



WaterGarden Condominium Association, Inc.  
347 North New River Drive East  
Fort Lauderdale, FL 33301

APPLICATION PACKAGE TO:	PURCHASE <input type="checkbox"/>	LEASE <input type="checkbox"/>
-------------------------	-----------------------------------	--------------------------------

**PLEASE CHECK PURCHASE OR LEASE ABOVE**

1. It can take up to 14 days to process your application.
2. The Board completes orientations for potential owners and lessees Monday through Friday between the hours of 11:00 AM and 7:00 PM. **No purchase approval or move-ins allowed without orientation.**
3. Lessees/Renters must schedule their Orientation with the Concierge after being Approved and prior to scheduled move-in date. **All prospective buyers or renters must bring their dog(s) and pedigree or veterinary paperwork listing breed of dog to the orientation. In the event, at time of orientation the dog is not available, a picture of the dog(s) must be provided with the veterinarians breed approval. If none of the above is available, orientation must be rescheduled.**
4. Please complete the attached application. Do not leave anything blank. Please be sure you put a current phone number where you can be reached on the application.
5. **All applications must have a copy of your purchase or lease contract attached.** The application will not be processed unless we have a copy of the required contract.
6. A copy of government issued identification must be provided (I.E. drivers license, passport, visa, immigration card).
7. **SALES:** Return this completed application to the WaterGarden Management Office with a legible copy of your PURCHASE CONTRACT and \$100 application/transfer fee (per applicant).
8. **LEASES:** Return this completed application to the WaterGarden Management Office with a legible copy of your LEASE CONTRACT along with \$ 100 application fee (per applicant) **and a refundable common area damage deposit in the form of a cashier's check equivalent to one month's rent.** Applications will not be processed without these fees.
9. **SALES:** After your application is approved, you may schedule your orientation.  
**LEASES:** After your completed application and deposits have been received, you may schedule your orientation and move-in date with the Management Office at: 954-525-5535. All moves should be booked 7 days in advance and all require a refundable \$750.00 elevator security deposit. This deposit should be paid by personal check, not cashier's check, as it will be held in your file until such time you request it back from the Management office.
10. **If purchasing the unit, a copy of the Closing Statement and Special Warranty Deed is required prior to scheduling a move-in.**
11. **It is the responsibility of the seller to turn over all Condominium Documents, unit keys, mailbox keys and key fobs the purchaser at the time of sale. The same holds true for leases. Additional fobs and garage access devices are available from the Management Office in accordance with the fees and the Board may amend restrictions currently association with the issuance of such devices, from time to time.**



**FORMAL REQUEST TO SELL OR LEASE**  
**CURRENT OWNER MUST COMPLETE & SIGN**  
(PLEASE COMPLETE FULLY AND ACCURATELY)

Application is for a: SALE  LEASE  UNIT #: \_\_\_\_\_

To: WaterGarden Condominium Association, Inc. Board of Directors

I/We agree to provide to the purchaser a copy of WaterGarden Condominium Association, Inc. Declaration, By-Laws, Articles of Incorporation and Rules & Regulations, or, in the case of a lease, a copy of the Association's Rules and Regulations prior to the occupancy of the unit by the purchaser or lessee.

I/We agree to be bound by the Declaration of Condominium, By-Laws, Articles of Incorporation and the Rules & Regulation of the Condominium Association.

THE ASSOCIATION AND ITS AGENT, IN THE EVENT IT CONSENTS TO A LEASE, IS HEREBY AUTHORIZED TO ACT AS OUR AGENT WITH FULL POWER AND AUTHORITY TO TAKE SUCH ACTION AS MAY REQUIRED, IF NECESSARY, TO COMPEL COMPLIANCE BY OUR LESSEE(S) AND/OR THEIR GUESTS, WITH PROVISIONS OF THE DECLARATION OF CONDOMINIUM FOR THE WATERGARDEN, ITS SUPPORTIVE EXHIBITS, THE CONDOMINIUM ACT, AND RULES & REGULATIONS OF THE ASSOCIATION, OR IN THE INSTANCE OF VIOLATION OF ANY OF THE ABOVE BY THE LESSEE(S) AND/OR THEIR GUEST, UNDER APPROPRIATE CIRCUMSTANCE, TO TERMINATE THE LEASEHOLD. IF THIS APPLICATION IS FOR A LEASE, THE LESSEE AGREES TO REIMBURSE THE ASSOCIATION FOR ANY ATTORNEY'S FEES AND COSTS INCURRED AS LESSEE'S AGENT IN SUCH ENFORCEMENT OR LEASE TERMINATION.

In order for you to facilitate consideration of my/our Application for the sale/lease of the above-designated unit, I/We have caused the proposed purchaser/lessee to complete the attached Application. I/We am/are aware that any falsification or misrepresentation of the facts in the attached application will result in the automatic rejection of the Application to Sell or Lease.

I/We consent that you may have further inquiries concerning this application, particularly of the references given below.

I/We have attached hereto a copy of the Purchase Contract, Lease or other documents, which truly and accurately sets forth the terms of the offer that I/We wish to accept.

I/We agree that NEW OWNER shall not move in unless APPROVED by The WaterGarden Condominium Association.

I/We agree that NEW LESSEE shall not move in until registered with Management and completed Orientation.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

SIGNED: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_  
(CURRENT UNIT OWNER)

SIGNED: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_  
(CURRENT UNIT OWNER)



**PURCHASE/LEASE CHECK LIST**

Name(s): \_\_\_\_\_

Unit#: \_\_\_\_\_ Date of Orientation: \_\_\_\_\_

**Contact Phone Numbers**

Home: \_\_\_\_\_ Office: \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

<u>REQUIRED DOCUMENTATION TO PURCHASE:</u>	<u>REQUIRED DOCUMENTATION TO LEASE:</u>
Completed Sale Application <input type="checkbox"/>	Completed Lease Application <input type="checkbox"/>
Copy of Sales Contract <input type="checkbox"/>	Copy of Lease <input type="checkbox"/>
Completed Orientation Package <input type="checkbox"/>	Completed Orientation Package <input type="checkbox"/>
Closing Date: _____	Lease Effective Date: _____
<b><u>Fees Required:</u></b>	<b><u>Fees Required</u></b>
\$750 Refundable Elevator Deposit (Personal Check) <input type="checkbox"/>	\$750 Refundable Elevator Deposit (Personal Check) <input type="checkbox"/>
\$100 Application/Transfer fee (Husband/wife or parent/dependent child are considered one applicant) <input type="checkbox"/>	\$100 Application/Transfer fee (Husband/wife or parent/dependent child are considered one applicant) <input type="checkbox"/>
	Security Deposit Equal to 1-month rent (Cashier's Check or Money Order) <input type="checkbox"/>



**CONFIDENTIAL RESIDENT INFORMATION SHEET**

Date: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Name of Purchaser / Lessee: \_\_\_\_\_

**E-mail address (required):** \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Office: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Purchaser / Lessee: \_\_\_\_\_

**E-mail address (required):** \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Office: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Resident(s) under 18yrs of age: \_\_\_\_\_ Age \_\_\_\_\_

Name of Resident(s) under 18yrs of age: \_\_\_\_\_ Age \_\_\_\_\_

**\*Any additional Residents can be listed on back of this sheet\***

Does a corporation own the unit? If yes, please state the name of the Corporation:  
\_\_\_\_\_

Is this a Primary or Secondary Residence: (Circle One) **PRIMARY SECONDARY**

If secondary, please list anticipated dates of occupancy. \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

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?

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

**( Owners Only )**

**For Association mailing purposes, please state OFFICIAL MAILING ADDRESS where all official correspondence & Maintenance Fee Coupons must be mailed:**

Please select a 4 digit P.I.N. for access to Continental Connect:



## **QUICK INFORMATION REFERENCE SHEET FOR** **NEW RESIDENTS**

- **New owners must submit to the Management Office a copy of the Settlement (Closing) Statement and Warranty Deed immediately after closing in order to make the change of ownership on the Association Records and to receive their maintenance coupons.**
- **Schedule all move in/outs with the Management Office at least 7 days before the actual move-in/out date. Moving/Delivery Hours are: Monday -Friday from 8 AM to 4:30 PM & Saturday from 8 AM - 2:30 PM. No deliveries or moves on Sunday.**
- **All application processing payments, deposits, & fees must be by cashier's check or money order only. Elevator deposit can be made by personal check.**
- **All deliveries using the freight elevator must be scheduled with the Management Office in advance. Unauthorized deliveries will be refused.**
- **Lessees are permitted two key Fobs that must be received from the Owner. Any additional owner fobs are deactivated during the lease term.**
- **One garage access sticker will be issued per assigned parking space; any additional cars must utilize valet. Any additional stickers after initial assignment are \$25.**
- **Access devices issued to Lessees deactivate on the date that their lease expires. Lease renewals must be provided to the management office prior to the expiration of the lease to pre. The management office will then extend the expiration date for all access devices issued to the lessee.**
- **All guests, visitors and contractors must be announced and register at the front desk prior to being allowed into the building. For the resident's convenience, you may pre-register guests to be permitted into the building without being called. There is a limit of five (5) pre-registered guests for any unit at any one time.**
- **The Management Office has keys for the bike room.**
- **All contractors or vendors must give their driver's license information and obtain a badge from the front desk before doing any work in a unit.**

**LIST OF DOG BREED**  
**RESTRICTIONS**



**The Following Breeds of Dogs are not permitted in the building at any time:**

**Pit Bulls (including Staffordshire Terriers), Dobermans, Rottweilers, Chows, Atkitas, Wolf Hybrids, Huskies and Presa Canaribs or any breed combination thereof.**

All prospective buyers or renters must bring their dog(s) and pedigree or veterinary paperwork-listing breed of dog to the orientation. In the event at time of orientation the dog is not available, a picture of the dog(s) must be provided with the veterinarians breed approval. If none of the above is available, orientation must be rescheduled.

# Rental / Purchase Application

Complete all questions. If any question is not answered or left blank, this application may be returned, not processed, and/or not approved. Print legibly. Missing information will cause delays. All information will be verified.

## Rental / Purchase Unit

Building Name/ Number : \_\_\_\_\_ Apartment : \_\_\_\_\_

Lease [\_\_\_] Purchase [\_\_\_] Rent [\_\_\_] Rent Amount / Mortgage: \$ \_\_\_\_\_ Monthly

Move in / Close Date : \_\_\_\_\_ Rent /Lease Term : \_\_\_\_\_

## Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth (\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_) \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State Issued : \_\_\_\_\_

Passport # : \_\_\_\_\_ Country : \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

## Co-Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth (\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_) \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State Issued : \_\_\_\_\_

Passport # : \_\_\_\_\_ Country : \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

## Current Residence

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

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Country \_\_\_\_\_

How long at this address? \_\_\_\_\_ Own [\_\_\_] Rent [\_\_\_]

Landlord Name: \_\_\_\_\_ Phone # : \_\_\_\_\_

## 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 and SOCIAL SECURITY CARD TO CONFIRM IDENTITY.** If you do not have a Social Security Card, please include a copy of your Passport or current identification card.

**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 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.

**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.**

\_\_\_\_\_ Date \_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Applicant's Name Printed)

\_\_\_\_\_ Date \_\_\_\_\_  
(Co-Applicant's Signature)

\_\_\_\_\_  
(Co-Applicant's Name Printed)