



Ambassador Community Management

7100 West Commercial Blvd. Suite 107

Lauderhill, FL 33319

954-741-8811

www.ambassadormanagement.com

PLANTATION PLACE CONDOMINIUM ASSOCIATION **SALE / LEASE PACKAGE**

The attached application forms **MUST** be completed in full by each adult applicant. (other than Husband/Wife or Parent/Dependent child which is considered one application) and returned to Ambassador Community Management along with a **\$100**. Check or money order for each application made payable to **PLANTATION PLACE**. This application fee is non-refundable. In addition, the following items are required to accompany the application forms and fee.

1. Signed copy of the Sales Contract / lease agreement along with **photo ID** for each adult occupant.
 - 1a. A signed copy of the **Plantation Place Lease Addendum**.
 - 1b. Owners must have title to the unit for 3 years before they may rent the unit.
 - 1c. A common area security deposit made payable to Plantation Place of \$250.00 must accompany the lease application.
2. Sales applications will require a copy of a current Credit Report from a certified credit agency.
3. Letter from employer verifying employment
4. Copy of last two pay stubs.
5. Copy of current income tax statement
6. Only 1 pet per unit permitted, not to exceed 20lbs.

This Sales/lease packet is considered incomplete and will not be accepted until all information has been received. The Association is allowed thirty (30) days to process and approve all applications.

Upon receipt and verification of all materials submitted, a personal interview with the Board of Directors will be scheduled. The applicant(s) will be notified of the date, time and place of the personal interview. **OCCUPANCY PRIOR TO BOARD APPROVAL IS PROHIBITED!**

HOMEOWNER DATE

HOMEOWNER DATE

Prospective Buyer/Occupant Date

Prospective Buyer/ Occupant Date

MUST BE SIGNED BY ALL PARTIES INVOLVED IN THE TRANSACTION

Plantation Place Condominiums

Building # _____ Unit # _____

_____ I have received a copy of the Rules and Regulations.

_____ I agree to read and abide by the Rules and Regulations.

_____ I understand that failure to abide by the Rules and Regulations will warrant a violation and/or fine.

Applicant Signature Date

Applicant Printed Name

Applicant Signature Date

Applicant Printed Name

Applicant Signature Date

Applicant Printed Name

Screener Signature Date

Screener Printed Name

Screener Signature Date

Screener Printed Name

Plantation Place Condominium Association
Owner Information Sheet

Fill this page out if this is an application for rent:

Unit Address/#	
Current Owner of Unit	
Current Phone Number of Owner	
New Mailing Address of Owner	

Signature of Owner: _____

Date: _____

Signature of Owner: _____

Date: _____

PLANTATION PLACE CONDOMINIUMS

6650 Cypress Road, Plantation, FL 33317
plantationplacecondo@gmail.com

PET REGISTRATION FORM

In order to provide a safe environment for our residents (and their pets) we require that you fill out this Pet Registration Form and supply the Association with proof of your dog and/or cat being vaccinated for rabies.

Therefore, please fill out the information below, sign, date, and return this form to Plantation Place Condominium Association, Inc., c/o Ambassador Community Management, Inc., 7100 West Commercial Blvd. #107, Lauderhill, FL 33317 or you can scan and email it to plantationplacecondo@gmail.com

Type of Pet (dog/cat/bird): _____

Breed of Pet: _____

Weight of Pet (lbs.) _____

If pet is a puppy, expected weight when fully grown _____

Color/Markings: _____

Proof of rabies enclosed. If proof is not enclosed it will be sent to the Association by _____

Owner's Name: _____

Owner's Address/Unit #: _____

Owner's Phone #: _____

Owner's Email: _____



I agree to abide by current rules and any rules and restrictions regarding pets that the Board of Directors may adopt. If my pet is a dog, I further agree to keep the dog leashed at all times when it is out of my unit, not to allow it to use any common area as a bathroom i.e. I will walk my pet off property to relieve itself.

Owner's signature

Date

Plantation Place Condominiums

Building # _____ Unit# _____

Owner/Occupant Name: _____

Owner/Occupant Name: _____

_____ **HOURS FOR MOVING IN/OUR OR DELIVERIES ARE MONDAY – SATURDAY BETWEEN 8:00 AM AND 10:00 PM; SUNDAYS: 10:00 AM TO 6:00 PM. All moving and deliveries are to made only through the rear door of the building and use the service elevator only.** Any additional occupant must be screened prior to moving into the building.

_____ A new owner can rent their unit after a three (3) years of ownership. **NO RENTALS ARE PERMITTED PRIOR TO THE 3 YEAR WAIT PERIOD.** Lessees are not permitted to have another person move into their unit without first being screened and approved. by the Association.

_____ Any guest residing in a unit for thirty (30) days within a twelve (12) month period is classified as a resident and must be screened. The condominium units are single family residences only. One bedroom units are limited to two (2) occupants, and two bedroom units are limited to four (4) occupants only.

_____ **No part of any unit may be rented or subleased at any time.**

_____ Any renovation and or repair work that is done the individual unit may only be done **Monday – Saturday between 8:00am and 6:00 pm. only. NO RENOVATION WORK IS PERMITTED ON SUNDAYS.**

_____ All material for such work must be brought into the building through the rear entrance and brought and up via the service elevator. **IT IS THE RESPONSIBILITY OF THE UNIT OWNER OR RESIDENT TO DISPOSE OF ALL RENOVATION DEBRIS. DEBRIS FROM RENOVATIONS OR REPAIRS ARE NOT TO BE PLACED IN THE DUMPSTERS OR DUMPSTER ROOMS ON THE PROPERTY.** Any unit owner/resident/lessee who places such debris in the dumpsters, or elsewhere on the property, will be financially responsible for the expense of having the debris removed by Waste Management.

- _____ Specific soundproofing requirements must be met for all flooring renovations. Only licensed and insured contractors are permitted on the property for any renovation/repair project. Any structural renovations must be approved by the Association.

- _____ **Only one pet per unit is permitted; with weight limit of no more than 20 pounds.** Vaccination records are required by the Association. Pets must be taken out/brought into the building via the service elevator, and must be carried or held. The pet will not be allowed out of the unit or building unless on a leash, in the custody of the owner. **The pet must be walked off the premises, and solid waste picked up and disposed of immediately.** The unit owner and/or pet owner shall be financially responsible for any damage to common elements, personal injury or personal property damage caused by the pet to any unit owner, occupant, guest, or employee of the building or property.

- _____ An HO6 insurance policy for owners and Renters insurance for lessees are required by all residents per Florida Statute. Management will periodically require proof of insurance. The Association is not responsible for reimbursement/replacement of personal property or out of pocket expenses.

- _____ Your reserved parking space number is _____. You must park your primary vehicle in the unit assigned space, and a guest space, if a second, screened occupant is residing in the unit. No owner/occupant's secondary vehicle will be allowed on the property.

- _____ If secondary vehicles are found parked on the property, they will be towed without notice at the owner's expense. **EXCEPTION: LAW ENFORCEMENT PERSONNEL WITH A MARKED TAKE HOME VEHICLE**

- _____ Vehicles must display a valid Plantation Place parking decal. All Plantation Place decals must be placed in the lower left corner (driver's side) of the rear window, so that it is visible to our monitoring service, or vehicle will be subject to towing at owner's expense without notice.

- _____ All vehicles must park front in, so that decals can be visible from the rear of the vehicle for monitoring purposes. **NO BACK-IN PARKING IS ALLOWED AT ANY TIME.** All backed-in cars will be towed without notice at the owner's expense.

- _____ **No commercial vehicles, motor homes, boats, trailers, campers, wrecked vehicles, motorcycles or Mopeds are permitted on the property at any time.**

- _____ There is no storage of vehicles allowed on the property. Vehicles with expired tags, no tags or vehicles that are being stored on the property, will be towed at the owner's expense without notice.

- _____ No repairs, mechanical or otherwise, are allowed to be made on any vehicle while on the property at any time.

- _____ If you get a new vehicle, please contact a board member and obtain a new decal for your vehicle. A copy of your registration and or driver's license with the Plantation Place address will be required in order to get a new decal.

- _____ Pool hours are from 7am -10 pm. At 10:00 pm, the pool is locked. The swimming pool at Plantation Place is intended for swimming only. All inflatable pool toys are prohibited. These include, but are not limited to: swim rings, rafts, and floats. Also included: children's toys, balls, pails, etc. Exception: certified swimming aids on non-swimming children, such as: water wings, or floatation devices for toddlers and babies.
Under NO circumstances are children to be left in the pool, or pool area unattended or unsupervised.

- _____ Children under the age of 18 **MUST** be accompanied by an adult when at the pool or clubhouse.

- _____ Acceptable swim wear must be worn at all times when in the pool. Cut off shorts, or any type of street clothing is not allowed in the pool.

- _____ Persons with rashes, sores, abrasions, or any infectious or communicable disease are not allowed in the pool.

- _____ Children wearing regular diapers (exception: swimmers diapers), or any person who is incontinent, may not, under any circumstances, be in the pool. Each unit is allowed a total of six (6) guest maximum in the pool/pool deck area – adults, children, or any combination thereof.

- _____ **FOOD IS PERMITTED IN THE MARKED PATIO AREAS ONLY.** All beverages must be in plastic cups or containers. **NO GLASS BOTTLES ARE ALLOWED IN THE POOL OR POOL AREAS AT ANY TIME.**

- _____ **Use of the barbeque grills are to be limited to sixty (60) minutes per resident.** Failure to do so by the resident and their respective family, lessees or guests, will result in the unit owner being financially responsible for the cost of the gas drum replacement.

- _____ The Clubhouse is intended for the use of all owners, lessees, and their guests. A fifty dollar (\$50.00) refundable key deposit is required to obtain a key for the Clubhouse.
- _____ The Clubhouse can be rented for a non-refundable fee of seventy-five dollars (\$75.00), along with a fifty dollars (\$50.00) refundable key deposit, + a seventy-five dollar (\$75.00) refundable security deposit.
- _____ Proper attire is mandatory in the Clubhouse. No wet bathing suits are allowed in any areas other than the bathrooms, and shoes must be worn at all times.
- _____ All pool table equipment must be returned to its proper place upon completion of a game, and the table covered when play is completed.
- _____ The exercise room may be used at your own risk. Hours are the same as for the pool – 7:00 am – 10:00 pm. Sauna must be returned to the off position upon completion of use, and the bathroom lights to be turned off upon leaving.
- _____ The walls are thin - please be considerate of your neighbors. Per City of Plantation noise ordinance 16.1(8): any loud noise due to: music, parties, TV's etc. after 10:00 pm is prohibited. If loud noise persists, please contact Plantation Police and report.
- _____ This is a Crime Watch community. All suspicious activity should be reported to Plantation Police Department at 954-797-2100 for non-emergency issues. For emergencies, dial 911.
- _____ All buildings, common areas and elevators are SMOKE FREE, as per the Indoor Clean Air Act.
- _____ The Association shall retain a pass key to all units. If a lock is changed, the unit owner shall provide the Association with an updated key. In the event of an emergency, if the Association does not have a key, a locksmith will be called and costs will be billed to your ledger. In the event that you lock yourself out, the Association will not unlock your door. Please give a copy of your key to someone you trust, otherwise, you will have to call a locksmith to gain access to your unit.
- _____ If you lose the Medeco key, a replacement key may be purchased for \$50.00.
- _____ Pest Control will be done to all units on an annual basis, paid for by the Association. If owner/occupant refuses pest control, they must have pest control done within 30 days of annual fumigation, at their own expense, and provide management with a copy of the receipt as proof. If pest control is refused, resident must submit a doctor's note for reason of exemption.

_____ Laundry cards can be purchased/reloaded at the machine located in the pool area, between the hours of 7:00 am – 10:00 pm. Payment methods accepted are ATM, credit cards and cash. If any laundry equipment is not working, please report to management immediately so that repairs can be done in a timely manner.

_____ All bagged garbage must be placed in the dumpster, or through the chute into the dumpster. No furniture, mattresses, televisions or appliances are to be left in the dumpster room. Bulk trash pick-up is scheduled three times a year.

_____ For any questions or concerns, feel free to contact a board member, via the call boxes located outside, next to the front door, or Management, whose contact information is located in the lobby of each building.

Print Name

Date

Sign Name

Date

READ FIRST: Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014

**** THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! ****

APPLICATION FOR OCCUPANCY

Association Name: Plantation Place

Circle one: Purchase - Lease - Occupant - Unit.# _____ Bldg.# _____ Address applied for: _____

Full Name _____ Date of Birth _____ Social Security # _____

Circle One: Single - Married - Separated - Divorced - How Long? _____ Other legal or maiden name _____

Have you ever been convicted of a crime? _____ Date (s) _____ County/State Convicted in _____

Charge (s) _____

Applicant's Cell Number(s) _____ Applicant's Email Address _____

Spouse _____ Date of Birth _____ Social Security # _____

Other legal or maiden name _____ Have you ever been convicted of a crime? _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

Spouse's Cell Number(s) _____ Spouse's Email Address _____

No. of people who will occupy unit – Adults (over age 18) _____ Description of Pets _____

Names and ages of others who will occupy unit _____

In case of emergency notify _____ Address _____ Phone _____

PART I – RESIDENCE HISTORY

A. Present address _____ Phone _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Are you on the Lease? _____ If not, who is the leaseholder? _____ Are you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

B. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

C. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? _____ If yes, under what name? _____

Name of Landlord _____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

PART II – EMPLOYMENT REFERENCES

Include a recent copy of an earnings statement to expedite processing

A. Employed by _____ Phone _____
 Dates of Employment: From: _____ To: _____ Position _____ Fax _____
 Monthly Gross Income _____ Address _____

B. Spouse Employed by _____ Phone _____
 Dates of Employment: From: _____ To: _____ Position _____ Fax _____
 Monthly Gross Income _____ Address _____

PART III – BANK REFERENCES

Include a recent copy of a bank statement to expedite processing

A. Bank Name _____ Checking Acct. # _____ Phone _____
 Address _____ Fax _____

B. Bank Name _____ Savings Acct. # _____ Phone _____
 Address _____ Fax _____

PART IV – CHARACTER REFERENCES (No Family Members)

1. Name _____ Home Phone _____
 Address _____ Business Phone _____
 Email Address _____ Cellular Phone _____

2. Name _____ Home Phone _____
 Address _____ Business Phone _____
 Email Address _____ Cellular Phone _____

3. Name _____ Home Phone _____
 Address _____ Business Phone _____
 Email Address _____ Cellular Phone _____

4. Name _____ Home Phone _____
 Address _____ Business Phone _____
 Email Address _____ Cellular Phone _____

Are you using a realtor? Yes _____ No _____ If yes: Realtor's name _____
 Email Address _____ Cellular Phone _____

Driver's License Number (Primary Applicant) _____ State Issued _____
 Driver's License Number (Secondary Applicant) _____ State Issued _____
 Make _____ Type _____ Year _____ License Plate No. _____
 Make _____ Type _____ Year _____ License Plate No. _____

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____

ASSOCIATED CREDIT REPORTING, INC.

Established 1985

4690 NW 103rd Avenue, Sunrise, Florida 33351
www.associatedcreditreporting.com

Phone: 754-216-0025
Toll Free: 800-676-7640
Fax: 954-635-2157
Toll Free Fax: 800-235-7185

AUTHORIZATION FORM

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), residential history, criminal record history, employment verification and character references.

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 the authorized party designated on the Application for Occupancy, for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY. If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

(Applicant's Signature)

(Spouse's Signature)

(Applicant's Name Printed)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)

PLANTATION PLACE CONDOMINIUM ASSOCIATION, INC.

ADDENDUM TO LEASE AGREEMENT

UNIT OWNER(S) NAME(S): _____

TENANT(S) NAME(S): _____

UNIT PROPERTY ADDRESS: _____

DATE: _____, 20_____

For Ten Dollars (\$10.00) and other good and valuable consideration, which receipt is hereby acknowledged by both parties, this Addendum hereby modifies the original lease (the "Lease") entered into by the Unit Owner(s) and Tenant(s) on _____, 20_____

1. No Unit may be leased without the prior written approval of Plantation Place Condominium Association, Inc. (the "Association"). The Lease may not be subsequently modified, amended, extended or assigned without the prior written approval of the Association. Tenant(s) shall not assign the Lease, nor sublet or permit the Unit or any part thereof to be used by others without the prior written approval of the Association. The Tenant(s) shall comply with and abide by all the provisions of the Association's governing documents, including its rules and regulations, as well all applicable provisions of Florida Statutes, Chapter 718, and administrative rules adopted pursuant thereto. The Association has the authority to terminate the Lease or to commence summary procedures to evict the Tenant(s) in the event of default by the Tenant(s) of the terms and conditions of the Lease. In the event the Association files an action for eviction, the Unit Owner(s) and Tenant(s) shall be jointly and severally liable for all attorney's fees and costs, including appellate proceedings. Nothing contained herein shall be deemed to obligate the Association to commence eviction proceedings or to preclude the Association from pursuing any other available legal remedies.
2. Pursuant to Florida Statutes 718.116 the Association Inc. has the authority to collect rent payments from the Tenant(s) should the Unit Owner(s) become delinquent in the payment of its assessment obligations to the Association.
3. The Association and/or its authorized agent(s) shall have the irrevocable right to have access to the Unit as may be necessary for inspection, maintenance repair or replacement of any Common Elements accessible therefrom, or for making emergency repairs necessary to prevent damages to the Common Elements or other units. The Unit Owner(s) and Tenant(s) shall be jointly and severally liable to the Association for any losses incurred by the Association or damages caused to the Common Elements, Association property or to any other third party resulting for the actions of the Unit Owner(s) or Tenant(s).

4. Nothing contained in the Lease, this Addendum, or the governing documents shall in any manner: (I) be deemed to make the Association a party to the Lease or this Addendum (except to the extent that the Association is an intended third party beneficiary of any of the covenants contained in the above referenced documents which are for the benefit and protection of the Association and are necessary to enable the Association to enforce its rights hereunder (II) create any obligation or liability on the part of the Association's approval of the Lessee pursuant to the liability based on the Association's approval of the Tenant(s) (such approval being solely for the benefit of the Association), or (III) create any rights or privileges of the Tenant(s) under the Lease, this Addendum, or the Governing Documents as to the Association.
5. Except as provided herein, all other terms of the Lease remain in full force and effect.
6. In the event of conflict between the provisions of this Addendum and the Lease between the parties, this Addendum shall control.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals to this Addendum to Lease Agreement, this _____ day of _____, 20_____.

Landlord's Signature _____ Landlord's Name _____

Landlord's Signature _____ Landlord's Name _____

Tenant's Signature _____ Tenant's Name _____

Tenant's Signature _____ Tenant's Name _____