

Condominium Association of Parker Plaza Estates, Inc.

2030 S. Ocean Drive
Hallandale Beach, FL 33009
Tel.: 954-458-5111
Fax: 954-458-3276

BUYER'S CHECKLIST

Received on ___/___/___ by: _____

Unit # _____

Buyer's Name _____ Purchase Price: _____

Seller's Name _____ Parking Space : _____

Screening Scheduled for ___/___/___ at _____

Moving In Date ___/___/___

For Office Use Only

Date	Item	Complete
	Application for Occupancy	
	Online Background Completed	
	6 Months Escrow Deposit (2 Qtrs.)	
	Copy of Owner's Ledger	
	\$150.00 Estoppel Letter Fee	
	HUD Statement/Warranty Deed	
	Rules and Regulations Received & Signed	
	Certificate of Approval: Regular or Conditional	
	Voter's Certificate	
	Driver's License copy	

Records have been updated in Yardi/Roster ___/___/___ by _____

Manager's Review

Date

Parker Plaza Estates

Applicant Information

Name: _____

Date of Birth: ___/___/___ Email Address: _____

Phone #1: _____ Phone #2: _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Own – Rent (please circle one) How long at residence? _____

Co-Applicant (who will be living with you)

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Emergency Contacts

Name of relative or friend not residing with you: _____

Address: _____ City: _____ State: _____

Phone: _____ Relationship: _____

Name of relative or friend not residing with you: _____

Address: _____ City: _____ State: _____

Phone: _____ Relationship: _____

BROWN'S BACKGROUND CHECKS
CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER
Condominium Association of Parker Plaza Estates Inc

I understand that you may obtain consumer reports that relate to my credit and/or criminal history. This information will, in whole or in part, be obtained from AISS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal, state and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my credit and/or criminal history. This information will be reviewed by the Association and may be reviewed by a unit owner if it's a rental.

I authorize, without reservation, any party, institution, or agency contacted by AISS to furnish the above mentioned information:

_____/_____/_____
Applicant Name Date of Birth* Social Security Number
*Date of Birth is requested in order to obtain accurate retrieval of records. If International please provide
Passport Number

_____/_____/_____
Co-Applicants Name Date of Birth Social Security Number
If International please provide
Passport Number

Alias/Previous Name(s)

Current Physical Address City & State Zip code

California, Minnesota & Oklahoma Applicants Only: Please check here to have a copy of your consumer report sent directly to you.

Notice to CALIFORNIA Applicants

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

SIGNATURE _____ DATE _____

Co-Applicant
SIGNATURE _____ DATE _____

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Family Registration Form

Date: _____

Resident Name: _____ Unit #: _____

Number of guests: _____

Name & Last Name	Phone #	Relationship	Length of stay

Note: As per Parker Plaza Rules and Regulations (Page 4) **ONLY** Guests who are immediate family members may occupy the unit without the presence of the unit owner. **Immediate Family Member (Page 5): Includes and is limited to spouse, live-in-partner, children, siblings, grandchildren and their respective spouses, parents and grandparents.**

Reason for visit: _____

Owner signature: _____ Date: _____

Approved: _____ Denied: _____

Officer on duty signature

Office Manager signature

Note: If the registration process is not complete, access to the building will be denied.

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Receipt Authorization

The undersigned resident of unit no. _____ of Parker Plaza Estates Condominium, Inc. hereby authorize the personnel employed by Parker Plaza Estates Condominium, Inc. (the Association) to accept, receive and sign for any parcels, deliveries, or mail addressed to their 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 misplacement of parcels, and/or the negligence of the Association, its employees or agents in such regard.

Signature

Date

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Directory Information

Unit # _____

Address to forward condominium mail to:

Phone: () _____

Date : ____/____/____

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VEHICLE REGISTRATION FORM

Unit Resident Name: _____ Unit #: _____

Vehicle 1 - Make: _____ Model: _____

(SELF PARKING) Year : _____ Color : _____

Type : _____ Tag # : _____ State: _____

Space Assignment: _____ Decal #: _____

Name of person driving the vehicle: _____

Vehicle 2 - Make: _____ Model: _____

(GUEST PARKING) Year : _____ Color : _____

Type : _____ Tag # : _____ State: _____

Space Assignment: _____ Decal #: _____

Name of person driving the vehicle: _____

Parking Rules & Regulations

1. You may only park in your designated parking space that was assigned to you at the closing.
2. You may self-park only one vehicle. If you have a 2nd vehicle, it must be parked in guest parking.
3. Parking in space other than yours will result in a fine being assigned against you and/or towing of the vehicle at your own expense.
4. Visitor and guest parking in your assigned space must register at the Management office.
5. It is the Residents sole responsibility to notify Management of any vehicle changes and maintain your records updated.
6. Need to provide a copy of your vehicle registration.
7. If decal is loss there is a \$15.00 Fee.
8. NO REVERSE PARKING PERMITTED.

DISCLAIMER

Please remember that self-parking is at your own risk and the Association, its directors, officers or employees, do not bear any responsibility of the security for your vehicles or its contents.

Acknowledgement of Receipt

The undersigned Tenant hereby acknowledges that he/she has received a copy of the Parking Rules and Regulations for Parker Plaza Estates and agrees to abide them.

Signature

Date

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Frequently called phone numbers



MANAGEMENT, ACCOUNTING & MAINTENANCE 954-458 5111



SECURITY 954-457-9609



VALET PARKING 954-455-1606



HALLANDALE POLICE DEPT. 954-457-1400



FIRE DEPT. NON-EMERGENCY 954-457-1477



FPL (FLORIDA POWER & LIGHT – BROWARD COUNTY).... 954-797-5000



EMERGENCY FOR EMT/FIRE/POLICE 911

Kindly keep this sheet for future reference.

Condominium Association Parker Plaza Estates, Inc.

VEHICLE REGISTRATION FORM

Unit Resident Name: _____ Unit #: _____

Vehicle 1 - Make: _____ Model: _____

(SELF PARKING) Year : _____ Color : _____

Type : _____ Tag # : _____ State: _____

Space Assignment: _____ Decal #: _____

Name of person driving the vehicle: _____

Vehicle 2 - Make: _____ Model: _____

(GUEST PARKING) Year : _____ Color : _____

Type : _____ Tag # : _____ State: _____

Space Assignment: _____ Decal #: _____

Name of person driving the vehicle: _____

ALL VEHICLES SHOULD BE REGISTERED AND HAVE A PARKING DECAL ON THEM TO AVOID ANY INCONVENIENCES. PLEASE CONTACT THE MANAGEMENT OFFICE. COMMERCIAL VEHICLES ARE NOT CONSIDERED PERSONAL VEHICLE AND CANNOT, AT ANY TIME, BE REGISTERED FOR A DESIGNATED PARKING SPACE.

Parking Rules & Regulations

9. You may only park in your designated parking space that was assigned to you at the closing.
10. You may self-park only one vehicle. If you have a 2nd vehicle, it must be parked with Valet and get a monthly tag with Management for \$70.00 a month.
11. Parking in space other than yours will result in a fine being assigned against you and/or towing of the vehicle at your own expense.
12. Visitor and guest parking in your assigned space must register at the Management office.
13. It is the Residents sole responsibility to notify Management of any vehicle changes and maintain your records updated.
14. Need to provide a copy of your vehicle registration.
15. If decal is loss, please come to see the Office for a new one.
16. NO REVERSE PARKING PERMITTED.

DISCLAIMER

Please remember that self-parking is at your own risk and the Association, its directors, officers or employees, do not bear any responsibility of the security for your vehicles or its contents.

Acknowledgement of Receipt

The undersigned owner hereby acknowledges that he/she has received a copy of the Parking Rules and Regulations for Parker Plaza Estates and agrees to abide them.

Print Name

Occupant Signature

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Washing Machine and Dryer Agreement

I, _____ understand that owners are not allowed to have a washing machine or dryer in their apartment that was not approved prior to March 2nd, 2001. any damages of any type or legal fees and costs as a result of violation of this rule will be my responsibility.

Signature

____/____/_____
Date

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Escrow Deposit

The purchaser shall be required to post an escrow deposit equaling six months maintenance fee upon the issuance of a certificate of approval (regular or conditional). Escrow deposit will be placed in a non-interest bearing escrow account. After five years of continuous on time payments or when the unit is sold the escrow deposit will be returned. If maintenance payment is not received by the 10th day of the month in which it is due, an amount equal to the payment due including late fees, will be deducted from the escrow account and a redeposit of that amount will be required to be made.

By signing this document, I understand all of the escrow deposit terms indicated above.

Signature

____/____/_____
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Date: ____/____/____

To Board of Directors:

In order to facilitate consideration of my/our application for the purchase or apartment unit number _____ in **Parker Plaza Estates, Inc.** with parking space number _____. I/We are aware that any falsification or misrepresentation of the facts in this application will result in automatic rejection of this application. I/We consent that you may make further inquire concerning this application, which includes but is not limited to the reference given below any criminal background check that you deem proper and necessary. I/We fully consent to the above and understand the Board's desire to make sure that all owner's residing in units have been thoroughly screened by the Board of Directors.

I/We fully understand and accept the leasing regulation of **Parker Plaza Estates, Inc.** and agree to abide by this ruling at all times whether unit is occupied by me, members of my family or if it is rented to any third person or persons.

I/We fully understand and accept the leasing regulations that the apartment cannot be leased without having first received written permission from the Board of Directors after proper application has been made and that leases are subject to certain restrictions.

****Note: No renting is permitted until after 1 year from the date of purchase, pursue pursuant to the By-Laws which I have received****

I/We fully understand and accept the regulations or structural changes stating that I/We will not make any addition or alterations to the unit purchased or to the common elements abutting it or decorate, repair, replace or change any exterior or outside portion of the building whether within the unit or part of the common elements without prior written consent from the Association.

All applicants must be interviewed by the committee prior to final approval.

The rules and regulations of **Parker Plaza Estates, Inc.** provides an obligation of unit owners that the apartment units are for single-family Residency. Please state the name(s) and relationship(s) of all other persons who will be occupying the apartment unit regularly.

Name:	Relationship:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____

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