



PURCHASER APPLICATION FORM

DATE RECEIVED: _____

Unit# _____

Applicant's Name: _____

Co-applicant's Name: _____

Contract Date: _____ Anticipated Closing Date: _____ Closing Date: _____

- Fully Executed Contract, Closing Statement, Copy of the Deed and Parking & Storage Assignment
- Valid IDs: _____
- Background Check, Police Letter (if applicable)
- Contact Information Form
- Fully Executed Indemnification & Release Form
- Vehicle Registration Form & Vehicles Insurance
- 2 Bank Reference Letters
- Fully Executed Rules & Regulations Disclosures
- Voting Certificate
- Online Voting Consent Form
- Permanent Authorization Form
- Application Fee (non-refundable) \$150 per EACH adult over 18 (except for official married couple or parent/child whose total fee is \$150)
- Orientation – done by: _____ Date: _____

Parking Decal(s): _____

FOB(s): _____

Comments: _____

Board Approval by: _____

Date: _____

Name & Title: _____

THE PINNACLE IS A SMOKE-FREE BUILDING

Any misrepresentation on the purchaser's application shall be grounds for denial of the application

The association will take up to 14 days to review the purchaser's application once it is received fully completed & executed. All Checks must be made out to The Pinnacle Condominium Association, Inc.



- INSTRUCTION: 1. If applicants are not legally married, an application on each person must be completed.
2. Print legibly or type all information. Account and telephone numbers and complete addresses are required.
3. If any question is not answered or left blank, this application may be returned, not processed and not approved .
4. Missing information will cause delays in processing your application.
5. Only the applicants are authorized to sign all forms.

APPLICATION FOR OCCUPANCY/APPROVAL

Purchase _____ or Lease _____ (how long) Apt. No. _____ Date _____ 20____

Name _____ Date of Birth _____ Social Security No. _____

Spouse _____ Date of Birth _____ Social Security No. _____

() Single () Married () Widow(er) () Separated _____ () Divorced _____ Maiden Name _____
(How Long)

Number of persons who will occupy: Adults (Over age 18) _____ Children (under age 18) _____

Names and ages of children who will occupy: _____

In case of emergency notify: _____ / _____
Name Full Address Relationship Telephone

PART 1 – RESIDENCE HISTORY

A. Present Address _____ phone () _____
(Street Address, Apt. No., City, State, Zip Code, Country)

Name of Apt. / Condo _____ Phone () _____ Date of Residency _____

Name of Landlord or Mortgage Co. _____ Phone () _____

Address _____
(Street, City, State, Zip code)

B. Previous Address _____ Phone () _____
(Street Address, Apt. No., City, State, Zip Code, Country)

Name of Apt. / Condo _____ Phone () _____ Date of Residency _____

Name of Landlord or Mortgage Co. _____ Phone () _____



Address _____

C. IF EITHER / BOTH ADDRESSES ABOVE ARE LESS THAN ONE (1) YEAR, PLEASE ENTER PRIOR ADDRESS BELOW:

Prior Address _____ Phone () _____
(Street Address, Apt. No., City, State, Zip Code, Country)

Name of Apt. / Condo _____ Phone () _____ Date of Residency _____

Name of Landlord or Mortgage Co. _____ Phone () _____

Address _____

PART 2 – EMPLOYMENT

A. If Retired: Monthly Income _____ (or) Annual Income _____

B. Employed by (Business Name) _____

How Long _____ Dept. or Position _____

Address _____ Zip Code _____

Self – Employed – (When Applicant is self – employed)

Business Name _____ Phone () _____

Type of Business _____ State of Incorporation or Filing _____

Previous Employment (Business Name) _____ Phone () _____

How Long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip Code _____

C. Spouse's Employment (Business Name) _____ Phone () _____

How Long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip Code _____

Self – Employed – (When Applicant is self – employed):

Business Name _____ Phone () _____

Type of Business _____ State of Incorporation or Filing _____



Phone () _____ Zip _____

Previous Employment (Business Name) _____ Phone () _____

How Long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip Code _____

Spouse's Employment (Business Name) _____ Phone () _____

How Long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip Code _____

Self – Employed – (When Applicant is self – employed):

Business Name _____ Phone () _____

Type of Business _____ State of Incorporation or Filing _____

Previous Employment (Business Name) _____ Phone () _____

How Long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip Code _____

PART 3 – BANK REFERENCES

A. Bank Reference _____ Phone () _____

Address _____ Zip Code _____

How Long _____

B. Bank Reference _____ Phone () _____

Address _____ Zip Code _____

How Long _____



PART 4 – THREE (3) CHARACTER REFERENCES – NO RELATIVES

- 1. Name _____ Res. Phone () _____ Office Phone () _____
 Address _____ Zip Code _____
- 2. Name _____ Res. Phone () _____ Office Phone () _____
 Address _____ Zip Code _____
- 3. Name _____ Res. Phone () _____ Office Phone () _____
 Address _____ Zip Code _____

PART 5 - VEHICLES

Applicants Driver’s Lic No. [#1] _____ State _____ [#2] _____ State _____

Spouse’s Driver’s Lic No. [#1] _____ State _____ [#2] _____ State _____

Number of Cars (to be parked here) _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

TELEPHONE NUMBER WHERE APPLICANT MAY BE REACHED DURING PROCESSING PERIOD (_____) _____

ADDRESS WHERE APPLICANT MAY BE REACHED DURING PROCESSING PERIOD _____

If this application is NOT legible, or is not completely and accurately filled out, The Pinnacle Condominium Association, Inc. will not be liable or responsible for any inaccurate information in the investigation and background report caused by such omissions, inaccuracies, or illegibility. By signing, the applicant recognizes that the Association or its agent, The Pinnacle Condominium Association, Inc, may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the landlord/owner. The investigation may be made of the applicant’s character, general reputation, personal characteristics, financial solvency, credit standings, police arrest record and mode of living as applicable.

Signature _____
Applicant

Date _____

Signature _____
Co-Applicant

Date _____



CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER

The Pinnacle Condominium Association Inc.

I understand that The Pinnacle Condominium Association Inc. may obtain consumer reports that relate to my credit and/or criminal history. I understand that The Association 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. This information will be reviewed by the Association and may be reviewed by a unit owner if it's a rental.

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

Applicant Name

Date of Birth

Social Security No.

*Date of Birth is requested in order to obtain accurate retrieval of records.

If International, please
Provide Passport Number

Co-Applicants Name

Date of Birth

Social Security No.

If International, please
Provide Passport Number

Alias/Previous Name(s)

Current Physical Address

City & State

Zip Code

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

Notice to CALIFORNIA Applicants



Under Section 1786.22 of the California Civil Code, you have the right to request from The Pinnacle, or its Agent, 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 The Pinnacle, or its Agent, has previously furnished within the two-year period preceding your request. You may view the file maintained on you by The Pinnacle or its Agent, during normal business hours. You may also obtain a copy of the 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.

SIGNATURE _____

DATE _____

Co-Applicant

SIGNATURE _____

DATE _____



Contact Information Sheet

Name: _____

Unit _____

Will you be residing in your unit year-round? _____

If not, where do you want your correspondence mailed to? _____

Please indicate contact information telephone number(s): _____

e-mail (Please Print Clear) _____

Please notify Management with your new telephone number in your unit so that we may update our records.



INDEMNIFICATION AND RELEASE FORM

WHEREAS, the undersigned Unit Purchaser(s) leasing Unit # ____ of THE PINNACLE CONDOMINIUM, a Condominium located at 17555 Collins Avenue, Sunny Isles, FL 33160, is/are desirous of having THE PINNACLE CONDOMINIUM ASSOCIATION, INC. (The "Association") or its authorized agent perform the following service:

1. Accept UPS, Federal Express, Certified or Registered Mail or similar deliveries at Front Desk.
2. Provide key (or electronic access codes) of my/our Unit to the Association
3. Provide access to the unit to maintenance employees of the Association to perform maintenance and repairs as needed.

WHEREAS, to protect the ASSOCIATION, its officers, directors, members, agents and employees (hereinafter the "Association Parties") from any claims, damages, demands, suits, judgments, actions, causes of actions, debts, sums of money, accounts, claims and demands arising out of or related to the services performed hereunder on behalf of the undersigned unit Owner(s), I/we indemnify and hold harmless the Association Parties from any such actions, demands, suits, etc.; and,

WHEREAS, the Association is not willing to provide the above referenced services to the undersigned unit Owner(s) without the benefit of this Indemnification and Release Form.

NOW THEREFORE, for Ten (\$10.00) and other good and valuable consideration, the receipt and adequacy of which is hereby acknowledged by the Association Parties and the undersigned, it is hereby agreed that the undersigned Purchaser(s) agrees/agree to hold harmless and indemnify the Association Parties from any claims, demands, suits, etc., including, but not limited to reasonable attorney's fees and costs at the trial and appellate levels, if applicable, against it or them by any party, resulting from or related to the performance of the above services for the undersigned and the undersigned hereby releases said Association Parties and will not assert any claims against such Association parties for services performed hereunder. This indemnification and hold harmless shall apply even in those situations where the claims may result directly or indirectly, in whole or in part from the negligence of the Association Parties. The Association shall have the right to limit or condition performance from time to time in the exercise of its sole discretion, including but not limited to, the right to eliminate any of the above-referenced services. IT IS ACKNOWLEDGED BY THE PARTIES HERETO THAT THE SERVICES BY THE ASSOCIATION PURSUANT HERETO ARE PERFORMED AS A COURTESY AND AN ACCOMMODATION TO THE UNIT OWNER(S) AND ARE NOT PART OF THE RESPONSIBILITIES OR DUTIES OR THE ASSOCIATION. ACCORDINGLY, THE UNDERSIGNED PURCHASER(S) AGREE(S) THAT THE ASSOCIATION AND THE ASSOCIATION PARTIES SHALL HAVE NO RESPONSIBILITY OR LIABILITY FOR ANY CLAIMS, DAMAGES, LOSSES OR EXPENSES ARISING DIRECTLY OR INDIRECTLY FROM THE PERFORMANCE OF ANY OF THE ABOVE SERVICES ON BEHALF OF THE PURCHASER(S).



UNIT #: _____

DATE: _____

NAME: _____

SIGNATURE: _____

NAME: _____

SIGNATURE: _____

DATE RECEIVED BY THE ASSOCIATION: _____



VEHICLE REGISTRATION FORM

Unit _____

Name _____

Insurance Carrier for the Vehicle _____

ATTACH A VEHICLE REGISTRATION COPY FOR EACH VEHICLE BEING REGISTERED

VEHICLE – 1

Make: _____

Model: _____

Year: _____

Color: _____

Tag: _____

State: _____

VEHICLE – 2

Make: _____

Model: _____

Year: _____

Color: _____

Tag: _____

State: _____

VEHICLE – 3

Make: _____

Model: _____

Year: _____

Color: _____

Tag: _____

State: _____

Signature: _____

Date: _____

MY SIGNATURE INDICATES THAT I HAVE READ AND FULLY UNDERSTAND THE PARKING RULES.



RULES & REGULATIONS DISCLOSURE

My signature indicates that I have received The Pinnacle Rules and Regulations set forth by the Association. I shall also read and abide all the rules and regulations of the Association.

Print Name

Print Name

Signature

Signature

Unit

Date

CONSENT TO ELECTRONIC VOTING AND/OR CONSENT TO RECEIVE ELECTRONIC NOTICE OF MEETINGS

The undersigned Owner(s), or Designated Voter of Unit No.: _____, in **The Pinnacle Condominium Association, Inc.**, pursuant to Florida Statutes, hereby consent(s) in writing to:

(Please place a check mark or x in the box or boxes below for which you are giving consent. You may consent to electronic voting, receiving electronic notice or both)

1. **ELECTRONIC VOTING.** By signing this consent form (or consenting to electronic voting by e-mail sent to the Association), I/we consent to voting electronically at meetings and elections for **The Pinnacle Condominium Association, Inc.**, to the fullest extent permitted by law, pursuant to the provisions of the Board's resolution authorizing electronic voting ("Resolution"). I/We designate the following email address for electronic voting purposes: (PLEASE PRINT EMAIL ADDRESS) _____.
2. The undersigned understands and agrees that in order to be valid, this consent form must be signed and on file with the Association prior to the meeting or election in which the Unit Owner wishes to vote by electronic means, and that all electronic votes shall be cast within the window set by the Board in advance of said meeting at which time the ability to vote electronically shall be deemed closed for that meeting or election.

I/We further understand and agree that, in order to use a different e-mail address for electronic voting, I/we must notify the Association in writing of the change of e-mail address prior to the meeting or election in which the Unit Owner desires to vote by electronic means. If I/we do not provide timely written notice of this change of e-mail address to the Association as provided herein, I/we further understand and agree that I/we may not be able to vote electronically until the next membership meeting and/or election.

3. **ELECTRONIC NOTICE.** I/we consent to receiving notice by electronic transmission for meetings of the Board of Directors, Committees, and Annual and Special Meetings of the Members of **The Pinnacle Condominium Association, Inc.** I/We designate the following email address for electronic notice purposes: *(you may write "same as above" or provide a different email address for electronic notice purposes. purposes)* _____.
The undersigned understands that mailed/paper notices may not be provided to the Unit Owners who have consented to electronic notice, unless the Unit Owners have rescinded their consent to receive electronic notice of meetings. **Please be aware that if you consent to receive electronic notice of meetings, your e-mail address designated for that purpose will be an official record of the Association.**

Dated: _____

SIGNATURE (S) OF ALL OWNER(S) OR DESIGNATED VOTER