be broadcast to the primary number you select:

	<u>Emergency</u>	<u>Non-Emergency</u>	
Home Telephone:	_____	_____	_____
Secondary Telephone Number:	_____	_____	_____
Business Telephone:	_____	_____	_____
Other (cell Phone, etc.):	_____	_____	_____
Emergency Contact Phone:	_____	_____	_____
Emergency Contact Name:	_____	_____	_____
Email 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 the event of an Emergency a key to your unit must be provided to the Management Office. This key will be kept by the Management Office, allowing access to your unit only in the event of an emergency.

Amenities if applicable to you: Marina Dock Slip#: _____

Parking Space#: _____

Owner Signature: _____ Date: _____

Owner Signature: _____

VILLA REGINA

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

TO: VILLA REGINA ASSOCIATION, INC.

FROM: UNIT OWNER: _____

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 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 _____ day of _____ 20____

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 or is/are personally known to me and did/did not take an oath.

Name: _____ My Commission Expires: _____

VILLA REGINA

Acknowledgement of Pet Rules

Rules and Regulations 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 is required at the time of application, stating the pet's weight at the time of the application submittal, including the weight at full maturity for the breed.

Applicant's Signature

Unit#

Date

Applicant's Signature

Unit#

Date

Thank you,

The Board of Directors
Villa Regina Condominium

VILLA REGINA

Pet Registration Form

Unit: _____

Owner(s) Name: _____

Type of Pet (Please circle one): DOG CAT OTHER

Pet's Name: _____ Pet's Age: _____

Pet's Sex: _____ Pet's Weight: _____

Pet's License/Tag Number: _____

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

Picture:



Owner to Sign Below:

I am aware of Villa Regina Association, Inc. rules, regulations and restrictions regarding pets on the property and agree to abide by them. Failure to pick-up after your pet will result in statutory fines.

Unit Owner's Signature

Date: _____

VILLA REGINA

Pest Control Authorization Form

Villa Regina Association, Inc. is currently under contract with **Power Exterminator, Inc.** to provide pest control service to individual apartments as well as the common areas of the building. Service is available to all the units the third Wednesday of the month on a rotating basis, the east tower one month and the west tower the next month. The service agreement includes treatment to kitchen and bathrooms areas. Please make a selection from one of the options below and return this form to the administration office. If a completed and signed form is not received, no pest control service will be provided to your unit. If you do not desire service, please indicate below.

Please be aware that the Power Exterminator technician is escorted throughout your unit by Security. If you have any questions, please do not hesitate to contact the administration office.

Sincerely,
Property Manager

Permission is granted for regular service-(no one will be home)

Permission is granted for regular service-(I must be home)

Permission is NOT granted for service

By granting permission for regular service, I understand no one needs to be present in my unit. Additionally, if no one answers my door and I have requested that I be home for service, it is understood that my unit will not be serviced until the next regular rotation.

UNIT NUMBER: _____

Signature

Owner or Corporate Name, Position

Signature

Owner or Corporate Name, Position

VILLA REGINA

Bicycle Registration Form

Date of Application: _____

Resident's Name: _____

Unit Number: _____

Make: _____ Model: _____ Color: _____

Make: _____ Model: _____ Color: _____

1. I/We undersigned owner(s) understand that storage space for bicycles are on a first come, first serve 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.
2. I/we understand that building administration will advise me/us of the status of this request within 10 business days of receipt. Bicycles may not be stored on the individual storage units at any time.
3. I/We understand that VILLA REGINA ASSOCIATION, INC. is not responsible for the theft or any damages to bicycles stored. All bicycles must be individually locked at all times to the rack and not to each other. Bicycles in an abandoned state (flat tires, broken chain, rusted out, etc...) will be removed and disposed of.
4. I/We understand a copy of Sales Contract must be submitted.
5. 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: _____

VILLA REGINA

UNIT# _____

VEHICLE REGISTRATION FORM

Note: Vehicles must be parked in assigned space(s) only. Please check that your vehicle fits in the assigned space. All unauthorized vehicles are subject to tow restrictions

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.

VILLA REGINA

VILLA REGINA

ELEVATOR RESERVATION REQUEST

Date Needed: _____ Unit #: _____, Name: _____, Telephone# _____

Move-In Move-Out Furniture Delivery Construction Material

*SECURITY REIMBURSEMENT COST: * Received on: _____ Check# _____

Is someone going to be at the Unit? Yes _____ No _____ If yes, Name: _____

Name of Company accessing elevator: _____, License# _____ **Proof of insurance

** A Copy of the Insurance Policy must be provided to the Management Office & attached to the application before the elevator may be reserved.

Time elevator will be needed: _____ AM, _____ PM; Estimate usage time: _____

Additional information or instruction: _____

1. Advance notice of 48 hours must be given to the Management Office prior to any event such as a move/delivery.
2. *Owners/tenants must notify the Management Office before a moving/delivery of furniture or household effects in and out of the building. Only the assigned elevator may be used and it must be reserved through the Management Office. **Furniture shall be moved only by licensed & insured movers**, Monday through Friday from 9:00AM. to 4:00 P.M. and is prohibited on all legal holidays. **No Movers/Deliveries will be given permission to enter premises after 4:00PM.** Resident/Tenants must submit proof of insurance from said Moving/Delivery Company naming Villa Regina as the beneficiary. **If any damages occur, and the cost exceeds insurance coverage, the unit owner/tenant shall be responsible for paying the additional cost. Owners/tenants will be charged for a Security Personnel hired to monitor the event. Please obtain cost information from the Management Office.**
3. Moving/deliveries shall be done by a Licensed & Insured Moving Company (i.e. must produce a Certificate of Insurance naming Villa Regina as the beneficiary).
4. Owners/Movers/Contractors will be charged for covering the carpet from the elevator landing leading to the apartment with Masonite board (a charge of \$50.00 per event) prior to any employee allowed to commence work in the unit. Fees are subject to change.
5. No moving or deliveries will be permitted on Saturday, Sunday or legal holidays.
6. No moving or deliveries will permitted through any outside access from your unit and/or on top/bottom of the elevator cabs.
7. Moving/Delivery trucks shall only park in the Receiving Area, (space permitting). Any moving/delivery trucks in the Receiving Area after 4:30P.M., Monday through Friday will be towed at owner's expense.
8. Security will inspect elevators for damages (i.e. moving, deliveries of furniture or construction materials)
9. No vehicle shall exceed 6 feet 5 inches in height in PI & LP Valet Area, 7 feet in LP & 6 feet 5 inches in P2.

I _____, Owner/Tenant of unit # _____ have read and understand the above Rules & Regulations of Villa Regina and of Reserving Villa Regina Elevators and hereby agree to comply.

Owners Signature

Date

