

# GOLDEN GATE CONDOMINIUM ASSOCIATION MB, INC.

## APPLICATION FOR OCCUPANCY

New residents (owners and/or tenants) are required to complete and submit this application to obtain Association approval at least fifteen (15) business days prior to the proposed occupancy date.

**GRS MANAGEMENT, INC**  
**15280 NW 79<sup>TH</sup> COURT, SUITE 101**  
**MIAMI LAKES, FL 33016**  
**PHONE 305-823-0072**  
**FAX 305-823-4888**

To avoid delays in processing, **all applications must be submitted to GOLDEN GATE CONDOMINIUM ASSOCIATION MB, INC.** Every form must be completed in its entirety, be accurate, and be signed by all required parties. All required supporting documentation and applicable fees must be submitted with the application.

**Incomplete, applications will not be accepted or processed** until all required information, documentation, is received. Please print legibly using **black or blue ink**.

**Incomplete applications will be automatically canceled thirty (30) days after the date of submission date. All application fees are non-refundable.**

The following must be included with the application:

\_\_\_\_\_ Application processing fee of \$150.00 for legally married couples. Any other applicant over 18 years of age must pay an additional \$150.00 per applicant. Made payable to: **GRS Management, Inc. (Cashier's check or money order only) - Application fees are non-refundable.**

\_\_\_\_\_ **Sales Only:** A completed Estoppel Request must be submitted prior to closing. Pursuant to Section 718.116, Florida Statutes, the Association or its authorized agent will issue the estoppel certificate within ten (10) business days after receipt of a written request and the applicable statutory fee. Payment must be made by cashier's check or money order payable to **GRS Management, Inc.** The current fee is **\$250.00 for standard processing service (issued within 10 business days and \$350.00 for expedited service (issued within 3 business days. An additional \$150.00 if the account is collection.**

\_\_\_\_\_ **Rentals Only:** Applications will not be approved if there are any outstanding assessments, fees, fines, or other amounts due to the Association.

\_\_\_\_\_ A fully executed copy of the Contract for Sale or Lease, signed by all parties.

When a complete application package is received, we will commence the background screening process. Once the background screening is completed, we will forward the application to the Board of Directors for approval.

All inquiries regarding the application process must be made via e-mail to [customer@grsmanagement.com](mailto:customer@grsmanagement.com).

**GOLDEN GATE CONDOMINIUM ASSOCIATION MB, INC.**  
**APPLICATION FOR OCCUPANCY**

**PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE  
ACCEPTED OR PROCESSED.**

**Note: Please note that all applicants over the age of 18 (not married to the primary applicant) must  
complete a separate application.**

Date: \_\_\_\_\_ Desired Date of Occupancy: \_\_\_\_\_

This Application is for a: Lease ( ☐ ) Purchase ( ☐ ) of Unit # \_\_\_\_\_

**Agent Information (if applicable)**

Property Address: \_\_\_\_\_

Realtor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Applicant information:**

Applicant's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Email Address: \_\_\_\_\_

SSN# \_\_\_\_\_ DOB \_\_\_\_\_

DL # \_\_\_\_\_ State \_\_\_\_\_

MARITAL STATUS: Married ( ☐ ) Separated ( ☐ ) Divorced ( ☐ ) Single ( ☐ )

Spouse's Name: \_\_\_\_\_

Phone# \_\_\_\_\_

Email Address: \_\_\_\_\_

SSN# \_\_\_\_\_ DOB \_\_\_\_\_

DL # \_\_\_\_\_ State \_\_\_\_\_

**LIST OF OCCUPANTS**

Total number of individuals who will occupy the unit: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**GOLDEN GATE CONDOMINIUM ASSOCIATION MB, INC.**  
**APPLICATION FOR OCCUPANCY**

**PETS**

Yes ( ☐ ) No ( ☐ ) How Many: \_\_\_\_\_

Weight: \_\_\_\_\_ Breed: \_\_\_\_\_ Color \_\_\_\_\_

Weight: \_\_\_\_\_ Breed: \_\_\_\_\_ Color \_\_\_\_\_

**\*\*Pet Restrictions Residents are permitted one (1) dog or cat, provided the pet does not exceed 5 lbs. at maturity and is properly registered with the Association.**

**VEHICLES**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag #: \_\_\_\_\_

**\*\*Parking Restrictions, not applicable – public street**

**RESIDENCE HISTORY**

**Applicants must provide a complete employment history for the past three (3) years.**

Present Address: \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ OWN ( ☐ ) RENT ( ☐ )

Name of Landlord \_\_\_\_\_ Phone # \_\_\_\_\_

Previous Address: \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ OWN ( ☐ ) RENT ( ☐ )

Name of Landlord \_\_\_\_\_ Phone # \_\_\_\_\_

Previous Address: \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ OWN ( ☐ ) RENT ( ☐ )

Name of Landlord \_\_\_\_\_ Phone # \_\_\_\_\_

**GOLDEN GATE CONDOMINIUM ASSOCIATION MB, INC.**  
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**EMPLOYMENT HISTORY**

**Applicants must provide a complete employment history for the past three (3) years**

ARE YOU: Self-Employed? Yes ( ☐ ) No ( ☐ ) Retired? Yes ( ☐ ) No ( ☐ )

Present Employment Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To \_\_\_\_\_ Dept or Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Monthly Income \_\_\_\_\_

Prior Employment Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To \_\_\_\_\_ Dept or Position: \_\_\_\_\_

Prior Employment Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To \_\_\_\_\_ Dept or Position: \_\_\_\_\_

Spouse's Employer ARE YOU: Self-Employed? Yes ( ☐ ) No ( ☐ ) Retired? Yes ( ☐ ) No ( ☐ )

Present Employment Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To \_\_\_\_\_ Dept or Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Monthly Income \_\_\_\_\_

Prior Employment Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To \_\_\_\_\_ Dept or Position: \_\_\_\_\_

Prior Employment Name: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To \_\_\_\_\_ Dept or Position: \_\_\_\_\_

**GOLDEN GATE CONDOMINIUM ASSOCIATION MB, INC.**  
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**REFERENCES (No Relatives)**

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

**LEASE ADDENDUM**

Lessor/Unit Owner becomes delinquent in the payment of any general or special assessments, installments thereof, or any other monetary obligation due and owing to the Association the Association shall have the right, but not the obligation, pursuant to Section 718.116(11), Florida Statutes, to make written demand upon the Lessee/Tenant requiring the Lessee/Tenant to pay subsequent rental payments, or any portion thereof, directly to the Association.

Upon receipt of written demand from the Association the Lessee/Tenant shall remit rental payments directly to the Association in accordance with the Association's written instructions and shall continue making such payments until:

The Association provides written notice releasing the Lessee/Tenant from this obligation; The Lessor/Unit Owner's delinquent monetary obligations to the Association have been satisfied; or the Lessee/Tenant's tenancy in the unit has terminated.

Any rental payments received by the Association shall be applied toward the outstanding monetary obligations owed by the Lessor/Unit Owner to the Association. The Association shall provide written notice of its demand to both the Lessee/Tenant and the Lessor/Unit Owner as required by applicable Florida law.

The Lessee/Tenant shall receive credit against rental obligations owed to the Lessor/Unit Owner for all rental payments properly made to the Association pursuant to the Association's written demand. Payment of rent directly to the Association following proper notice shall provide the Lessee/Tenant protection from any claim by the Lessor/Unit Owner for those amounts timely paid to the Association.

The Association's rights under this provision are cumulative and are in addition to any other rights and remedies available under the Condominium Declaration, Bylaws, Rules and Regulations, Chapter 718, Florida Statutes, or applicable law, including, but not limited to, the right to pursue collection remedies against the Lessor/Unit Owner for delinquent obligations.

The Association's exercise of this right shall not create a landlord-tenant relationship between the Association and the Lessee/Tenant, except as specifically provided by applicable Florida law.

\_\_\_\_\_  
Lesser (Owner) Signature

\_\_\_\_\_  
Lessee (Tenant) Signature

**GOLDEN GATE CONDOMINIUM ASSOCIATION MB, INC.**  
**APPLICATION FOR OCCUPANCY**

**RULES & REGULATIONS**

Acknowledgment of receipt of the association rules and regulations

I/We acknowledge that I/we have received a copy of the Association's Rules and Regulations as part of the application package for **GOLDEN GATE CONDOMINIUM ASSOCIATION MB, INC.** I/We agree to comply with all provisions of the Association's governing documents, including the Declaration, Bylaws, Rules and Regulations, and any duly adopted amendments.

I/We understand that occupancy of the Unit is limited to the individuals identified in the approved application. No additional person may occupy or reside in the Unit without the prior written approval of the Association when required by the Association's governing documents.

I/We further understand that any violation of the Association's governing documents, including unauthorized occupancy or failure to comply with community rules, may result in enforcement action by the Association as permitted by the Declaration, Bylaws, Rules and Regulations, the lease agreement, and applicable Florida law.

Such enforcement action may include, where authorized, the imposition of fines, suspension of use rights, legal action, and other remedies available to the Association. I/We acknowledge that any termination of tenancy or eviction proceedings must be pursued through the Unit Owner/Landlord and the appropriate legal process as required by applicable law.

**All adult applicants must sign below to acknowledge receipt of an agreement to comply with the Association's Rules and Regulations.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GOLDEN GATE CONDOMINIUM ASSOCIATION MB, INC.**  
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**ACKNOWLEDGMENT OF INSURANCE RESPONSIBILITY**

I acknowledge and understand that the Association's master insurance policy does **not** provide coverage for damage occurring within my condominium unit. This includes, but is not limited to, damage to interior walls, flooring, cabinets, countertops, fixtures, appliances, personal property, improvements, and losses resulting from water intrusion or flooding, except as otherwise required by the Association's governing documents or applicable law.

I further acknowledge that it is my responsibility, as the unit owner, to obtain and maintain an **HO-6 Condominium Unit Owners Insurance Policy**. An HO-6 policy is specifically designed for condominium owners and provides coverage for personal property, interior improvements, liability, loss assessments (when applicable), and other items not covered by the Association's master insurance policy.

By signing below, I acknowledge that I have read and understand my insurance responsibilities and agree that the Association shall not be responsible for losses or damages that are the responsibility of the unit owner under the governing documents or the owner's individual insurance policy.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CRIMINAL HISTORY DISCLOSURE**

Has any applicant been convicted of a felony or misdemeanor (excluding minor traffic violations)?

☐ Yes    ☐ No

Applicant Name: \_\_\_\_\_

If yes, please provide the following information:

**Offense:** \_\_\_\_\_

**Date of Conviction:** \_\_\_\_\_

**Jurisdiction (City/State):** \_\_\_\_\_

**Additional Explanation (Optional):** \_\_\_\_\_

\_\_\_\_\_  
I/We certify that the information provided in this application is true, complete, and accurate to the best of my/our knowledge. I/We understand that failure to provide complete and accurate information, including the omission or misrepresentation of required information, may result in denial of occupancy approval.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GOLDEN GATE CONDOMINIUM ASSOCIATION MB, INC.**  
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**AUTHORIZATION FOR FILE DISCLOSURE AND CONSUMER REPORTING**

I hereby authorize **GRS Management, Inc.** and **Verify Screening Solutions, Inc.**, including their designated agents, employees, and authorized representatives, to obtain, review, and verify consumer reports and related information for the purpose of evaluating my application for residency, lease approval, or purchase eligibility.

I understand that the screening process may include, but is not limited to, obtaining and reviewing the following information:

- Consumer credit reports;
- Criminal history information;
- Eviction records;
- Rental payment history;
- Rental and occupancy history; and
- Other information necessary to evaluate my eligibility as a prospective resident.

I further authorize the association **GOLDEN GATE CONDOMINIUM ASSOCIATION MB, INC.**, **GRS Management, Inc.**, and **Verify Screening Solutions, Inc.**, and their authorized representatives, to obtain and review applicable information during the term of my occupancy.

I certify that all information provided in my application for residency is true, accurate, and complete. I understand that providing false, fraudulent, incomplete, or misleading information may result in the denial of my application, the termination of my residency, or other remedies available under applicable law.

I understand that screening results and related information will be maintained in confidence and may be disclosed only to authorized parties as permitted by applicable law or upon my written authorization.

**Applicant Information**

Full Legal Name (First, Middle, Last): \_\_\_\_\_

Current Home Address (including Unit No., if applicable):

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number and State Issued: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## GRS Management, Inc

15280 NW 79<sup>TH</sup> Court Suite 101

Miami Lakes, FL 33016

PH: (305) 823-0072 Fax: (305) 823-4888

Email: [Customer@grsmanagement.com](mailto:Customer@grsmanagement.com)

Website: [www.grsmanagement.com](http://www.grsmanagement.com)

### GOLDEN GATE CONDOMINIUM ASSOCIATION, INC. PET REGISTRATION INFORMATION

Date: \_\_\_\_\_ Unit/Account Number: \_\_\_\_\_

**Resident/Occupant Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

*Pet restrictions may vary in accordance with the Association's Declaration, Bylaws, and Rules and Regulations.*

**Pet Age:** \_\_\_\_\_ **Weight (lbs):** \_\_\_\_\_

**Miami-Dade County Tag/License Number:** \_\_\_\_\_

*License information may be verified through the applicable County records.*

*Pet Restrictions Residents are permitted one (1) dog or cat, provided the pet does not exceed 5 lbs. at maturity and is properly registered with the Association.*

**Date of Most Recent Rabies Vaccination:** \_\_\_\_\_

**Please attach a current copy of the pet's vaccination records.**

#### **Required Attachments**

Please submit the following with this registration:

- ☐ Current photograph of the pet
- ☐ Current rabies vaccination certificate
- ☐ Miami-Dade County pet license/tag information (if applicable)

#### **Owner Certification**

I certify that the information provided above is true and correct. I understand that all pets must comply with the Association's Governing Documents, including all applicable pet restrictions, rules, and regulations. I further acknowledge that any change in pet ownership or pet information shall be reported to the Association within thirty (30) days.

**Pet Owner Name:** \_\_\_\_\_

**Pet Owner Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# GOLDEN GATE CONDOMINIUM ASSOCIATION

## Rules and Regulations

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approved 6/14/03 by the Board of Directors

- No unit doors are to be left open. It is a fire code violation. For security reasons, no exterior door is to ever be propped open and left unattended for any reason.
- If you make a mess, clean it up.
- If you bring a bike into the building, you are responsible to remove any and all marks from the walls and doors caused from your tires. Failure to do this can result in damage assessments of up to \$50 per incident. Owners are always responsible for their tenants.
- Nothing can be placed in or on the windows without condo board approval. This includes but is not limited to, blinds, drapes, signs and window boxes.
- Nothing can be left in the hallways or outside the building that are personal possessions unless a designated area has been established by the Board.
- Any additions or changes to the building interior or exterior must be submitted to the board and approved in writing.
- Garbage must be placed in designated exterior receptacles on the building's south side.
- No more than 3 people can occupy any apartment on a permanent basis and a third person must be related to one of the first two occupants.
- Tenants are not allowed to have pets. Any request to have a pet must be submitted to the board for a written approval. Owners are allowed to have pets by the condominium bylaws. Pets can never be unattended in common areas of the building or on the grounds.
- We live in a shared environment. Please be conscious of noise and music after 11PM.
- The dockside area is for owners and their guests only. After 11PM, owners only with key.
- Any docks are individually owned. They can only be used by those owners and their invited guests unless special provisions have been made with them.
- Any additions, or changes to plants, flowers, or exterior furniture must be done by the Board of Directors or by an owner/tenant with written board approval.
- There is to be no smoking in all common areas of the building. Owners, tenants and guests are to be responsible for their butts at the entryways to the building. Butts are to be disposed of in a proper container and not thrown onto the lawn or garden.

# COMMUNITY REMINDER

GOLDEN GATE CONDOMINIUM ASSOCIATION, INC.



## ARB - ARCHITECTURAL REVIEW BOARD

Prior written ARB approval is required, in accordance with the Association's Rules and Regulations, before making any interior or exterior modifications to your property. Depending on the type of project, additional permits or governmental approvals may also be required.



## PARKING REGULATIONS

All residents and guests must use public parking provided by the City of Miami Beach. Unauthorized or improperly parked vehicles are subject to towing in accordance with applicable City of Miami Beach ordinances and parking enforcement regulations. All towing and related expenses are the sole responsibility of the vehicle owner and/or resident.

## IMPORTANT CONTACT INFORMATION



### MANAGEMENT OFFICE & AFTER-HOURS EMERGENCY LINE

Office Hours: Monday-Friday | 9:00 AM-5:00 PM

Phone: 305-823-0072

The after-hours emergency line is only for emergencies involving Association-maintained property, including:



Major  
water leaks



Electrical  
emergencies



Other urgent  
maintenance  
emergencies



For non-emergency matters, please contact the management office during normal business hours.



911

### LIFE-THREATENING EMERGENCIES

For fire, medical emergency, crime, or any other life-threatening situation, DIAL 911 IMMEDIATELY.