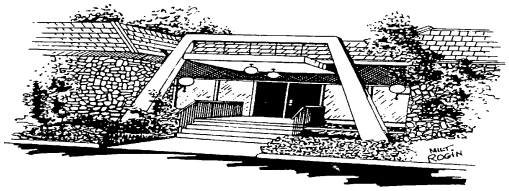


ROYAL BAHAMIAN ASSOCIATION, INC. TENANT APPLICATION

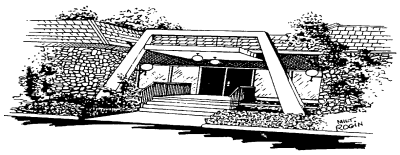
*****Before Applying*****

Please Note
One (1) & Two (2) Bedrooms = One (1) Assigned Parking Spot
Penthouse = Two (2) Assigned Parking Spots
Guest Spots = Guest use only – Not for residential use.
Please consider before paying $100 application fee

ALL DEPOSITS AND FEES MUST BE MADE IN A FORM OF A MONEY ORDER OR CERTIFIED CASHIER'S BANK CHECK AND MADE PAYABLE TO "ROYAL BAHAMIAN CONDOMINIUMS"

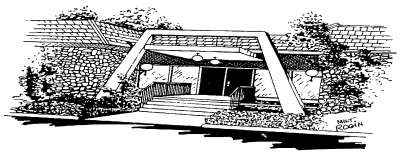
Application Check List:

- ☐ **Application Fully Executed. All fields filled in the application** (write "n/a" for any fields that may not apply)
- ☐ **Copy of Executed Lease**
- ☐ **Application/Screening Fee $100/per applicant or spousal relationship**
  - (persons under 18 are exempt from fee)
  - Background check release form fully filled with a valid social security number and signed (Page 11)
- ☐ **Valid ID: Either United States Passport or government issued Driver's License or I.D. (Driver's License required with a vehicle.)**
- ☐ **Non-Citizens: Valid United States Visa and current Foreign passport as Identification**
- ☐ **Caretakers that will frequent the property or stay alone with minors/elderly/pets will need to be screened the same as any occupant with photo**
- ☐ **Birth Certificates of all minors**
- ☐ **$100 Deposit for Fob**
- ☐ **Pet: One dog/cat 30lbs and must provide the requested documents:**
  - Miami-Dade License Tag
  - Current health certificate from a valid Veterinarian.
  - $300 Non-refundable Deposit
  - Pet Registration Form (Page 12)
- ☐ **Proof of ADA service dog (disability does not need to be stated) by a certified U.S. physician. **on-line certificate not accepted****
- ☐ **Proof of Emotional/comfort dog certified by a U.S. Physician. **on-line certificate not accepted****



- ☐ **Proof of Insurance with a tenant occupied rider (If dog residing, dog rider must be obtained)**
- ☐ **Refundable $1500.00 Common Area Security Deposit (Available after Move-Out)**
- ☐ **Parking Decal Fee $15**
- ☐ **Copies of All Vehicle Registrations and Vehicle Insurance**
- ☐ **Rules and Regulations signed by all occupants**

ALL DOCUMETS MUST BE SUBMITTED COMPLETEDMANAGEMENT WILL NOT ACCEPT AN INCOMPLETE APPLICATION



ROYAL BAHAMIAN ASSOCIATION, INC.

APPLICATION TO LEASE

Dear Royal Bahamian Association,

I/We agree to provide to the purchaser a copy of ROYAL BAHAMIAN ASSOCIATION Declaration, By-Laws, Articles of Incorporation and Rules & Regulations, prior to the occupancy of the unit by the purchaser or lessee.

I/We will be bound by the By-Laws, Articles of Incorporation and the Rules & Regulation of the Association.

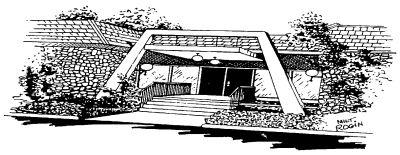
THE ASSOCIATION AND IT'S AGENT, IN THE EVENT IT CONSENTS TO A LEASE, IS HEREBY AUTHORIZED TO ACT AS OUR AGENT WITH FULL POWER AND AUTHORITY TO TAKE SUCH ACTION AS MAY REQUIRED, IF NECESSARY, TO COMPEL COMPLIANCE BY OUR LESSEE (S) AND/OR THEIR GUESTS, WITH PROVISION OF THE DECLARATION OF ROYAL BAHAMIAN ASSOCIATION, IT'S SUPPORTIVE EXHIBITS, THE RULES & REGULATIONS OF THE ASSOCIATION, OR IN THE INSTANCE OF VIOLATION OF ANY OF THE ABOVE BY THE LESSEE(S) AND/OR THEIR GUEST, UNDER APPROPRIATE CIRCUMSTANCE, TO TERMINATE THE LEASEHOLD. IF THIS APPLICATION IS FOR A LEASE, THE LESSOR AGREES TO REIMBURSE THE ASSOCIATION FOR ANY ATTORNEY'S FEES AND COSTS INCURRED AS LESSOR'S AGENT IN SUCH ENFORCEMENT OR LEASE TERMINATION.

In order for you to facilitate consideration of my/our Application for the sale/lease of the above designated unit, I/We have caused the proposed purchaser/lessee to complete the attached Application by Proposed Purchaser of Lessee. I/We am/are aware that any falsification or misrepresentation of the facts in the attached application will result in the automatic rejection of the Application to Sell or Lease. I/We consent that you may have further inquiries concerning this application, particularly of the references given below.

I/We have attached hereto a Copy of the Purchase Contract or other documents which truly and accurately sets forth the terms of the offer that I/We wish to accept

I/We agree Lessee/Lessor shall not move in unless pre-registered with the Association upon approval.

1. _____	1. _____
2.	2.
Lessee Date	Lessor Date



MAILING ADDRESS NOTIFICATION

Property Address: 1075 / 1175 N.E Miami Garden Dr. UNIT # _____ # Bedrooms: _____

PLEASE MAIL ALL CORRESPONDENCE RELATING TO THE ABOVE PROPERTY TO:

_____The above property address

_____The following address

Mailing Address: _____

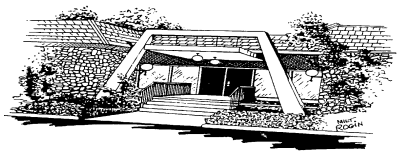
_____

If **Royal Bahamian Condominium** is not to be considered as your primary residence, please indicate the dates between which you expect to reside here.

From: _____ To: _____

Initials _____ _____

Initials _____ _____



RESIDENT INFORMATION SHEET

Date: _____

Please list all residents living in the unit, including children and their ages.

1._____ 2. _____

3._____ 4. _____

5._____ 6. _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Mobile Phone: _____

E-MAIL: _____

Property Address: 1075-1175 N.E Miami Garden Dr.
UNIT # _____
MIAMI, FLORIDA 33179

Additional Telephone Number(s) and Emails:

PHONE NUMBER: (____)_____

PHONE NUMBER: (____)_____

E-MAIL: _____

E-MAIL: _____

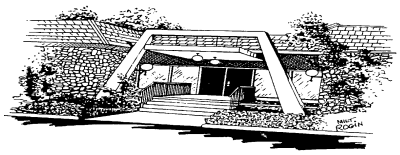
Tenant(s) Name: _____

Telephone Number(s): _____

Tenant(s) Signature_____

Initials _____ _____

Initials _____ _____



VEHICLE REGISTRATION FORM

Unit #: _____

Vehicle Owner's Name(s): 1. _____

2. _____

VEHICLE #1:

MAKE: _____ MODEL: _____

COLOR: _____ YEAR: _____

TAG #: _____ PARKING SPACE #: _____

VEHICLE OWNER'S NAME: _____

VEHICLE #2:

MAKE: _____ MODEL: _____

COLOR: _____ YEAR: _____

TAG #: _____ PARKING SPACE #: _____

VEHICLE OWNER'S NAME: _____

OWNER'S SIGNATURE: _____ DATE: _____

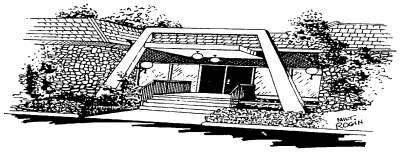
OWNER'S SIGNATURE: _____ DATE: _____

REQUIREMENTS FOR OBTAINING & MAINTAINING A PARKING PERMIT

1. ATTACH COPY OF CURRENT VEHICLE REGISTRATION
2. ATTACH COPY OF YOUR CURRENT DRIVER'S LICENSE
3. THERE IS A $15.00 FEE FOR A REPLACEMENT DECAL IN THE EVENT THE ORIGINAL IS LOST OR STOLEN.

Initials _____ _____

Initials _____ _____



EMERGENCY CONTACT INFORMATION

Tenant(s) Name(s): _____

Unit #: _____ **Royal Bahamian Condominium Association, Inc.**

Tenant(s) Telephone #(s): _____

In the event of an emergency, Management will attempt to contact the resident(s) noted above. However, if Management is unable to reach the resident(s), Management will make an effort to contact the following individual(s):

1. Emergency Contact Name:_____

   Phone Number: _____

2. Emergency Contact Name:_____

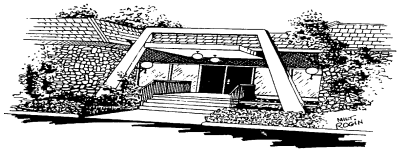
   Phone Number _____

Tenant Signature: _____Date: _____

Tenant Signature: _____Date: _____

Initials _____ _____

Initials _____ _____



EMERGENCY ASSISTANCE SURVEY

Please help us update our emergency assistance records by completing the questions below. The emergency assistance record is a compilation of all residents requiring special assistance and including resident information on special need for assistance. Please communicate the arrangements made for care, and specifics of these arrangements below. This information might be helpful for fire or EMT personnel, should they request it while on property for an emergency call.

Name(s): _____

_____

Unit: _____

Phone number: _____

- **Do you have a disability that would prevent you from exiting the building unassisted should the elevators not be available?**

  ☐ YES ☐ NO

  If yes, please describe the nature of this disability: _____

  _____

- **Would you be able to walk down the fire exit stairwell if the elevators were not available?**

  ☐ YES ☐ NO

- **Are you wheelchair bound?**

  ☐ YES ☐ NO

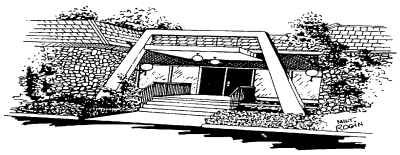
IN CASE OF A MEDICAL EMERGENCY, LIST THE FOLLOWING CONTACTS:

Relative Contact Name:_____ Phone: _____

Physician Name: _____ Phone: _____

Initials _____ _____

Initials _____ _____



PACKAGE RECEIPT AUTHORIZATION

THE UNDERSIGNED, owner(s) ☐ / tenant(s) ☐ of Unit #_____ at Royal Bahamian Condominium Association Inc., hereby authorize(s) the Condominium Association's Management Office to accept, receive and sign for any parcels, deliveries, and/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, I/we hereby release the Condominium Association, its employees, agents and assigns, from any liability arising from this authorization, including, without limitation, liability arising from its employees, agents and assigns, in such regard.

Executed this _____ day of _____, 201_

By: _____
Print Name

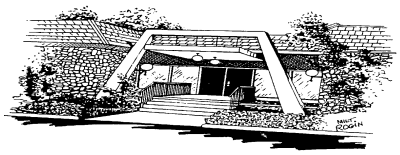
_____
Signature

_____
Print Name

_____
Signature

Initials _____ _____

Initials _____ _____



MOVE IN/OUT

Resident Name(s):_____
Unit #_____

☐ Move In ☐ Move Out **$500 Deposit Refundable after move-out**

Requested move date: _____

Requested time period: ☐ 9:00am – 12:30pm * ☐ 12:30pm – 4:30pm **

READ CAREFULLY

If the resident causes any damage to any part of the property during a move out/move in, or if any of said resident's guest/movers/contractors cause any such damage, that resident is responsible for the full cost to repair those damages and will be billed by the Association accordingly.

All moving companies must provide a Certificate of Insurance, with Royal Bahamian Condominium, 1075 - 1175 N.E Miami Garden Dr. FL 33179, as Certificate Holder. The Certificate of Insurance must include Liability Insurance. All required documentation must be provided before moving contractors will be allowed on property. Rescheduling must coincide with an available date on the Association receiving area reservation calendar.

Moves must be scheduled no less than 7 days in advance and must be confirmed by Management. Moves are permitted during the following hours only: **Monday - Friday, 9:00am - 4:30pm**

Saturday, Sunday, or Holidays - Moving is not permitted

*** MOVERS MUST ARRIVE ON THE PROPERTY BY NO LATER THAN 3:30PM (OTHERWISE, THEY WILL NOT BE ALLOWED ON THE PROPERTY).**

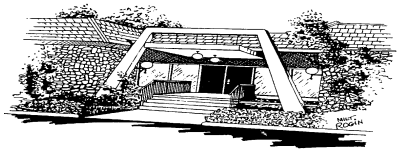
Removal of all packaging materials, boxes, and other trash is the resident's responsibility. Movers MUST remove all such materials from premises. Under no circumstances may any of these materials be placed in the building trash chutes or left in the common areas (including hallways). If any of moving material is disposed of improperly, the Association will bill the resident for the cost of removing said materials.

I HAVE READ, AND FULLY UNDERSTAND AND AGREE TO THE ABOVE.

Resident Signature: _____ Date: _____

Initials _____ _____

Initials _____ _____



BROWN'S BACKGROUND CHECKS
CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER

I understand that you may obtain consumer reports that relate to my credit and/or criminal history. This information will, in whole or in part, be obtained from AISS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal, state and other agencies or institutions, which maintain public and nonpublic 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 AISS to furnish the above mentioned information:

_____ _____/_____/_____ _____
Applicant Name/ Date of Birth*/Social Security Number
***Date of Birth is requested in order to obtain accurate retrieval of records.**

_____ _____/_____/_____ _____
Co-Applicants
Name Date of Birth Social Security Number

_____
Alias/Previous Name(s)

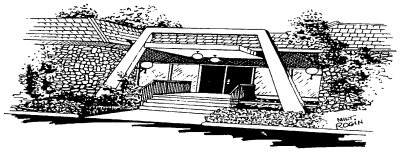
_____ _____ _____
Current Physical Address City & State Zip code

SIGNATURE_____ DATE _____

Co-Applicant
SIGNATURE_____ DATE _____

Initials _____ _____

Initials _____ _____



PET REGISTRATION FORM

Unit Owner or Resident: _____

Unit #: _____

Type of Pet (please circle one): DOG CAT BIRD OTHER

- **Pit Bulls are not allowed in the community. Also, that type of animal is prohibited in Miami Dade County.**

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

Pet's Weight: _____Pet's License/Tag Number (**current**): _____

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

_____

***Provide attach current vaccination records with this form (rabies, etc.)**

***Provide non-refundable registration fee (dogs only) of $300.00 payable to "Royal Bahamian"**

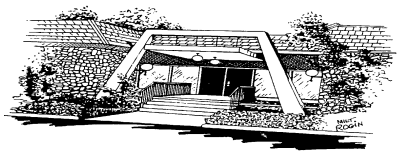
Please attach photo of pet here

I am aware of **ROYAL BAHAMIAN** RULES, regulations and restrictions regarding pets on the property and agree to abide by them.

Signature: _____ **Date:** _____

Initials _____ _____

Initials _____ _____



REFERENCES

A. Please list the names and phone numbers of TWO (non-relative references that have personally known you for FIVE years or more.

1. Full Name:	**Phone Number:** **Address:**
2. Full Name:	**Phone Number:** **Address:**

B. Please list the names and phone numbers of TWO (if applicable) landlord references within the previous TEN years.

1. Full Name:	**Phone Number:** **Address:**
2. Full Name:	**Phone Number:** **Address:**

C. Please provide a current employment reference.

1. Full Name:	**Phone Number:** **Address:**
2. Full Name:	**Phone Number:** **Address:**

Initials _____ _____

Initials _____ _____