

**PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE CLICKING THE *START/NEXT* BUTTON:**

**THIS IS STEP 2**  
***1000 Venetian Way - Lease***  
1000 Venetian Way,  
Miami, Florida 33139

**\*\*It is important that you follow these instructions carefully in regards to completing your application with *1000 Venetian Way*\*\***

**MAXIMUM PET LIMIT: 2 PER UNIT**

**PLEASE HAVE THE FOLLOWING DOCUMENTS/FORMS READY:**

- a) Applicant and Co-Applicant Photo Identification (Driver's License or Passport)
- b) Pet Photo (If Applicable)
- c) Marriage Certificate (If applicable and if married with different last names)
- d) Pet Vaccination Form (If Applicable)
- e) Vehicle Registration (If Applicable)
- f) Personal Reference Letter
- g) Copy of Lease Agreement Signed by the Applicant(s) and the Owner(s)
- h) Confidential Resident Information Sheet (Page #9) Signed by the Owner(s)

**PLEASE PRINT THE CONFIDENTIAL RESIDENT INFORMATION SHEET (PAGE #9) AFTER SIGNING IN ORDER TO OBTAIN THE PHYSICAL SIGNATURE OF THE OWNER(S)**

1. Please make sure you complete each field in the documents below.
2. Be sure to type your name and initials correctly in each “**Initial**” and “**Sign Here**” field, as they will act as your electronic signature in this application packet. This **MUST** be done by the individual(s) whose name(s) appear on this application, otherwise it constitutes forgery under s.831.06 Florida Statute.
3. Once finished, please click the “**FINISH & SUBMIT ELECTRONICALLY**” button above.
4. You, and your co-applicant (if applicable), will be receiving a separate email from [no-reply@tenantevaluation.com](mailto:no-reply@tenantevaluation.com) with a link to upload the required documents.
5. If you have any questions when filling out this application, please contact us at 1-855-383-6268.

I have read and understand the instructions listed above.

## Rental / Purchase Application

**Failure to provide complete and accurate information will result in the delay of the application. Falsifying any information on this document is strictly prohibited.**

### Resident Information

Applicant's Legal Name: \_\_\_\_\_

Co-Applicant's Legal Name: \_\_\_\_\_

**Please enter the COMPLETE LEGAL ADDRESS of the Residence you are applying for:**

Address: \_\_\_\_\_ Bldg#: \_\_\_\_\_ Unit#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are there any additional Residents/Applicants? Yes [\_\_\_\_] No [\_\_\_\_]

**\*\*Note: Any additional occupants 18 years of age or OLDER must submit a separate application.\*\***

If yes, please list full legal First & Last Names, Age, & Relationship:

First & Last Names	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Authorization Form

You are hereby authorized to release any and all information requested with regards to verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references to Tenant Evaluation LLC. This information is to be used for my/our credit report for my/our Application for Occupancy.

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 Tenant Evaluation LLC, Property Manager, Board of Directors and The Landlord for their exclusive use only.

**PLEASE INCLUDE COPY OF DRIVER'S LICENSE OR PASSPORT TO CONFIRM IDENTITY.**

**Please notify your Landlord(s), Employer(s), and Character References that we will be contacting them to obtain a reference pursuant to your application.**

I/We further state the 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 signature.

I/We certify under penalty of perjury that the foregoing is true and correct.

I/WE UNDERSTAND THAT THE APPLICATION FEE IS REQUIRED AND NONREFUNDABLE REGARDLESS OF THE OUTCOME OF THE APPLICATION.

**I/We further understand that any refundable monies paid through Tenant Evaluation in the form of deposits, extra fees, etc. will be refunded by the Association directly.**

Please allow 14 days from the date below to complete the application.

**If you or the co-applicant have falsified, deliberately mislead or omitted to mention any information on your application, you may not be approved for a purchase, lease and or occupancy.**

_____ (Applicant Signature)	_____ (Date)	_____ (Applicant's Printed Name)
_____ (CoApplicant Signature)	_____ (Date)	_____ (Co-Applicant's Printed Name)

## Tenant Evaluation

Date:

Transaction ID:

Account #:

Amount: \$

I,

Confirm that I have paid the above amount according to the card issuer agreement. I also understand that the application fee is required and nonrefundable regardless of the outcome of the application.

Signature: \_\_\_\_\_

Thank You!

# Lease Package

1000  
VENETIAN

1000 Venetian Way  
Miami FL 33139  
305-374-5074  
1000Venetian.com

General Manager: Cindy Kohn  
Assistant Manager: Yesica Varando  
Engineer: Carlos Herrera

E-mail: [assistant@1000venetian.com](mailto:assistant@1000venetian.com)

# 1000 Venetian Way Condominium

## Lease Checklist

### **Prior to Approval:**

- Application
- Confidential Resident Information Sheet.
- Indemnification and Release Form
- \$100.00 USD application fee (check payable to “1000 Venetian Way”) Nonrefundable.
- Legible copy of Lease Contract.
- Interview with General Manager.

### **After Approval:**

- Reserve the elevator at least 24 hours in advance to moving in.
- \$100.00 USD moving fee (check payable to “1000 Venetian Way”).
- \$1,000.00 USD move in deposit check
- Hallway inspection prior to move in.
- Hallway inspection after move in is completed
- Deposit check returned if no damages to common areas.

## Application for Residency

Apt No \_\_\_\_\_ Apt Type \_\_\_\_\_ Occup Date \_\_\_\_\_ Term Date \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT: Each co-resident/co-applicant must submit separate applications.**

### PERSONAL INFORMATION

Applicants Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS No \_\_\_\_\_  
First Middle Last

Marital Status \_\_\_\_\_ Driver License No \_\_\_\_\_ State \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS No \_\_\_\_\_  
First Middle Last

Driver License No \_\_\_\_\_ State \_\_\_\_\_

#### Other Occupants

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

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

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

Do you own pets? \_\_\_\_\_ If yes, type (breed) \_\_\_\_\_ Size/Weight \_\_\_\_\_

Emergency contact (Name/Phone) \_\_\_\_\_

### RESIDENT HISTORY

Present Street Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ To/From \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Reason For Moving \_\_\_\_\_

Previous Street Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

To/From \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_ Landlord's Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Reason For Moving \_\_\_\_\_

Have you ever been evicted from any leased property? \_\_\_\_\_ If Yes, Provide detailed explanation. **(Use reverse side of this application)**

### EMPLOYMENT HISTORY

Present employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Position \_\_\_\_\_ Date of employment \_\_\_\_\_ Gross weekly salary \$ \_\_\_\_\_

Previous employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Position \_\_\_\_\_ Dates of employment \_\_\_\_\_ Gross weekly salary \$ \_\_\_\_\_

Spouses employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Position \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Salary \$ \_\_\_\_\_

### PERSONAL REFERENCES

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**BANK INFORMATION**

Account No \_\_\_\_\_ Account type \_\_\_\_\_ Bank Name and Branch \_\_\_\_\_

Account No \_\_\_\_\_ Account type \_\_\_\_\_ Bank Name and Branch \_\_\_\_\_

Account No \_\_\_\_\_ Account type \_\_\_\_\_ Bank Name and Branch \_\_\_\_\_

Account No \_\_\_\_\_ Account type \_\_\_\_\_ Bank Name and Branch \_\_\_\_\_

**CREDIT REFERENCES**

Creditor \_\_\_\_\_ Account No \_\_\_\_\_ Mo Payment \$ \_\_\_\_\_

Creditor \_\_\_\_\_ Account No \_\_\_\_\_ Mo Payment \$ \_\_\_\_\_

Creditor \_\_\_\_\_ Account No \_\_\_\_\_ Mo Payment \$ \_\_\_\_\_

Creditor \_\_\_\_\_ Account No \_\_\_\_\_ Mo Payment \$ \_\_\_\_\_

*(If necessary use reverse side of this application to list additional accounts)*

**VEHICLES**

Year \_\_\_\_\_ Make \_\_\_\_\_ Tag No \_\_\_\_\_ State \_\_\_\_\_ Registered to \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Tag No \_\_\_\_\_ State \_\_\_\_\_ Registered to \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Tag No \_\_\_\_\_ State \_\_\_\_\_ Registered to \_\_\_\_\_

**Applicant(s) has submitted the sum of \$ 100.00, which is non-refundable payment for credit check processing and verification of the application.** 1000 Venetian Way Condo Association is hereby authorized and given the right to verify by reasonable means all of the information disclosed by the applicant(s) in this application, any additional documents in the application packet, exhibits and/or attachments. Applicant(s) certify that all of the information disclosed to 1000 Venetian Way Condo Association is true and correct. Furthermore, applicant(s) certify it has not knowingly omitted any information from this application, any additional documents in the application packet, exhibits and/or attachments.

Applicants signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

**1000 Venetian Way Condominium**  
**CONFIDENTIAL RESIDENT INFORMATION SHEET**

In a continuing effort to improve communication between your property management company (The Continental Group), your Board of Directors and residents, we request all owners completely fill out the form below and return as soon as possible.

Unit Number/Address: \_\_\_\_\_

Owner's Name(s): \_\_\_\_\_

Is the Home listed under a Corporation? If yes, please state name and address of Corporation:

\_\_\_\_\_  
\_\_\_\_\_

Will this home be your primary residence? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Name(s) of full-time occupants (children, live-ins, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT!** Please identify which phone numbers listed below you wish to be notified in the event of an emergency or non-emergency through our new system Resident Alert™. You may check both emergency and non-emergency for each number, or select as you wish. Timely messages recorded by our property manager will be broadcast to the number you select:

	Emergency	Non-Emergency
Home Telephone Number: _____	_____	_____
Secondary Telephone Number: _____	_____	_____
Business Telephone: _____	_____	_____
Other (Cell Phone, etc.): _____	_____	_____
Emergency Contact - Phone Number: _____	_____	_____
Emergency Contact- Name: _____		
E-mail Address*: _____ @ _____		

Please Choose a 4 Digit\* **Numerical** PIN Number to Access our community website\*. This secure site allows you to check your account balance, view board minutes, read association news, contact management and stay in touch with our community.

\_\_\_\_\_

\* Both PIN and email are required for access.

Forward all Association mailings to:

\_\_\_\_\_



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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?

YES  NO

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

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I authorize Continental to alert the phone number(s) listed above for urgent and timely alerts. I also submit my PIN to act as a digital signature from our community website (<http://continentalconnect.com/<community-name>>) to view my account balances and authorize guests or workers to enter my property at my discretion.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to: 1000 Venetian Way Condominium  
1000 Venetian Way  
Miami, FL 33139

# INDEMNIFICATION AND RELEASE FORM

WHEREAS, the undersigned Unit Owner(s) or Tenant(s) in Unit No. \_\_\_\_\_ of \_\_\_\_\_ located at \_\_\_\_\_ (street address) is/are desirous of having \_\_\_\_\_ (the "Association") and/or The Continental Group, Inc. ("TCG") its authorized agent, perform the following service on my/our behalf and not on behalf of the Association: (Circle if appropriate)

1. Use of key to my/our unit which Association has to allow access to me/us, or my/our guests or tenants if locked out.
2. Use of key to my/our unit which Association has to allow access to contractors who are to perform work in my/our unit.
3. Accept UPS, Federal Express or similar deliveries at front desk.
4. Provide key to my/our unit which Association has to allow access to my/our unit by delivery persons.

WHEREAS, to protect the Association, TCG, their officers, directors, partners, parent company, members, agents and employees (hereinafter the "Association Parties") from any claims, damages, demands, suits, judgments, actions, causes of actions, debts, sums of money, accounts, claims and demands arising out of, or related to, the services performed hereunder on behalf of the undersigned unit Owner(s) or Tenant(s), I/we agree to indemnify and hold harmless the Association Parties from any such actions, demands, suits, etc., and

WHEREAS, the Association and TCG are not willing to provide the above referenced services to the undersigned unit Owner(s)/Tenant(s) without the benefit of this Indemnification and Release Form.

NOW THEREFORE, for Ten (\$10.00) and other good and valuable consideration, the receipt and adequacy of which is hereby acknowledged by the Association Parties and the undersigned, it is hereby agreed that the undersigned Unit Owner(s) or Tenant(s) hereby agrees/agree to hold harmless and indemnify the Association Parties from any claims, demands, suits, etc., including, but not limited to reasonable attorney's fees and costs whether pre-litigation, or at the trial or appellate levels, if applicable, against it or them by any party, resulting from or related to the performance or the above services for the undersigned and the undersigned hereby releases said Association Parties and will not assert any claims against such Association Parties for services performed hereunder. This indemnification and hold harmless shall apply even in those situations where the claims may result directly or indirectly, in whole or in part from the negligence of the Association Parties. The Association and/or TCG shall have the right to limit or condition performance of the above-referenced services as either of said parties may reasonably determine from time to time in the exercise of its sole discretion.

Witnesses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Unit Owner(s)/Tenant(s)

Date: \_\_\_\_\_

1000  
VENETIAN

**RECEIPT AUTHORIZATION**

TO: 1000 VENETIAN WAY CONDOMINIUM ASSOCIATION, INC.

FROM: UNIT OWNER: \_\_\_\_\_

UNIT #: \_\_\_\_\_

THE UNDERSIGNED, the owner(s) of Unit listed above (the "Unit") of 1000 VENETIAN WAY CONDOMINIUM hereby authorizes the personnel employed by 1000 VENETIAN WAY CONDOMINIUM ASSOCIATION, INC. (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, its employees or agents in such regard.

EXECUTED THIS \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

By: \_\_\_\_\_

(On behalf of all residents of above unit)

Print Name: \_\_\_\_\_

**NO PARCEL MAY BE LEFT AT RECEIVING DESK OVER 24 HOURS**

**DELIVERY / RENOVATION / MOVING  
AUTHORIZATION & DEPOSIT FORM**

<b>NAME:</b>	<b>UNIT:</b>	<b>PHONE:</b>
<b>DEPOSIT RECEIVED:</b>	<b>DEPOSIT RETURNED:</b>	
<b>DATE &amp; NAME OF DELIVERY/RENOVATION/MOVING:</b>		

I agree that all work performed or items delivered to improve and/or furnish my condominium unit by the above party is being performed on my behalf, by such party as my agent. I assume full liability for damages caused by such agent, whether to any person or whether to my unit, the building, its common elements or the property of any other party. If any damage occurs, the Association, its management or agents, in their sole discretion, will determine if any deduction from the **\$1,000 deposit** is required or if it is required to withhold the \$1,000 deposit as payment for repairs and charge my assessment account for any damage requiring repair in excess of the \$1,000 deposit. **This deposit is exclusive of the \$100.00 service elevator usage fee which is non-refundable.**

The above date has been reserved for me and any rescheduling must coincide with an available date on the Association reservation calendar.

I acknowledge that all deliveries and moving in/out are to be made through the Side Door of the tower only. Delivery vehicles shall temporarily park in the Driveway area during loading and off loading. Commercial vehicles are not permitted in the garage.

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**MOVE-IN ACKNOWLEDGMENT**  
**WEEKEND MOVE-INS ARE NOT PERMITTED**

Hours:            Monday through Friday            9:00 am to 4:30 pm

1. Please provide the Management office two weeks notice of move-in date.
2. Submit a check or money order in the amount of \$100.00 required for elevator preparation & monitoring.
3. Deposit a check or money order in the amount of \$1,000.00 as a security deposit towards damage (refundable).
4. No overnight storage permitted.

**Notes:**

1. Movers are not permitted to begin unloading after 2:00 pm.
2. No items may be stored or left in the receiving area.
3. Cartons, crates, and packing materials must be removed from the property.
4. Trucks, moving vans or other oversized vehicles **14** feet or taller in height **will not** be able to unload at the driveway area. Notify your deliverers and movers to use an appropriately sized vehicle.

	<b><u>Door</u></b>	<b><u>Cab</u></b>
<b>Height</b>	<b>7'</b>	<b>9'4"</b>
<b>Depth</b>		<b>4'2"</b>
<b>Width</b>	<b>3'2"</b>	<b>6'5"</b>
<b>Weight capacity</b>		<b>2,500 lbs</b>

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I hereby agree to indemnify and hold harmless One Thousand Venetian Way Condominium Association, Inc. and its employees or agents for any claim against the Association arising from any situation in connection with this authorization. I have read and understand the delivery/renovation/moving procedures at One Thousand Venetian Way Condominium.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date Deposit Received: \_\_\_\_\_

Date Deposit Returned: \_\_\_\_\_

# 1000 VENETIAN WAY CONDOMINIUM ASSOCIATION, INC.

## CONTRACTORS RULES AND REGULATIONS

- Working hours are Monday to Friday from 9:00am to 4:00pm.
- All contractors must check in at the front desk upon arrival.
- All contractors must check out at the front desk upon finish for the day.
- No work is allowed on holidays.
- All cutting must be done inside the unit.
- No cutting or storing on the balcony or building common areas.
- Management recommends a child's plastic pool be used for wet-saw cutting.
- No trash, boxes or debris can be dropped down the trash chutes.
- No tools, materials or debris, can be placed in the stairwells at any time.
- Contractors may use resident parking space to park, or park outside of the property.
- Parking in front of the lobby is only allowed for loading and unloading.
- If you or your company will be subbing other contractors, you must provide a list of these contractors with the name of their company, names and phones.
- Contractors must access the building only by the service entrances
- Contractors must not use the building restrooms. Contractors are to use a Port-o-Potty provided by their company or resident outside of the building or use the restroom located in the unit that they are working.

## ELEVATOR SPECIFICATIONS AND REGULATIONS

	Door	Cab
Height	7'	9'4"
Depth		4'2"
Width	3'2"	6'5"
<b>Weight capacity</b>		<b>2,500 lbs</b>

- Elevator must be reserved 24 hours prior to deliveries.
- Contractors must only use the freight elevator.
- Do not try to keep the door of the elevator open by blocking it. You may hold the door open by pressing the "Door Open" button on the elevator control panel.
- Do not keep the service door open on windy days since the elevator will stop working.
- Use only the elevator if it has the protecting padding on.