



Residency Application

Complete as appropriate for purchase, lease, or permanent residency

Please return all documents attached, completed and signed, along with any additional documents, checks, etc., as appropriate.

Check List

ALL:

- ✓ **Completed and signed the Application.** (If not completed in full or if any of the following information is missing, the application will become invalid and voided.)
- ✓ **Provide a copy of the Executed Sales Contract, Signed Lease, or Written Authorization.**
- ✓ **Provide a check for \$150.00 for the Non-Refundable Application Fee. The charge applies per person or per legally married couple. Separate Applications are required if not legally married.**
- ✓ **Check is payable to:** The Claridge of Pompano Condominium, Inc.
- ✓ **Copy of picture Id's of all applicants**

BUYERS:

- ✓ **Personal interviews are required before closing.**
- ✓ Approval certificates will be issued at the interview which you will need to provide at your closing.

RENTERS AND PERMANENT RESIDENTS: (DOES NOT APPLY TO BUYERS):

- ✓ **Personal interviews are required before moving in. NO EXCEPTIONS.** If you are arriving before your interview, you must make arrangements to stay off-premise until your interview is completed.
- ✓ **Must provide a \$500.00 Refundable Security Deposit, held in a non-interest-bearing account.**
- ✓ **Check is payable to:** The Claridge of Pompano Condominium, Inc.
- ✓ **MUST PROVIDE A SEPARATE CHECK FOR THE DEPOSIT APART FROM APPLICATION FEE.**

INTERVIEWS ARE CONDUCTED DURING NORMAL BUSINESS HOURS:

You will be contacted to schedule the interview when the application process is completed.



OCCUPANCY APPLICATION FOR PURCHASE, RESIDENCY, OR LEASE

**** THIS DOCUMENT CANNOT BE REPRODUCED. ONLY ORIGINALS WILL BE ACCEPTED ****

**IN ACCORDANCE WITH THE CLARIDGE OF POMPANO CONDOMINIUM, INC. DOCUMENTS
PAGE 12 THROUGH 107 - FILED ON JANUARY 4, 1973, AND AMENDMENTS THERETO, RECORDED IN THE
PUBLIC RECORDS OF BROWARD COUNTY, FLORIDA**

**PRINT LEGIBLY OR TYPE. ANSWER ALL QUESTIONS ON APPLICATION. IF THIS APPLICATION IS NOT
COMPLETED IN FULL OR THERE ARE ANY BLANK SPACES, THIS APPLICATION MAY BE RETURNED OR NOT
APPROVED. YOUR APPLICATION CAN BE DENIED IF YOU PROVIDE UNFACTUAL AND/OR UNVERIFIABLE
INFORMATION. MUST BE SIGNED BY APPLICANT(S)-ELECTRONIC SIGNATURES NOT ACCEPTED.**

For consideration of this application, the following must be received to begin the application process:

1. **ALL** occupants must complete and sign an Occupancy Application(s) regardless of who will be the title holder. Occupants who are not legally married must complete separate applications.
2. The Sales Contract or Lease Agreement (whichever applies) **MUST BE SUBMITTED** for the application to be complete.
3. A copy of a Photo Identification (such as a Driver's License, passport, or state-issued photo ID) for each applicant is to be submitted along with this application.
4. An Application Fee of **\$150.00** per married couple or a **\$150.00** fee per individual (separate applications required) is payable to The Claridge of Pompano Condominium, Inc., and must be submitted as payable at the time the application is submitted. This fee is Non-Refundable.
5. In addition, Lessee(s) must provide a Refundable **\$500.00** Security Deposit to The Claridge, which is held in a Non-Interest bearing account.
6. This application is subject to the approval of the Board of Directors, and/or an approved representative of the association, acting in accordance with the By-Laws of The Claridge of Pompano Condominium, Inc., and submission of this application will constitute your approval that your application may be investigated by the Board of Directors, authorized Claridge employees acting on behalf of the Board of Directors, A Credit Bureau, or other Investigating Agency.
7. **ALLOW 30 DAYS FOR PROCESSING ALL APPLICATIONS.** The contract/lease, all fees, and copy of legal ids must also be received by the association for the process to begin. There are no exceptions to this rule.
8. A Personal Interview with the Board of Directors, and/or an approved representative of the association, must be arranged by the Seller/Buyer or Lessee or their agent.
9. By submitting this application I/We agree that upon approval by the Board of Directors of the Claridge of Pompano Condominium, Inc., I/We declare that I/We will, prior to occupying the above-referenced unit, thoroughly familiarize myself/ourselves with the **Claridge documents, to include but not limited to the Declaration of Condominium, Articles of Incorporation, Bylaws, and Rules and Regulations of the Claridge and that I/We will abide by such documents.**
10. **All questions should be directed to the Buyer's Agent, Seller's Agent, and/or Seller.**
11. **DO NOT CALL THE ASSOCIATION TO CHECK ON THE PROGRESS OF THE APPLICATION(s)** A representative from the association will make contact with the applicant and/or its representative(s) when appropriate for the next step in the process.



APPLICATION FOR RESIDENCY **RELEASE OF INFORMATION AUTHORIZATION**

APPLICANT(s):

This authorization form will be used to obtain and verify information including but not limited to character, general reputation, credit, banking, driver's license, history, residence, employment, and criminal history, which require your signature and name printed. This information was given by you in connection with your residency application as attached.

AUTHORIZATION TO RELEASE INFORMATION ABOUT EMPLOYMENT, BANKING, CREDIT, RESIDENCE, GENERAL REPUTATION, DRIVER'S LICENSE, AND CRIMINAL HISTORY

The requested information will be used in reference to my residency application. I hereby authorize you to release any and all information concerning my employment, banking, credit, residence, general reputation, driver's license, and criminal history, as applicable, and to give this information to:

VERISTAT INFORMATION SERVICES, INC.

I authorize VERISTAT to investigate all statements contained in my application as may be necessary. I agree not to hold The Claridge or Veristat liable for the discovery or non-discovery of information or any actions taken as a result of this research. The Claridge and Veristat will comply within the parameters of the (FCRA) Fair Credit Reporting Act and other laws as they pertain.

I represent that all information as stated in the attached application is true and correct and understand that any non-factual or non-verifiable information may cause my application to be denied. A copy of this authorization may be used in lieu of the original.

<input checked="" type="checkbox"/>	Print Applicant's Name	Signature	Date
<input checked="" type="checkbox"/>	Print Co-Applicant's Name	Signature	Date



**Good Cause Criteria for Approving/Disapproving Applications for
Purchase, Leases, and/or Permanent Residents**
Effective May 17, 2019

In accordance with Article XIII of the Declaration of Condominium, the Board of Directors has the right to disapprove a purchase, proposed lease, and/or permanent resident of a unit by considering the following factors as constituting good cause for such disapproval:

1. The person(s) seeking approval has been convicted of a felony involving violence to persons or property, sale, distribution, or use of controlled substances, a felony demonstrating dishonesty or moral turpitude, or has been charged with any such felonies and the person(s) was not acquitted or the charges were not dropped.
2. For prospective owner(s) only, the person(s) seeking approval has a record of financial irresponsibility, including, without limitation:
 - a. bankruptcies, foreclosures, or bad debts within the past 10 years;
 - b. credit score lower than 620 (see #3 below); or
 - c. the person(s) does not appear to have adequate financial resources available to meet his/her obligations to the Association;
3. For credit scores below 620 (for the prospective owner(s) only):
 - a. if the low score is a result of a lack of credit history, mitigating circumstances including income and employment history, liquid resources, etc., and/or an escrow maintained with the Association equal to operating assessments for one year or more can be considered for approval;
 - b. if the low score is a result of poor repayment history or excessive debts, mitigating circumstances including obtaining a qualified guarantor and/or an escrow maintained with the Association equal to operating assessments for one year or more can be considered for approval;
4. The application for approval provides information that, on its face, indicates that the person(s) seeking approval intends to conduct themselves in a manner inconsistent with the covenants and restrictions applicable to the Community;
5. The person(s) seeking approval failed to provide the information, fees, or appearance required to process the application in a timely manner or included inaccurate or false information in the application;
6. The owner(s) requesting the approval has had fines levied against him or her which have not been paid; and/or
7. The owner(s) requesting approval of a lessee or permanent resident has assessments and other charges against the unit that have not been paid in full. However, if the owner(s) assigns lease payments to the Association until all assessments and charges have been paid **and** an escrow is maintained with the Association equal to operating assessments for one year or more, approval may be granted.

The Association may require, at its discretion, the owner(s) to prepay the maintenance fees for the term of the lease, which, if required, must be paid prior to the interview. Additionally, the Board is not required to provide the specific reason for disapproval.

X _____ Signature _____ Date _____
Print Applicant's Name

X _____ Signature _____ Date _____
Print Co-Applicant's Name



THE CLARIDGE
of POMPANO

OCCUPANCY APPLICATION FOR PURCHASE, RESIDENCY, OR LEASE

- * **All Occupants must complete and sign an application(s) regardless of who will be the title holder.**
- * **All Occupants who are not legally married must complete separate applications.**
- * **Please PRINT clearly. Application must be completed in full or it will be invalid.**

Date: _____ PURCHASE LEASE RESIDENCY RENEWAL

For property located at 1340 S Ocean Blvd, Unit # _____, Pompano Beach, FL 33062

of The Claridge of Pompano Condominium, Inc.

Current Owner Name(s) _____

Print name(s) of applicant(s) and complete ALL fields:

1 Check One Married Single Live-In Partner Divorced Widowed

2 _____ Applicant Name _____ Spouse _____

Legal Name _____

Maiden Name _____

Will be on Prop Title? (circle one) YES NO (circle one) YES NO

Driver's License # _____ State: _____ State: _____

U.S. Social Security # _____

Foreign Social Ins # _____

Date of Birth _____

Telephone # _____

Alt Telephone # _____

3 Check One: Permanent Resident Seasonal Resident Renter

4 Do you have: Service Animal Emotional Pet Pet

A separate application must be submitted to have any Service Animals or Emotional Support Pets approved before the resident is approved. The Claridge is a NO PET building and does not allow pets to residents. () Initial & () Initial

Must List Information for the past 10 years of residency below:

5 Home Address _____

City _____ State _____ Zip _____

How long have you resided at this address? _____

Owner Rent Other Description of Other: _____

If Rent/Other, provide Landlord/Owners Name & Tel# Number: _____

6 Previous Address _____

City _____ State _____ Zip _____

How long have you resided at this address? _____

Owner Rent Other Description of Other: _____

If Rent/Other, provide Landlord/Owners Name & Tel# Number: _____

7 Previous Address _____

City _____ State _____ Zip _____

How long have you resided at this address? _____

Owner Rent Other Description of Other: _____

If Rent/Other, provide Landlord/Owners Name & Tel# Number: _____



OCCUPANCY APPLICATION FOR PURCHASE, RESIDENCY, OR LEASE

8 If this is an application for a lease: **How long of a lease is desired?** _____

Is the apartment going to be occupied by anyone other than the Owner(s) or Lessee(s) at any time? **YES** **NO**

9 List **ALL** Names & Ages of all residents, owners, spouse, live-in partner, and/or children:
(All permanent residents over 18 years old must complete an application)

	<u>Name</u>	<u>Relationship</u>	<u>Age</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Must List Employment Information for the past 10 years, if retired list employer and contact information:

10 Employer/Business _____ Telephone: _____

Address _____

City _____ State _____ Zip _____

How Long Associated with Business? _____

11 Previous Employer/Business: _____ Telephone: _____

Address _____

City _____ State _____ Zip _____

How Long Associated with Business? _____

12 BANK REFERENCES; (List Bank Name, Account No, and How Long?)

Checking: _____ Account# _____ How Long? _____

Savings: _____ Account# _____ How Long? _____

_____ Account# _____ How Long? _____

13 Three Personal References (**Excluding Relatives**) **Must be able to be contacted for recommendations.**

1 Name _____

Telephone No. _____

2 Name _____

Telephone No. _____

3 Name _____

Telephone No. _____

14 Have you ever been arrested, cited, or charged with any criminal violation? **YES** **NO**

If Yes, please explain: _____



THE CLARIDGE
of POMPANO

OCCUPANCY APPLICATION FOR PURCHASE, RESIDENCY, OR LEASE

COMPLETE THIS SECTION IF APPLICATION IS FOR PURCHASE

Please initial each of the following statements acknowledging that you have read and understand each statement:

↓ Initial ↓

- A. The Claridge By-Laws **DOES NOT PERMIT ANIMALS/ PETS TO ANY RESIDENTS** _____
- B. **No Owner** may Lease his/her Apartment during a period comprising the first 365 days subsequent to the date that his/her deed reflecting acquisition of his/her apartment as recorded in the Public Records of Broward County, Florida. _____
- C. After a period of 365 days, Apartments may be leased to not more than one person or one family per year. Minimum lease period is (6) six-month **Plus** (1) one-Week, Maximum period is (1) one year. _____
- D. **Approval of Sales restricted to natural persons ONLY. No Sales** shall be allowed by multiple couples or fictitious person, with term "artificial or fictitious person" whom/ which may be defined but not limited to a corporate entity, general or limited partnership, a limited liability partnership, or a limited liability company. For further restrictions please refer to the Declaration of Condo, Article XIII, Section B, amended copy recorded with Broward County on 5/6/2013. _____
- E. All Sales and/or Leases must be **approved** by the Board of Directors, and/or an approved representative of the association, before the transfer of ownership, and/or Lease effective date. _____

Please acknowledge that you have read and understand each of the following Claridge Condo Documents

↓ Initial ↓

- A. **RESTATE** Declaration of Condominium _____
- B. **RESTATE** Articles of Incorporation _____
- C. **RESTATE** ByLaws of the Association _____
- D. **RESTATE** Rules and Regulations of the Association (Rules We Live By) _____
- E. **Updated Amendments to the above documents** _____
- F. **ACCORDING TO ARTICLE IV, PARAGRAPH 2 OF THE ARTICLES OF CONDOMINIUM, A CERTIFIED COPY OF THE DEED RECORDED WITH THE COUNTY, MUST BE PROVIDED TO THE CLARIDGE OF POMPANO CONDOMINIUM, INC., WITHIN 30 DAYS IN ORDER TO BE A MEMBER OF THE ASSOCIATION** _____

COMPLETE THIS SECTION IF APP FOR RENTERS OR PERM PERMANENT RESIDENTS

Please initial each of the following acknowledging that you have read and understand each of the following:

↓ Initial ↓

- A. Rules and Regulations of the Association (Rules We Live By) – With Updates _____
- B. Rules For Guests at the Claridge _____
- C. The Claridge By-Laws **DOES NOT PERMIT ANIMALS/ PETS TO ANY RESIDENTS** _____



THE CLARIDGE
of POMPANO

OCCUPANCY APPLICATION FOR PURCHASE, RESIDENCY, OR LEASE

THE UNDERSIGNED APPLICANTS UNDERSTAND THE CONDOMINIUM DOCUMENTS AND THOROUGHLY AGREE TO ABIDE BY ALL OF THE RULES THEREIN.

BY SIGNING THIS AGREEMENT, THE PROSPECTIVE OWNER/ TENANT / RESIDENT AGREES WITH THE ABOVE STATEMENTS AND CERTIFIES THAT THE STATEMENT ABOVE IS TRUE AND FACTUAL AND UNDERSTANDS THIS APPLICATION CAN BE DENIED BASED ON ANY NON-FACTUAL INFORMATION PROVIDED.

BROKER(S):

Print Name	Telephone Number	Date
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Print Name	Telephone Number	Date
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APPLICANT(S):

By signing this application, the applicants are attesting that the application is completed in full, and the information provided is factual and verifiable. The applicants also understand that if the application is not completed in full or if un-factual and/or unverifiable information is provided, the application for occupancy may be denied.

MUST BE SIGNED BY APPLICANT(S) - ELECTRONIC SIGNATURES NOT ACCEPTED.

Print Name	X	Signature	Date
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Print Name	X	Signature	Date
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INTERVIEW BY:

Print Name	Signature	Date
------------	-----------	------

Print Name	Signature	Date
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THE CLARIDGE of POMPANO

MOTOR VEHICLE REGISTRATION FORM
ATTACH A COPY OF THE STATE REGISTRATION CERTIFICATE

Date: _____ **Unit #:** _____ **Assigned Parking Space #:** _____ **Location:** _____

(Check which applies) **Owner** **Lessee** **Other**

Name:		
Mailing Address:		
Email:		
Daytime Phone:	Cell Phone:	Home:

I understand that the Claridge Condo Association has restrictions on the types and sizes of vehicles that can be parked on the property. Vehicle type and size restrictions are described in Claridge's legal documents which should be read in full and the "Rules We Live By", (Parking section) and the "Declaration", (XII Use Restrictions, H Vehicle Restrictions).

Per the Claridge Declaration for example- Trucks are limited in size not to exceed **198 in overall length** including hitches or extensions of any kind, cannot be over **85 in high**, and cannot be over **104 inches wide**, including mirrors, and must fit within the parking space.

The Association reserves the right to request vehicle specifications for any vehicle.

X

Signature

Date

Do you have multiple vehicles? Yes No **** IF YES** – Complete a new form for each vehicle.

Is this Vehicle Replacing a Previous Registered Vehicle? **Yes** **No**

IF NO, complete Section I ** **IF YES**, complete Sections I & II

Section I		REGISTERING NEW VEHICLE DETAILS								
Name Vehicle Registered To:							Licenses Plate#:			
Year:		Make:		Model:			Color:		State:	
Permit #:			Bar Code Access #:					Date:		
Length:			Height:					Wide:		

Section II		REMOVE OLD VEHICLE FROM RECORDS								
Name Vehicle Registered To:						Licenses Plate#:				
Year:		Make:		Model:		Color:		State:		
Deactivate Bar Code Access #:							Date:			



THE CLARIDGE
of POMPANO

CONTACT & ROSTER CONTACT FORM

PLEASE PRINT CLEARLY:

OWNER NAME(S): _____ **UNIT #:** _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Occupant 1 PLEASE PRINT CLEARLY:	Please check one:		Keep Private Or Make Public (CIRCLE ONE)	Contact for package (can choose multiple ways)	Telephone Contact Preference order (CIRCLE ORDER)
	OWNER: _____	RENTER: _____			
Occupant Name: _____	PRIVATE	PUBLIC	<input type="checkbox"/>	<input type="checkbox"/>	_____
Email Address: _____	PRIVATE	PUBLIC	<input type="checkbox"/>	<input type="checkbox"/>	_____
Home Phone#: _____	PRIVATE	PUBLIC	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
Work Phone#: _____	PRIVATE	PUBLIC	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
Cell Phone#: _____	PRIVATE	PUBLIC	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
Alt Phone#: _____	PRIVATE	PUBLIC	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
Fax#: _____	PRIVATE	PUBLIC	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency Contact Name: _____	PRIVATE		-----	-----	-----
Emergency Contact Phone#: _____	PRIVATE		-----	-----	-----

Occupant 2 PLEASE PRINT CLEARLY:	Please check one:		Keep Private Or Make Public (CIRCLE ONE)	Contact for package (can choose multiple ways)	Telephone Contact Preference order (CIRCLE ORDER)
	Co- OWNER: _____	RENTER: _____			
Occupant Name: _____	PRIVATE	PUBLIC	<input type="checkbox"/>	<input type="checkbox"/>	_____
Email Address: _____	PRIVATE	PUBLIC	<input type="checkbox"/>	<input type="checkbox"/>	_____
Home Phone#: _____	PRIVATE	PUBLIC	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
Work Phone#: _____	PRIVATE	PUBLIC	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
Cell Phone#: _____	PRIVATE	PUBLIC	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
Alt Phone#: _____	PRIVATE	PUBLIC	<input type="checkbox"/>	<input type="checkbox"/>	1 2 3 4
Fax#: _____	PRIVATE	PUBLIC	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency Contact Name: _____	PRIVATE		-----	-----	-----
Emergency Contact Phone#: _____	PRIVATE		-----	-----	-----

Check here if Additional Occupants and attach the second completed form

**CERTIFICATE OF APPOINTMENT
OF VOTING REPRESENTATIVE**

**To the Secretary of
The Claridge of Pompano Condominium, Inc.
(the "Association")**

**THIS IS TO CERTIFY that the undersigned, constituting all of the recorded owners of
Unit (Apartment) No. _____ in The Claridge, have designated**

Name of Voting Representative

**as their representative to cast all votes and to express all approvals that such owners may be
entitled to cast or express at all meetings of the membership of the Association and for all other
purposes provided by the Declaration, Articles, and By-Laws of the Association.**

The following examples illustrate the proper use of this Certificate:

- A. Unit owned by John Jones. No Voting Certificate is required.**
- B. Unit owned by Bill and Mary Smith, husband, and wife. Voting Certificate is required,
designating either Bill or Mary as the voting representative.
(NOT BOTH AND NOT A THIRD PERSON.)**
- C. Unit owned by a Trust. Voting Certificate is required, designating a single Trustee as the
voting representative, signed by all Trustees.**

**This Certificate is made pursuant to the Declaration and the By-Laws and shall revoke all prior
Certificates and be valid until revoked by a subsequent Certificate.**

DATED this _____ day of _____, 20 ____.

Owner\Trustee _____

Owner\Trustee _____

Owner\Trustee _____

Owner\Trustee _____

**NOTE: This form is not a proxy and should not be used as such. Please be sure to designate one
of the joint owners of the unit as the Voting Representative, not a third person.**



INTERVIEW CHECKLIST

PROSPECTIVE BUYER-LESSEE MUST SIGN THAT THEY HAVE READ THIS LIST AND ALL THE CLARIDGE DOCUMENTS AND UNDERSTAND AND AGREE TO ABIDE BY THE RULES THEREIN.

1. NO CONTRACT ACCEPTABLE WITH WORDING AS FOLLOWS "**AND OR ASSIGNS**".
2. **THE NEW OWNER SHALL RECEIVE THE SELLER'S COPY OF THE CONDOMINIUM DOCUMENTS.**
3. GIVE A COPY OF "**RULES WE LIVE BY**" AS WELL AS FORMS FOR NEXT OF KIN, REGISTERED VOTER, CLARIDGE OFFICE REGISTRY FORM, AND FORM INDICATING WHO WILL LOOK AFTER APARTMENT IN THEIR ABSENCE. ROSTERS MAY BE OBTAINED IN OUR OFFICE.
4. IN CASE OF EMERGENCY, WE MUST HAVE KEYS TO THE APARTMENT. ALSO, KEYS TO ANY CAR LEFT IN THE EVENT CAR MUST BE MOVED FOR EMERGENCY OR ANY MAINTENANCE.
5. EXPLAIN CHECK-IN AND OUT, GUEST REGISTRATION, ETC., WITH SECURITY PERSONNEL
6. **NO PETS.**
7. MAINTENANCE PAYMENTS ARE DUE QUARTERLY AND ARE PAST DUE AFTER THE TENTH DAY OF THE MONTH IN WHICH THEY ARE DUE. **LATE CHARGES ARE THEN APPLIED AT \$25.00 PER MONTH.**
8. BE SURE TO GIVE AMPLE TIME NOTICE TO THE BUILDING MANAGER WHEN YOU EXPECT TO MOVE SO THAT THE ELEVATOR BE RESERVED. **NO MOVING IN OR OUT ON WEEKENDS.** SEE THE RULES WE LIVE BY FOR MORE INFORMATION.
9. NO "CERTIFICATE OF APPROVAL" WILL BE ISSUED UNLESS THE BOARD IS NOTIFIED OF MORTGAGE DETAILS FOR INSURANCE PURPOSES.
10. NO PICTURES, PLANTS OR MIRRORS, ETC. ARE TO BE PLACED IN CORRIDORS OR ANY OTHER COMMON AREA.
11. NO INSTALLATIONS ARE ALLOWED OF ANY KIND ON WEEKENDS.
12. IF YOU HAVE ANY CONTRACTORS WORK THAT HAS BEEN APPROVED TO BE DONE IN YOUR APARTMENT, WORK **CANNOT START BEFORE 9:00 A.M. AND MUST CEASE BY 5:00 P.M.**
13. **OWNER IS ALLOWED TO RENT OUT HIS APARTMENT ONLY AFTER 365 DAYS OF OWNERSHIP. ONLY SIX (6) MONTHS PLUS ONE (1) WEEK MINIMUM BASIS ONCE A YEAR FOR NOT LESS THAN \$1,000.00 PER MONTH.**
14. NO STORING OF INFLAMMABLE PAINTS, ETC. IN YOUR REGULAR STORAGE.
15. NO STORAGE OF ANY ITEMS IN METER ROOMS OR AIR CONDITIONING ROOMS.
16. ONLY A NEUTRAL COLOR FILM CAN BE PUT ON WINDOWS - CONTACT MANAGER.
17. ALL DRAPES, CURTAINS, ETC. SHOWING FROM THE OUTSIDE OF THE BUILDING MUST BE WHITE.
18. ANY CHANGES OF FLOORS IN THE APARTMENT MUST BE APPROVED BY THE MANAGER AND/OR THE BOARD OF DIRECTORS.
19. EQUAL HOUSING OPPORTUNITY: FEDERAL LAW REQUIRES TO TREAT ALL PARTIES IN A PROPERTY TRANSACTION FAIRLY WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, ANCESTRY, SEX, AGE, MARITAL STATUS, SEXUAL ORIENTATION, PRESENCE OF CHILDREN, OR MENTAL & PHYSICAL HANDICAPS.

SIGNED _____ **APT. NO.** _____ **DATE** _____

SIGNED _____ **APT. NO.** _____ **DATE** _____