



A V A N T A G E
PROPERTY MANAGEMENT

1000 5 Street, Suite: 1316
Miami Beach, FL 33139
P: 786-456-4758 | E: Info@AvantagePM.com

SCREENING APPLICATION FOR PURCHASE OR RENTAL
(Instructions for completing the enclosed application)

Fill out the enclosed application completely and clearly. **Any application submitted that is not complete and clear it will not be processed.**

All application fees are non-refundable, \$100.00 for local applicants with a social security number, \$150.00 for international applicants with no social security number, **payable to Avantage Property Management**. If you are a minor (under 18 years of age) there is no charge. Only the following forms of payments are accepted:

- Cash
- Money Order
- Cashier's Check

Application process takes 5 to 7 business days for local applicants and 5 to 10 days for international applicants.

Two forms of government ID one with a picture (passport, driver's license, green card, etc.) **COPY MUST BE CLEAR.**

Interviews will take place either in person or by phone, you will be contacted.

A fully executed lease or sales contract must be provided.

Rules & Regulations must be read & understood.

Two personal reference letters (not family), employment letter & bank reference letter.

Return the application to the address below:

Avantage Property Management
1000 5 Street, Suite: 1316
Miami Beach, FL 33139
Office: 786-456-4758
Info@AvantagePM.com
Office Hours: Monday through Thursday 9:30 AM to 4:30 PM

Please note no applications will be accepted if e-mailed. All must be dropped off or mailed with payment & necessary documents. **Again all paperwork submitted MUST BE CLEAR.** Any falsehood or material misrepresentation on the application constitutes grounds for rejection, denial and/or nullifying lease or sales contracts. All comes out, be truthful & provide a letter if you do have any background issues.



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Pet Affidavit

Breed: _____

Name of Pet: _____

Coat Color: _____

Proximate Age: _____

Weight of Pet: _____

Please ensure to provide the following items:

- Picture of Pet
- Up to date Vaccines

Briefly explain, when you are not home where will the pet be?

Emergency contact person:

Name: _____

Phone Number: _____

E-mail: _____

The Association is not responsible for any pet loss due to any reason. It is the care taker who is responsible for their mascot. ALL animals must be leashed in common area at all times. You understand and are responsible fully if your pet bites, attacks, etc. another human being in the building. Further more, you are responsible at ALL times to pick up after your pet if there is an accident. Pets are to make their duties on the exterior of the premises not on Association grounds. If not it will be evidence for eviction.

Name: _____ *Date:* _____

Signature: _____



Affidavit of Rules & Regulations

This is an Affidavit dated this _____ day of _____ 20 __, giving acknowledgment that I (we) _____ have received, read understand and agree to abide by the _____ Associations Condominium Governing Documents. If not adhered to and proof is noted, it will be immediate grounds for eviction or enforcement of sale of unit.

Signature of Unit Owner

Date

Signature of Tenant and/or Buyer

Date



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Immediate Family & Guest Affidavit

This is an Affidavit dated this _____ day of _____ 20 ____, giving acknowledgment the following name(s) are the only family/guests members who will visit the unit. We understand the unit cannot be subleased, rented, etc. without Association authorization:

Name:

Date of Birth:

Relationship:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Unit Owner

Date

Signature of Tenant and/or Buyer

Date



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Rental/Purchase Application check off list:

- Two copies of government ID
- Proper application payment
- Two personal reference letters
- One employment letter
- One bank reference letter
- Lease or sales contracted
- All application forms

All information will be verified. Print legibly. Missing information or left bank, the application will not be processed & payment is non-refundable.

Building Name: _____ Unit Number: _____

Address: _____

Lease [] Purchase [] Move-in Date/Closing Date: _____

APPLICANT

First Name: _____ Middle: _____

Last Name: _____ Social Security Number: _____

Date of birth: ____/____/____ Telephone Number: _____

E-mail: _____ Secondary Phone Number: _____

CO-APPLICANT

First Name: _____ Middle: _____

Last Name: _____ Social Security Number: _____

Date of birth: ____/____/____ Telephone Number: _____

E-mail: _____ Secondary Phone Number: _____



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CURRENT RESIDENCE

Address: _____

How long: _____ Own [] Rent [] Landlord Name: _____

E-mail : _____ Phone number: _____

EMPLOYMENT HISTORY

Applicant Employer Name: _____ How long: _____

Address: _____

Occupation: _____ Supervisor Name: _____

Telephone: _____ E-mail: _____

BANKING

Bank Name: _____

Address: _____

PETS (If applicable)

Do you have any pets: YES [] NO []

*****If so please fill out the pet affidavit form.

PERSONAL HISTORY

Have you or the co- applicant ever filed for bankruptcy? YES [] NO [] If so Who? _____
Briefly why? _____

Have you or the co- applicant ever been evicted? YES [] NO [] If so Who? _____
Briefly why? _____

Have you or the co- applicant ever been arrested, convicted or legally prosecuted in any way?
YES [] NO [] If so Who? _____, please provide a detailed letter.



PERSONAL REFERENCES

1)
Name: _____ Phone Number: _____

Relationship: _____

2)
Name: _____ Phone Number: _____

Relationship: _____

IN CASE OF EMERGENCY

1)
Name: _____ Phone Number: _____

E-mail: _____ Relationship: _____

2)
Name: _____ Phone Number: _____

E-mail: _____ Relationship: _____

VEHICLE INFORMATION (If Applicable)

Vehicle #1

Make: _____ Model: _____ Color: _____

Year: _____ License Plate: _____ State: _____

Insured By: _____ Insurance ID #: _____

Insurance contact number: _____

Vehicle #2

Make: _____ Model: _____ Color: _____

Year: _____ License Plate: _____ State: _____

Insured By: _____ Insurance ID #: _____

Insurance contact number: _____



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SIGNATURES

Applicant: _____ Date: _____

Co- Applicant: _____ Date: _____

Owner: _____ Date: _____



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AUTHORIZATION FORM

You are hereby authorized to release/receive any & all information requested with regards to verification of my credit history, residential history, criminal record history, employment verification, bank verification and character references to Avantage Property Management and its selected Board of Directors of the chosen condominium or owner. This information is to be used for my/our background check for my/our Application for accepted occupancy.

I/We hereby waive any privileges I/We may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to Avantage Property Management and its selected Board of Directors of the chosen condominium or owner for their exclusive use only.

Please notify your current landlord, employer, & character references that we will be contacting them to obtain a reference pursuant to your application.

I/We further state the Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person that the signature(s) below are my/our own proper signature.

I/We certify under penalty of perjury that the foregoing is true & correct.

If you or the co-applicant have falsified, deliberately misled or omitted to mention any information on your application, you may not be approved for a purchase, lease or any sort of occupancy.

_____ Date: _____
(Applicant Signature) (Applicant's Printed Name)

_____ Date: _____
(Co-Applicant Signature) (Co-Applicant's Printed Name)



MANAGEMENT, OWNER, VENDOR AND ASSOCIATION AUTHORIZATION TO ENTER

I, _____, current resident of record of unit _____ located at _____ and name of Condominium known as _____ authorize Management, Landlord, Board of Directors and any necessary vendor/s to enter my unit with the intention to mend any emergency item that has taken place or in the event there is a noted item of emergency that is to prevent a loss to the premises. I understand that I will be notified through my emergency contact number as well as by e-mail in such event.

This is commonly known as “rent interception,” and if the tenant fails to comply, the tenant may be subject to eviction. The statute allows the association to demand the “tenant pay to the association the subsequent rental payments and continue to make such payment until all monetary obligations of the unit owner related to the unit have been paid in full to the association.” The rent interception statute provides the association a tool to preclude an owner, who is often in foreclosure, from pocketing the rent obligation while shorting the owner’s obligation to the association.

As an owner you understand 10% of the rental interception amount is collected as a processing fee for efforts made. Also, you understand that a \$25.00 fee for each notice posted/mailed is also charged to you.

You understand the law that has been stated above and will adhere to such recourse if needed.

Applicant Signature: _____ **Date:** _____

Print Name: _____

Co- Applicant Signature: _____ **Date:** _____

Print Name: _____

Owner Signature: _____ **Date:** _____

Print Name: _____