



Application for Purchase or Lease

1. Please complete the attached application and attach
 - a. an executed copy of the lease or sales contract
 - b. **both** executed lease addendums (rules and rent garnishment)
 - c. a driver license or passport copy for each adult to reside in the unit
 - d. a \$100 screening fee for each adult that will reside in the unit
 - e. a \$100 moving fee covering both move-in and move-out (per unit)
 - f. a \$1,000 deposit payable to the Association against damages to common areas. This deposit is separate from any deposits paid between the lessor and lessee. Deposit not applicable to sales.
2. Incomplete applications and applications not accompanied by the above noted items will not be processed. No notice of missing items provided.
3. Return the **completed** application and required attachments to the Front Desk or *The Waverly at Las Olas Condo Association, 110 North Federal Hwy, Fort Lauderdale, FL, 33301*. Seven to ten working days are necessary to process the application. Calls to Management seeking application status, confirmation of receipt or exceptions to policy will not be accepted.
4. For estoppels and other documents necessary for sales, visit www.thecontinentalgroupinc.com and follow the link entitled "Request Resale Documents." Calls to the Management office requesting such materials will not be accepted.
5. **If you have a pet, a photo of the pet(s) must be attached to complete the pet registration. No aggressive breed pets are allowed. Avoidance of this stipulation may result in legal action including but not limited to cancellation of the lease by the Association.**
6. Once you have been screened and approved, you may contact the Front Desk at (954) 358-2603 to schedule your move in date. Move-ins are allowed Monday through Friday only, 9am to 6pm.
7. It is the responsibility of the owner to turn over all Condominium keys, mailbox keys, access cards, etc. to the Buyer/Lessee at the time of commencement.
8. In accordance with the Associations Governing Documents, once a lease has begun, the unit owner forfeits all rights of condominium use associated, but not limited to, the use of all common areas and amenities.
9. If the application is for purchase of the unit, Management must receive a copy of the closing statement and copy of the Warranty deed within five (5) days of closing in order to transfer the unit to your name and avoid late maintenance fees. **Instructions are provided on the Approval Letter.**



APPLICATION FOR OCCUPANCY/APPROVAL

- 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 left unanswered or blank, this application may be returned, not processed, or not approved.
- 4 – Missing information will cause delays in processing your application.
- 5 – Any misrepresentation or falsification may result in disqualification.

PRINT OR TYPE ALL INFORMATION

Purchase _____ **Lease** _____

Unit# _____ Address of Unit _____

Date of Application: _____ Date of Occupancy _____

Name _____ Date of Birth _____ Soc Sec. No. _____

Spouse _____ Date of Birth _____ Soc Sec. No. _____

Single Married Widow Sep. Div Maiden Name _____

Number of people who will occupy unit: Adults _____ Children _____

Names & ages of children who will occupy _____

In case of emergency notify _____

Name _____ *Address* _____ *Telephone* _____

RESIDENCE HISTORY

Present Address _____ Phone _____

(Street Address, Apt.#, City, State, Zip)

Dates of Residency _____

Name of Landlord _____ Phone _____

Address _____

Previous Address _____ Phone _____

(Street Address, Apt. #, City, State, Zip)

Dates of Residency _____

Name of Landlord _____ Phone _____

Address _____

EMPLOYMENT & BANK REFERENCES

Employed by (Business Name) _____ Phone _____

How long _____ Dept. or Position _____

Address _____ ZIP _____

Spouse' Employment (Business Name) _____ Phone _____

How long _____ Dept. or Position _____

Address _____ ZIP _____

Bank Reference _____ Phone _____



CHARACTER REFERENCES

Name _____ Home Phone _____ Work Phone _____

Address _____ Zip _____

Name _____ Home Phone _____ Work Phone _____

Address _____ Zip _____

Name _____ Home Phone _____ Work Phone _____

Address _____ Zip _____

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

By signing, the applicant recognizes that the association or the authorized agent may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. Investigation may be made of the applicants' character, general reputation, personal characteristics, credit standing, and police arrest record.

Applicant may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature _____ Signature _____

Date _____



APPLICANT: Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure All THREE Authorization Forms are completed as indicated.

ALL PARTS OF THESE FORMS ARE REQUIRED. DO NOT CUT OR SEPARATE THEM.

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND POLICE RECORD INFORMATION

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my application made for residency.

DESIGNATED PARTY: THE WAVERLY AT LAS OLAS CONDOMINIUM ASSOCIATION

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party.

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my application for residency.

(Applicant's Signature)

(Applicant's Name Printed)

DATE _____

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND POLICE RECORD INFORMATION

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(Applicant's Signature)

(Applicant's Name Printed)

DATE _____

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(Applicant's Signature)

(Applicant's Name Printed)

DATE _____



APPLICATION FOR LEASE, GIFT, DEVISE OR INHERITANCE APPROVAL

Unit# _____

1. This application, an application for approval and all authorization forms must be completed in detail by each proposed adult occupant, other than husband/wife or parent/dependent child (which is considered one applicant).
2. If any question is not answered, or left blank, this application will be returned, not processed and not approved.
3. A copy of the lease contract, if applicable, must be attached to this application.
4. All applicants must make themselves available for a personal interview prior to final Board of Directors approval. **Occupancy prior to Board approval is prohibited!**
5. No lease terms shall be for less than 7 months and Units cannot be leased more than 2 times per calendar year.
6. Use of this Condo is for single-family residence only.
7. No Commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, etc. are permitted to park on the premises overnight. All vehicles with expired tags or found in disrepair are subject to being towed away at the owner's expense with little or no notice.
8. Parking is in assigned spaces only.
9. The unit owner (landlord) must provide lessee with a copy of all Association Rules & Regulations.
10. The unit owner forfeits all use of the Association amenities upon commencement of lease pursuant to Florida Statutes.
11. Moving of furniture in or out of the building is permitted during the hours of 9:00am to 6:00pm, Monday through Friday.

YOU MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS (LESSEE ONLY)

Date _____ Unit # _____ Lease term From: _____ To _____

Current owners name _____ Telephone _____

Owners Mailing Address _____

Name of Realtor Handling Lease _____ Telephone _____

NAME of Proposed Lessee (as Lease will appear)

spouse

OTHER PERSONS who will occupy the condo with you:

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Have you ever seasonally resided in Florida before? _____ If yes, please state the name, address and dates of

Residency: _____

If retired, please state the company's name and address retired from and when retired: _____

Have you ever been convicted or pled to a crime? _____ If yes, please state the date(s), charges(s) and disposition: _____



ALL APPLICANTS MUST READ AND SIGN BELOW:

1. I hereby agree for myself and on behalf of all persons who may use the unit, that I will abide by all of the restrictions contained in the Bylaws, Rules and Regulations, Association Documents and restrictions which are or may in the future be imposed by the Waverly at Las Olas Condo Association
2. I have understand that it is my responsibility to acquire and read a copy of the Rules & Regulations: _____ initials
3. I understand that any violation of the terms, provisions, conditions and convents of the Waverly at Las Olas Condominium Association documents provides cause for immediate action as therein provided under appropriate circumstances.
4. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. ***Occupancy prior to Board approval is prohibited!***
5. I understand that sub-leasing or occupancy of this unit in my absence is strictly prohibited.
6. I understand that the acceptance for this application for a unit at THE WAVERLY AT LAS OLAS CONDOMINIUM ASSOCIATION is condition in part upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of the information on these forms will result in the automatic disqualification of my application. ***Occupancy prior to Board approval is prohibited!***
7. I understand that the Board of Directors of THE WAVERLY AT LAS OLAS CONDOMINIUM ASSOCIATION will conduct a background investigation to verify this application. Accordingly, I specifically authorize the Board of Directors and Management to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and the Board of Directors, Officers, and Management of THE WAVERLY AT LAS OLAS CONDOMINIUM ASSOCIATION itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.
8. I hereby acknowledge that moving in and moving out is only permitted on Monday – Friday 9a – 6p, that moving on weekends, holidays and afterhours is prohibited and that residential elevators may not be used for moving. Additionally, I hereby acknowledge that PODS and similar storage units are prohibited from being placed at the property and that elevator reservation is required for any and all moves. _____initials
9. I hereby acknowledge that satellite dish installation requires Association approval and that dishes installed incorrectly after or prior to my tenancy are subject to removal. _____ initials
10. I hereby acknowledge that under no circumstances is refuse to be left on hallway floors, near trash chutes or on the floor of any other common area. I am aware of the cardboard and recycling area location and proper disposal methods. _____initials

In making the foregoing application, I am aware that the decision of THE WAVERLY AT LAS OLAS CONDOMINIUM ASSOCIATION will be final and no reason will be given for any action by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

Applicant _____ Date _____

Applicant _____ Date _____



CONFIDENTIAL RESIDENT INFORMATION SHEET

Unit Number: _____ Owner's Name: _____

Is Unit listed under a Corporation? If yes, please provide the name of the Corporation and state incorporated: _____

Anticipated Occupancy Date: _____ Primary or Secondary Residence: _____

Occupants	Age
_____	_____
_____	_____
_____	_____

Home Phone Number: _____

Cell Phone Number: _____

Business Phone Number: _____

Business Fax: _____

Email Address: _____

Alternate Address for Official Association Correspondence:

Emergency Contact: _____

Pre-approved guests who may visit your condo at Waverly at Las Olas without prior notification:

Are you or anyone in your household in need of special medical attention or have restricted mobility, which would require additional assistance in the event of an emergency? *(This notification does not guarantee additional assistance, but every effort will be made to provide this information to authorities in the event of an emergency requiring evacuation).*

NO _____ YES _____

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



CAR REGISTRATION FORM

Name: _____

Unit # _____

Vehicle 1 Make: _____ Model: _____

Year: _____ Color: _____

Tag# _____ State: _____

Space Assignment: _____

Driver License#: _____

Vehicle 2 Make: _____ Model: _____

Year: _____ Color: _____

Tag# _____ State: _____

Space Assignment: _____

Driver License#: _____

Vehicle 3 Make: _____ Model: _____

Year: _____ Color: _____

Tag# _____ State: _____

Space Assignment: _____

Driver License#: _____

Note: Vehicles must be parked in assigned space(s) only. All unauthorized vehicles are subject to towing. Parking is not allowed in the first floor commercial spaces, and cars left overnight between the hours of 4am and 8am will be towed. Valet parking is for residential and commercial guests only, not for Waverly residents.



PET REGISTRATION FORM

Unit Owner or Resident: _____

Unit# _____

Pet #1: Type of Pet (please circle one): DOG CAT OTHER

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

Pet's Weight _____ License/Tag number: _____

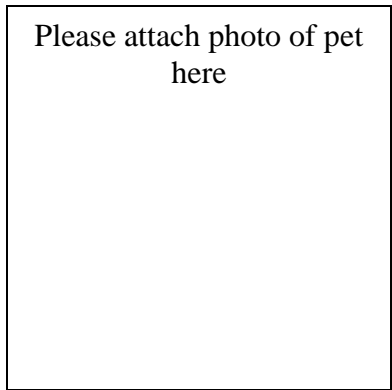
Breed (Be specific: give complete description, color, etc): _____

Pet #2: Type of Pet (please circle one): DOG CAT OTHER

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

Pet's Weight _____ License/Tag number: _____

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



I am aware of the WAVERLY AT LAS OLAS CONDOMINIUM ASSOCIATION'S rules, regulations and restrictions regarding pets on the property and agree to abide by them.

Owner's Signature _____ Date: _____

PLEASE RETURN WITH PHOTO AND REGISTRATION TO THE MANAGEMENT OFFICE.



ADDENDUM TO LEASE AGREEMENT

This Addendum ("Addendum") to Lease Agreement ("Agreement") is entered into this ____ day of _____ 20____ by and between _____ ("Lessor") and _____ ("Lessee") and The Waverly at Las Olas Condominium Association, Inc. ("Association"), in conjunction with an Agreement dated _____, 20____ by and between Lessor and Lessee. Any conflict between the terms contained in the Agreement and this Addendum shall be resolved in favor of this Addendum. There shall be no change in any of the provisions of the Agreement or this Addendum without the prior written approval of all parties. Except for those provisions specifically altered, all terms and provisions of the Agreement remain in full force and effect.

RIGHT OF THE WAVERLY AT LAS OLAS CONDOMINIUM ASSOCIATION, INC. TO EVICT LESSEE

1. The Waverly at Las Olas Condominium Association, Inc. ("Association") has the right to evict Lessee(s) on behalf of Lessor(s) upon Lessees' violation of the Declaration, as well as the Articles of Incorporation and By-Laws of the Association, applicable Rules and Regulations, or other applicable provisions of any other agreement, document or instrument governing the Condominium ("Governing Documents") If Lessee fails to comply with the Governing Documents or any applicable laws, ordinances and regulations, Lessor shall promptly commence action to evict Lessee. If Lessor fails to promptly commence action to evict Lessee, Lessor hereby authorizes the Association as the Lessor's agent and attorney in fact, to commence eviction proceedings. In the event the Association files an action for eviction, the Lessor and Lessee shall be jointly and severally liable for all attorney's fees and costs incurred in such action, including any 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. Association's Governing Documents. Lessee(s) further acknowledges that Lessee(s) is bound by the provisions set forth in the Governing Documents and agrees to abide and comply with all provisions set forth therein.
3. In any action to interpret or enforce the provisions of this Addendum, the prevailing party shall be entitled to recover all costs and reasonable attorney's fees from the non-prevailing party.

LESSOR:

THE WAVERLY AT LAS OLAS
CONDOMINIUM ASSOCIATION, INC.

By: _____

Print Name: _____

Name: _____

Title: _____

LESSEE:

Print Name: _____

Print Name: _____



**THE WAVERLY AT LAS OLAS CONDOMINIUM ASSOCIATION, INC.
ADDENDUM TO LEASE AGREEMENT**

This Agreement is entered into this ____ day of _____, 200__ by and between _____, Owner (Lessor) of Unit # ____ at The Waverly at Las Olas Condominium, located at 110 N. Federal Highway, Ft Lauderdale, Florida, _____, (Tenant) and The Waverly at Las Olas Condominium Association, Inc. (“Association”). Said Agreement shall not be modified without the express written consent of all parties.

WITNESSETH

WHEREAS, Lessor and Tenant wish to enter into a lease regarding Unit # ____ at The Waverly at Las Olas Condominium;

WHEREAS, Association desires to approve of such leasehold (“Lease”); NOW THEREFORE, for TEN DOLLARS (\$10.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged by all parties, the parties agree as follows:

1. Association shall conditionally approve of the proposed Lease of Unit # ____ by Lessor, pursuant to the following conditions:
 - a. Upon delinquency by Lessor in Lessor’s maintenance assessment obligations or special assessment obligations owed to the Association, Lessor hereby authorizes the assignment of any and all rent payments by Lessor’s tenant(s) to the Association. Upon said delinquency, notice thereof shall be given by the Association to Lessor and Lessor’s tenant(s), along with direction for said tenant(s) to forward said rent payments to the Association.
 - b. Upon the issuance of said notice, tenant(s) shall issue all rental payment checks payable to “The Waverly at Las Olas Condominium Association, Inc.” and deliver said checks to the following address:

The Waverly at Las Olas Condominium Association, Inc.
110 N. Federal Highway, Fort Lauderdale, FL 33301
 - c. Lessor assigns to the Association, such rental payments for the duration of the delinquency such that all rental monies due and owing under the lease shall be paid by tenant(s) to the Association until such time as the outstanding monies due and owing to the Association are fully satisfied. Upon receipt of funds sufficient to address and satisfy the delinquency, the Association shall direct tenant(s) to pay subsequent rents to Lessor.
2. Tenant(s) shall pay such rents to Association, as directed, until notified to the contrary. In the event that Lessor should, again, become delinquent in the payment of any and all maintenance or special assessments to the Association, Association may, again, direct Lessor’s tenant(s) to pay such rental monies to the Association and Lessor acknowledges and agrees that tenant(s) shall so act.
3. Lessor specifically permits and does authorize Association to take any all action to collect rents due under the lease from tenant(s) and, upon the failure of tenant(s) to provide said rents, to pursue an action to remove the tenant(s), including through eviction. Any expense so incurred by Association in addressing tenant(s) shall be recoverable as a special assessment against Lessor.
4. Any action taken by Association shall not be construed as a waiver of any of Association’s rights under the Declaration, the Association’s Articles of Incorporation, By-Laws, Rules and Regulations or Florida law.

Executed this ____ day of _____, 200__

**The Waverly at Las Olas
Condominium Association, Inc.:**

Lessor:

Tenant:

PRINTED NAME

PRINTED NAME

PRINTED NAME



THE WAVERLY AT LAS OLAS CONDOMINIUM ASSOCIATION, INC.

Lease Acknowledgment

I, _____ (“Tenant”), as tenant under an approved Lease of Unit #_____ (“Unit”) in The Waverly at Las Olas Condominium Association, Inc. (“Association”), hereby acknowledge the provisions of the Addendum to Lease Agreement executed by the Unit Owner and the Association, Chapter 718, Florida Statutes (the “Condominium Act”), the Declaration of Condominium for The Waverly at Las Olas Condominium (“Declaration”), the Association’s Articles of Incorporation, the Association’s By-Laws and the Association’s Rules and Regulations and agree that said documents shall be deemed expressly incorporated into the Lease of the Unit, in accordance with Section 718.303(1), Florida Statutes. The Unit Owner has provided me with a copy of the aforementioned documents, or has notified me that such documents shall be made reasonably available upon written request for same.

In the event I am notified by the Association, or one of its authorized representatives, to discontinue the payment of rent due under the Lease to the Unit Owner and instead direct said payments, in the same amount and frequency, to the Association, I recognize and agree that I am obligated to comply, until such time as I am instructed by the Association to redirect my recurring payments to the Unit Owner. In the event that I fail to honor this obligation, or otherwise violate any of the other terms and provisions of the Association’s governing documents, I acknowledge and agree that I shall be subject to all remedies available to the Association including injunctive relief, money damages, eviction, or any combination thereof as permitted by law, in addition to any other remedies provided by law.

This Lease Acknowledgment form does not impose any additional obligations or liability on Tenant, but rather is intended to clarify existing obligations and liability as of the date Tenant executed the Lease.

TENANT

Signature

Date