



VTE CONSULTING LLC
INTEGRITY DEFINES ALL ODDS

SILVER SPRING TOWERS, INC.

Application for Consent to Lease or For Sale

This application form is fully completed to include a copy of all proposed sales/rental contracts, a photocopy of picture ID, a photocopy of valid, unexpired auto registration, and two letters of recommendation for each applicant over the age of 18.

A cashier's check or money order for the application fee must be received by the Management office, at the address below, no less than ten (10) working days prior to the date action is desired of the Association. The Board of Directors will have ten days after the interview of an applicant. All applications must be turned in person.

****Missing or incomplete information will cause the application to be returned without action. ** Fees: (NON-REFUNDABLE)**

Application Fee: Money Order or Cashier's Check:

\$150.00 Per Person Over the age of 18 years old, Payable to VTE Consulting LLC

(\$175 per married couple with a marriage certificate)

\$100.00 Impact fees payable

\$30.00 Money order or cashier's check made payable to VTE Consulting LLC, per applicant over the age of 18 (Background check)

\$300.00 Security Deposit is move-in, move-out refundable after moving out, payable to Silver Spring Towers inc.

Please note that the application takes from 20 to 25 business days. If you would like to rush in 7-10 business days, there is a fee of \$100.00.

***** No application will be considered and will be automatically denied if a national background check and full credit report cannot be conducted.

ONCE THE SALE IS FINAL, YOU MUST FORWARD US A COPY OF THE WARRANTY DEED AND SETTLEMENT STATEMENT INDICATING THE DATE OF THE CLOSING AND NAME(S) OF THE OWNER. Without this information, we can't update our system.

Applicant Print: _____ Applicant Signature: _____ Date: _____

Applicant Print: _____ Applicant Signature: _____ Date: _____

Silver Tower Inc.

Email: Ninagarcia@vteconsultingllc.com or Office@vteconsultingllc.com

1840 West 49th Street suit#216 Hialeah, FL 33012

305-603-7879

APPLICATION MUST BE COMPLETED IN FULL BY PROSPECTIVE TENANT(S) OR BUYER(S)

Restrictions:

New Residents must be interviewed and approved by the Association, with a (5) day advance notice of move-in or out.

- Residents are permitted to move into the building between the hours of 8:00 A.M. and 3:00 P.M. Monday through Friday.
- If you are having work done in your unit, it must be done between the hours of 9:00 A.M. and 4:30 P.M., Monday through Friday.
- All maintenance fees must be current at the time of application.
- All boxes are to be crushed and folded, taken to the dumpster in the parking area, and placed in the dumpster container.
-
- **If the sale, the buyer agrees to provide the Management Company with a copy of the Closing Statement no later than seven (7) days after the closing date. If a lease, you must provide a copy of the lease agreement.**

I certify that I have read and understand the above application and restrictions:

Unit #: _____

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____

All Applicants must sign.

*****No excess furniture left by the dumpster area. A fine will be given to the unit owner, which will impact the security deposit.*****



VTE CONSULTING LLC
 INTEGRITY DEFINES ALL ODDS

Application for Consent to Lease or For Sale

This application and the attached Application for Occupancy must be completed in detail by the proposed Buyer/Tenant. Please attach a copy of the Sales Contract to this application or rental agreement.

The Seller (current owner) shall provide the Buyer with a copy of all the Condominium documents. Processing of this application will begin after all required forms have been completed, signed, and submitted to the Management's office.

Application For: Lease _____ OR Sale _____

Applicant #1

First Name:	Middle Name:	Last Name:
D.O.B:	Social Security #:	
Driver License State:	Driver License #:	
Phone Number #	Atl Phone #:	
Email:		

Employment of Applicant #1

Employer:	Position:
How Long at Present Job:	
Phone Number #:	
Address:	

Applicant #1:

Have you ever been arrested or convicted of a crime? YES or NO:		
Dates:	County /State Convicted in:	Charges:



VTE CONSULTING LLC
INTEGRITY DEFINES ALL ODDS

Applicant #2

First Name:	Middle Name:	Last Name:
D.O.B:	Social Security #:	
Driver License State:	Driver License #:	
Phone Number #	Atl Phone #:	
Email:		

Employment of Applicant #2

Employer:	Position:
How Long at Present Job:	
Phone Number #:	
Address:	

Applicant #2:

Have you ever been arrested or convicted of a crime? YES or NO:		
Dates:	County /State Convicted in:	Charges:

1840 West 49th Street suit#216 Hialeah, FL 33012

Applicant #3

First Name:	Middle Name:	Last Name:
D.O.B:	Social Security #:	
Driver License State:	Driver License #:	
Phone Number #	Atl Phone #:	
Email:		

Employment of Applicant #3

Employer:	Position:
How Long at Present Job:	
Phone Number #:	
Address:	

Applicant #3:

Have you ever been arrested or convicted of a crime? YES or NO:		
Dates:	County /State Convicted in:	Charges:

Three References (Non-Related to Applicant)

Name:	Relationship:
1.	
2.	
3.	

Emergency Contact:

Name:	Relationship:
Phone:	
Name	Relationship:
Phone:	

VEHICLE INFORMATION

Make	Year	Color	Tag

PET'S INFORMATION ONLY OWNER

Name	Type	Weight	Tag

Vaccione	
----------	--



VTE CONSULTING LLC
INTEGRITY DEFINES ALL ODDS

Rush: Yes ___ No ___ (additional fee required)

- 1) Fully completed Application
- 2) \$150.00 Money Order or Cashier's check per applicant - Made payable to VTE Consulting LLC
- 3)100.00 Impact Fee Money Order or Cashier's check made payable to Silver Spring Towers
- 4) \$30.00 Background Check, Money Order, or Cashier's check per applicant- Made payable to VTE Consulting LLC
- 5) Security Deposit \$300.00 Security Deposit (Refundable after moving out)
- 6) Two Reference letters per applicant (NO Relative may write a letter of recommendation)
- 7) U.S. Government-issued photo ID per applicant
- 8) Copy of Executed Lease or purchase contract- Must be fully and executed
- 9) Sales Only: Please provide proof of income.
- 10) Copy of License (All Adults over the age of 18)
- 11) Copy of vehicle registration (If you are registering a vehicle with the association)
- 12) Copy of vehicle insurance (If you are registering a vehicle with the association)
- 13) Signed and acknowledged receipt of Rules and Regulations.

If the above requirements are not met, the application will not be accepted. (No Exceptions)

Application and documentation received (Date): _____ Received By: _____

This document must be filled out by the office manager

VTE Consulting LLC, 1840 West 49 Street, Ste 216, Hialeah, FL 305-603-7879



DISCLOSURE AND AUTHORIZATION AGREEMENT DISCLOSURE

A Consumer report and/or investigative consumer report, including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit, and/or indebtedness, may be obtained in connection with your application for and/or continued residence. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or at your residence. Upon timely written request of the management, and within 5 days of the request, the name, address, and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the customer report, you will be provided with a copy of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

This requested information will be used in reference to my (our) Purchase/Rental/Lease Application.

I/We hereby authorize you to release any and all information concerning my/our Employment, Banking, Credit, and Residence information to:

VTE Consulting LLC
1840 W 49th Street Suite#233
Hialeah, FL 33012

I/We hereby authorize VTE Consulting LLC. to investigate all statements contained in my/our application, if necessary. I/We understand that I/We hereby waive any privileges I/We may have regarding the requested information by releasing it to the above-named party. A copy of this form may be used in lieu of the original.

READ, ACKNOWLEDGED, AND AUTHORIZED

Applicate Name _____

Applicate Name _____

Applicant Signature _____

Applicate Signature _____



Rent Interception

The Condominium Act was amended effective July 1, 2010, to allow an Association to demand that a tenant in possession must pay any future monetary obligation related to the unit, i.e., rent, directly to the Association.

Fla. Stat. & 718.166(11)

(11)(a) If the unit is occupied by a tenant and the unit owner is delinquent in paying any monetary obligation due to the association, the association may make written demand that the tenant pay to the association the subsequent rental payments and continue to make such payments until all monetary obligations of the unit owners related to the unit have been paid in full to the association. The tenant must pay the monetary obligations to the association until the association releases the tenant or the tenant discontinues tenancy in the unit. Pursuant to section 718.116 (11), Florida Statutes, the association demands that you pay your rent directly to the condominium association and continue doing so until the association notifies you otherwise.

This is commonly known as "rent interception", and if the tenant fails to comply, the tenant may be subject to eviction. The statute allows the association to demand that the tenant pay to the association the subsequent rental payments and continue to make such payment until all monetary obligations of the unit owner related to the unit have been paid in full to the association." The rent interception statute provides the association a tool to preclude an owner, who is often in foreclosure, from pocketing the rent obligation while shorting the owner's obligation to the association.

As an owner, you understand that 10% of the rental interception amount is collected as a processing fee for the efforts made. Also, you understand that a \$25.00 fee for each notice posted/mailed is also charged to you.

You understand the law that has been stated above and will adhere to such recourse if needed.

Applicant Name: _____

Applicant Signature: _____

Date: _____

SILVER SPRING TOWERS, INC

PET AFFIDAVIT

NAME OF LESSEE _____

UNIT NO _____

ANIMAL INFORMATION:

WEIGHT

BREED

COLOR(S) OF PET

NAME OF PET

The undersigned hereby understands and agrees to maintain his/her pet(s) contained within a unit; no pet(s) may be maintained within a Unit if such pet constitutes a nuisance or annoyance to the owners of other units. Pet(s) outside in the common area must be on a leash and accompanied by an adult at all times.

Your dog's waste must be picked up after your dog

By signing this affidavit, I understand and agree that failure to follow the above-mentioned instructions may result in the removal of pet(s) from the premises and the unit lease agreement between the unit owner and tenant may be terminated as a result of such violation

Signature of Unit owner/Pet's Owner

Date