

Condominium Association of Parker Plaza Estates, Inc.

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

RENTER'S CHECKLIST

Received on ___/___/___ by: _____

Unit # _____

Renter's Name _____ Rent Price: _____

Owner's Name _____ Parking Space : _____

Screening Scheduled for ___/___/___ at _____

Moving In Date ___/___/___

For Office Use Only

Date	Item	Complete
	Application for Occupancy	
	Online Background Completed	
	Copy of Lease Agreement	
	Security Deposit (Equal to One Month's Rent)	
	Rules and Regulations Received & Signed	
	Certificate of Approval	
	Has owner owned unit for 1 year *required*	
	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: _____

Renter's 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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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.