



New Resident Application Checklist

Incomplete packages cannot be processed.

- \$100 Application Fee per person payable to Gables Terrace Condo Association. *Married couples may submit one fee with a copy of marriage certificate.*
- Copy of photo ID for all persons over 18 years old.
- Purchase Agreement/Lease Agreement
- Move-in Common Area Deposit of \$250. This deposit is returned after move-in if there are no damages to the common areas.
- A New Resident Orientation is required for all adult applicants prior to occupancy.

Leases

- Tenants are required to submit \$500 Security which is held for the duration of tenancy. All checks must be payable to Gables Terrace Condo Association.
- Only (1) pet is permitted which may not exceed 50 lbs. A \$500 refundable pet deposit payable to Gables Terrace Condo Association is required for all pets.
- Proof of Renters Insurance.

Resale

- All estoppel requests must be made to Association CPA,

Padron, Montoro & Hartney LLP.
Customer Service
305-253-2000 ext. 201 or 202
Collections@PMHCPAS.COM

We will make every effort to process your application expeditiously, however, applications may take up to 14 days for approval. Upon completion of the background check, Management will contact you to schedule your interview.

Thank you for your interest in our community!



New Resident Application

Unit #: _____

Own

Lease

Start Date: _____ End Date: _____

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Do you have a co-applicant? YES NO If so, are you married to the applicant? YES NO

Social Security #: _____

Current Employer: _____ Phone: _____

Co-Applicant

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Social Security #: _____

Current Employer: _____ Phone: _____

References

Please list two personal references.

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Other Occupants

Full Name: _____ Relationship: _____

DOB: _____

Full Name: _____ Relationship: _____

DOB: _____

Full Name: _____ Relationship: _____

DOB: _____

If there are additional adult applicants, please complete an additional application and submit with applicable payments.

Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____

Do they have an emergency key to your unit?

YES

NO

Are you or anyone in your household in need of any special medical attention?

YES

NO

If yes, please explain special needs (i.e., oxygen, wheelchair, blind, deaf, etc.):

Pets

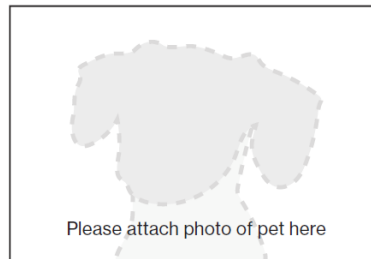
Do you have a pet? YES NO

If so, are they a service or emotional support animal? YES NO

Pet's Name: _____



Pet's Breed/Color/ Age: _____



Acknowledgements & Disclaimers

Acknowledgement of Governing Documents:

I/We the undersigned have read and fully understand the Governing Documents adopted by the Board of Directors of Gables Terrace Condominium Association, Inc.

I/We understand that any violation by myself/ourselves of the above mentioned "Governing Documents" and any other Governing Documents which may be promulgated and adopted from time to time by the Board of Directors, will constitute a violation of the Governing Documents and you may be subject to fining.

Package Acknowledgement:

I/We hereby authorizes the personnel or agents contracted by 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 that 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, or agents in such regard.

Emergency Key Acknowledgement:

The owner must provide a key that will be maintained by the Association for emergency access only. If Unit Owner re-keys unit, a new key must be provided to the Association. Additionally, if Unit Owner installs an alarm system, the alarm disarm code must be provided to the Association. I hereby release and agree to indemnify Gables Terrace Condominium Association, Inc., its or agents, jointly and severally, from any loss or liability related to, or arising out of, the acceptance of this key.

Electronic Communication Consent:

I/We understand and accept that I am fully responsible to notify the Association Board of Directors, or their agent, of any updated information regarding the e-mail address I have provided. Neither Board, nor their agents holds any responsibility for Electronic Notices that are not received by the e-mail account I have provided. If the Board of Directors or agents can produce printed documentation showing the above e-mail address included in distribution of notices, I will be considered duly noticed. I assume all responsibility for failure of notification if I do not receive notice.

Acknowledgement of Resident Application requirements:

I/We hereby authorize Gables Terrace Condominium Association, Inc., and its agents, to take any and all actions necessary to verify the contents of this application. I understand that such actions may include but are not limited to, obtaining a credit report, verification of employment, past rental history, police and criminal records. I will hold Gables Terrace Condominium Association, Inc., and its agents harmless from liability for the accurate reporting of such information to the management and/or owners. I certify that all information provided by me is true, correct, and complete and I understand that any misrepresentation or omission is cause for the management and/or owners to reject or decline this application and/or terminate any lease based on this application.

Print Name: _____ Date: _____

Applicant
Signature: _____

Print Name: _____ Date: _____

Co-Applicant
Signature: _____

Moving and Delivery Procedures

It is possible that on any given day, a resident may be moving or expecting a delivery. To ensure your move or delivery is efficient and problem-free, we have established the following procedures.

1. Prior to your move being scheduled, Management will require that:
 - You are an approved resident.
 - We have a deposit on file of \$250.
 - We have a certificate of insurance for your vendor (a mover or delivery person), naming the Association additionally insured (please see sample COI).

Once your move is scheduled, Management will ensure your move is given priority for the use of the service elevator. Moving vans that show up without being scheduled, may be turned away. Should your delivery time or date change, please notify the Management Office as soon as possible.

2. Moves and deliveries will be allowed Monday through Friday, from 9:00 a.m. to 4:00 p.m., excluding federal holidays and weekends.
3. Moving vans and delivery trucks may only park in the Receiving Loading Zone located on southwest 23rd terrace.
4. Upon arrival, ALL vendors must check in with the Concierge. A valid issued ID must be submitted at check in. We ask that all contractors wear appropriate attire while on property. Contractors wearing tank tops, offensive shirts, and or sandals will not be allowed into work, NO EXCEPTIONS.
5. Elevator door may not be jammed or held in the open position during moves/deliveries. This can result in serious damage to the elevator operations. Repairs to elevators and any other repairs to Association property will be the financial responsibility of the resident and or Unit Owner.
6. The trash chute must never be used for the disposal of boxes. Arrange to have your mover(s) take away all empty cartons and packing materials. Empty boxes should always be broken down and disposed of in the recycling container located in the trash room next to the Receiving Loading Zone.

We know that as a resident of the Gables Terrace Condominium, you take as much pride as we do in our community. Please remind your movers of your concern for the common areas, and alert them to use extra care when using elevators especially when moving large items through the building. **Remember, you will be responsible for any damage these workers may cause.**

We thank you in advance for your attention and cooperation.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED** on a policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certificate holder may require an endorsement. A statement on this certificate does not confer rights to the certificate holder (in lieu of such endorsement).

PRODUCER	CONTACT NAME:	
	PHONE (A.C. No. Ext):	FAX (A.C. No.):
	E-MAIL:	
	ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

Name of company performing work

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER	TYPE OF INSURANCE	POL. SUBR. (IND. W/CD)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY: <input type="checkbox"/> PRO. <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED. <input type="checkbox"/> RETENT.					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED (mandatory in FL) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A If yes, describe under "DESCRIPTION OF OPERATIONS" below					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

*Association must be additionally insured.

Note: Workers comp exp. is only good for individual owner not additional employees

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Gables Terrace Condominium Association Inc. 2351 Douglas Rd. Miami, FL 33145	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

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