

THE FOUR AMBASSADORS ASSOCIATION, INC.

INSTRUCTIONS

1. Please complete the application in full. Be sure to fill in your name exactly as it should appear on the approval form. In order to expedite the approval process, be sure to include complete addresses and zip codes, along with telephone numbers as requested.

The screening fee is **\$100.00** per applicant and is nonrefundable. You may pay in cash, cashiers check or money order. The payee should be "The Four Ambassadors Association, Inc.". Personal checks will not be accepted. Please allow at least two weeks for processing your application. **In order to expedite your application, you may pay a RUSH FEE of \$200.00 per applicant (Non-Refundable) for results within five (5) working days. Approvals cannot be processed the same day. Applicants are subjected to criminal, credit and sexual predator screening from an outside vendor.**

2. **THE FOLLOWING DOCUMENTS MUST ACCOMPANY THE APPLICATION:**

- A copy of your purchase contract or lease agreement.
- A copy of your vehicle's registration (If you own a vehicle that you intend to park on the premises.
- A copy of a valid government issued, picture form of identification, such as a valid driver's license or passport.

3. Be sure to include a telephone contact number and your correct mailing address.

Return the completed forms, along with your screening fee:

By Mail:

The Four Ambassadors Association, 801 Brickell Bay Drive, Box 8, Miami, FL 33131

In person:

The Four Ambassadors, Administrative Office, located at Main Entrance,
825 Brickell Bay Drive, Suite 250, Miami, FL 33131

Facsimile:

305/530-0605

E-Mail:

4amb@comcast.net

Applicants must attend a personal interview that will be scheduled at a mutually convenient time.

The Units are subject to an inspection to ascertain that the unit is in compliance with all Rules and Regulations of The Four Ambassadors, as well as the City of Miami Building and Zoning Ordinances and fire safety ordinances.

All units must be current in their monthly maintenance assessments, before approval forms will be issued. Estoppel letters should be requested, in writing, to The Four Ambassadors Association, Inc. at the mailing address above or by facsimile or e-mail. There is a \$200.00 fee for estoppel letter payable to: Bayview Condominium Management, Inc., 825 Brickell Bay Drive, Suite 250, Miami, FL 33131. The lead time for an estoppel is five (5) working days and may take longer if the unit has been forwarded to an attorney for collection or monitoring.

Only completed applications will be forwarded to our board for approval, please be sure that all information requested is complete. Incomplete applications will not be processed.

If you have any questions, please contact Arlene Ramos at (305) 374-6270, Extension 10.

The Four Ambassadors Association, Inc.

Purchase ____ Lease ____

THE FOUR AMBASSADORS ASSOCIATION, INC. **APPLICATION - SCREENING AUTHORIZATION** **(Please Print or Type)**

Date: _____

Re: Unit _____

Applicant: (Please note, the names of all prospective adult residents must be listed below)

Name: _____

Address: _____

City, State, Zip: _____

Driver's License # & State _____

Social Security # _____ Date of Birth: _____

Applicant's Signature: _____

Co-Applicant:

Name: _____

Address: _____

City, State, Zip _____

Driver's License # & State _____

Apartment to be occupied by: _____ Adults _____ Children

Names and Ages of Children: _____

For Prospective Purchasers Only: (Rental Tenants are not permitted pets of any kind).

Do you have any pets? Yes () No () How Many? _____

Type/Size _____

RESIDENTIAL SCREENING AUTHORIZATION FORM

(Please Print Name: _____ Sex: _____

Address: _____

City, State, Zip: _____

Social Security Number: _____ Date of Birth: _____

Current & Previous Landlords

Name: _____ Tel#: (____) _____ Dates: _____

Address: _____ Apt#: _____

Name: _____ Tel#: (____) _____ Dates: _____

Address: _____ Apt#: _____

Current Employment

Company: _____ Tel#: (____) _____

Supervisor: _____ Position: _____ Salary _____ per month.

Date started _____

I give my authorization to this landlord and ACCUDATA, INC. to verify the above information, concerning criminal records, and other history. I understand that inquiries may be made to various federal and state agencies, employers and references.

Applicant's Signature _____

(For office use only)

Company Name: Four Ambassadors

Contact Name: Arlene Ramos

Tel#: 305-374-6270 ext:10 E-mail: 4Amb@comcast.net

Type of Screening Requested (PLEASE Circle)

Package: 5 Other Services: A B C D E F G H I

FAX SCREENING TO 800-521-1905

The Four Ambassadors Association, Inc.

NOTICE

Your application is very IMPORTANT to us and we want to process it quickly. Be certain that every response is entered on the application form so that we can complete our screening process on your application. You must give a telephone number (local or long distance) where you may be reached or your application cannot be processed.

Applicant(s) understand that occupancy prior to approval is prohibited. Any misrepresentation or falsification of information on the application form or lease agreement will result in the automatic rejection of the application and lease.

Applicant(s) acknowledge that the Board of Directors or its agents may cause to be instituted an investigation of applicant(s) background as the Association, its Board of Directors, its officers or its agents may deem necessary. Applicant(s) authorize the Association, its Board of Directors, its officers or its agents to make such investigation and agree that the information contained in the application form may be used in such investigation.

Application(s) hold harmless the Association, its Board of Directors, officers and its agents for any action or claim in connection with the use of the information contained in the application form lease or any investigation conducted by the Association, its Board of Directors, officers and its agents, and further agree that the information may be provided to the unit owner or other interested party.

Contact Telephone Number to schedule interview or for questions concerning this application

Tel. () _____

() _____

delinquent Assessment will be promptly disbursed to Unit Owner. In the event that Tenant fails to redirect the payment of Rent to the Association and instead continues to pay Rent to Unit Owner, Tenant shall become obligated along with the Unit Owner to pay the delinquent Assessments to Association, irrespective of any Rent payments that Tenant may already have made to Unit Owner.

4. In the event Unit Owner or Tenant fail to honor this Agreement or violate any of the other terms and provisions of the Governing Documents, Unit Owner and Tenant shall be subject to all remedies available to the Association, including, without limitation, injunctive relief and money damages in addition to any other remedies provided by law. Additionally, the Association shall also have the power to evict Tenant in accordance with the Governing Documents for failure to honor this Agreement. All eviction costs will be owed by Unit Owner and considered a special assessment, which will be levied in accordance with Governing Documents.
5. Unit Owner and Tenant acknowledge that the Association would not have approved Tenant but for the parties entering into this Agreement. Therefore, Tenant and Unit Owner hereby waive each of their rights to contest the validity of this Agreement or the validity of any of the remedies available to the Association.
6. The laws of the State of Florida shall govern the validity, performance and enforcement of this Agreement. The Venue shall be in Miami Dade County, Florida and shall be pursuant to State Statute 718.116(11) of the Florida Statutes. Failure to comply with your obligations under Statute 718.116(11) and Notice and Demand for Remittance of Rental Payments Directly to the Four Ambassadors Association, Inc. may result in issuance of a notice under State Statute 83.56, Florida Statutes and commencement of a proceeding for eviction under State Statute 83.59-83.625, Florida Statutes.
7. This Agreement shall not be construed more strictly against one party than against the other merely because it may have been prepared by Counsel for one of the parties, it being recognized that the parties have contributed substantially and materially to its preparation.
8. All notices, demands and communications hereunder to the parties shall be served or given in accordance with the Governing Documents.
9. This Agreement may be executed in any number of counterparts, each of which shall be an original but all of which together shall constitute one and the same instrument.
10. This Agreement and the exhibits hereto and forming a part hereof, represent the entire understanding and agreement between the parties with respect to the subject matter hereof, and supersedes all other negotiations, understanding and representations (if any) made by and between the parties. No subsequent alteration, amendment, change or addition to this Agreement shall be binding upon Tenant, Association, or Unit Owner unless reduced to writing and signed by all three parties.

In Witness Whereof, the parties hereto have executed this Agreement on the date first above written.

UNIT OWNER:

Signature

Printed Name

TENANT:

Signature

Printed Name

FOUR AMBASSADORS ASSOCIATION, INC.

AUTHORIZATION TO ENTER PREMISES

IMPORTANT NOTICE: MOVING IN AND OUT OF THE FOUR AMBASSADORS COMPLEX, IN HOUSE MOVES AND DELIVERIES OF LARGE ITEMS ARE PERMITTED MONDAY THROUGH FRIDAY FROM 0800AM TO 400PM AT THE SERVICE ENTRANCE TO THE COMPLEX. THE SERVICE ENTRANCE IS KNOWN AS THE SOUTH GATE AND IS LOCATED AT THE GARAGE LEVEL OF TOWER 1. ENTER FROM BRICKELL BAY DRIVE. RESIDENTS ARE ALLOWED UP TO A THREE PIECE MINIMUM MOVE OR DELIVERY WITHOUT CHARGE; HOWEVER, FOR SCHEDULING PURPOSES, YOU MUST NOTIFY THE SECURITY DEPARTMENT. IT IS THE RESPONSIBILITY OF THE RESIDENT TO ADVISE THE MOVING OR DELIVERY PERSONNEL OF THE HOURS OF OPERATION FOR THE DELIVERY ENTRANCE. THE SOUTH GATE IS THE ONLY AREA FOR DELIVERY PARKING.

THE RESIDENT IS RESPONSIBLE FOR DISCARDING ALL DEBRIS ASSOCIATED WITH THE MOVE, PURSUANT TO THE RULES AND REGULATIONS OF THE FOUR AMBASADORS.

A SECURITY/CONCIERGE OFFICER MUST BE HIRED TO SUPERVISE ALL MOVING IN OR OUT. THE FEE FOR THE SERVICE IS AS FOLLOWS:

WITH A 2 BUSINESS DAY NOTICE \$15.00 PER HOUR, (4) FOUR HOUR MINIMUM=\$60.00.

WITH LESS THAN A 2 BUSINESS DAYS NOTICE \$25.00 PER HOUR, FOUR (4) HOUR MINIMUM=\$100.00. ADDITIONAL HOURS MAY BE SCHEDULED, TIME PERMITTING ONLY IF THERE IS NO OTHER MOVE SCHEDULED. THERE WILL BE ADDITIONAL CHARGES FOR ANY EXTRA TIME USED. ANY MOVES SCHEDULED AFTER 5PM ON FRIDAY FOR THE FOLLOWING MONDAY WILL BE CHARGED THE OVERTIME RATE OF \$25.00 PER HOUR

IN ADDITION TO THE FEE FOR THE SECURITY OFFICER, A \$200.00 SECURITY DEPOSIT IS REQUIRED IN CASE OF DAMAGES TO THE BUILDING OR ITS CONTENTS. THE DEPOSIT WILL BE RETURNED IF NO DAMAGE OCCURS.

ONLY FREIGHT ELEVATORS MAY BE USED FOR MOVING IN OR OUT.

PERSONAL CHECKS CANNOT BE ACCEPTED FOR THE MOVING FEE-MONEY ORDERS OR CASHIERS CHECKS ONLY. CASH WILL NOT BE ACCEPTED.

EVERY EFFORT WILL BE MADE TO SCHEDULE, HONOR YOUR MOVE REQUEST, BUT PLEASE UNDERSTAND THAT ALL REQUESTS ARE SUBJECT TO THE AVAILABILITY OF THE SERVICE ELEVATOR IN YOUR TOWER AND THE TRAFFIC AT THE SOUTH GATE AREA

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE SECURITY OFFICE AT (305) 374-6239

APARTMENT UNIT INSPECTION FORM

You may fill in the contact person's name and telephone contract number, so that our Inspector can contact them to physically inspect the apartment unit for the approval process.

Date: _____

Unit #: _____

Brickell Investment: _____
Ambassador Realty _____
The Ambassadors, J. V _____
Other (See Attached) _____

Contact Person: _____

Contact Numbers: _____

The below information is to be completed by Four Ambassadors:

1) Does Unit have the following installed?

Audible Horn _____
Hardwired Smoke Detector _____
Automatic Door Closer _____

Note: The City of Miami requires that all apartments in this complex have an audible horn, a hard-wired smoke detector and an automatic door closer.

2) The following items are not permitted:

Washing Machine/Dryer _____
Garbage Disposal _____

Note: The Four Ambassadors does not permit the installation or use of washing machines or dryers in the apartments, nor are garbage disposals permitted to be used due to the plumbing, the complex's plumbing was not built to withstand these items.

3) Has this unit passed inspection for approval?

Yes _____
No _____

It approval is not given or if any other violations are noted, such as visible poor electrical wiring, plumbing, etc, please explain: _____

Inspection was performed by: _____