

THE REGENCY TOWER
3850 Galt Ocean Drive, Ft. Lauderdale, Florida 33308
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DIRECTIVES TO OWNERS AND REALTORS REGARDING PURCHASES AND LEASES

Procedure to use when anticipating the leasing or sale of an apartment in The Regency Tower.

Owners **MUST** provide Realtors with keys. They may show an apartment at any reasonable hour. An owner of an apartment who intends to sell or lease must file a "Statement of Intent" with the office **BEFORE** entering into any agreement. Once an offer has been accepted by the owner, submit to The Regency Tower Office the:

1. The Contract
2. The Application
3. \$100.00 non-refundable processing fee, drawn on a U.S. bank and in U.S. funds, prior to scheduling the screening meeting. All prospective owners or lessees must be interviewed by the Screening Committee. ALL APPLICANTS MUST BE PRESENT. Screening will not take place until we receive the reports from our Agency.

APPLICATIONS for purchase or lease must be COMPLETED IN FULL.

Name of Applicant(s), Address, Phone Number, Occupation, Children's NAMES and AGES Permanent or Seasonal Resident(s), NAMES and AGES of others who may reside.

Three (3) personal references (no relatives)

Bank reference. (All complete with telephone numbers, address: city, state and zip code.)

CONTRACT must include: PRICE, CLOSING DATE, GARAGE SPACE (if applicable), TERMS OF LEASE OR SALE, NAME OF REALTOR and BE SIGNED BY THE OWNER(S).

Please see that all keys, Condominium Documents and Rules & Regulations are available to the prospective owner or lessee.

STORAGE BINS: The four (4) large storage bins on each floor are allocated to the corner units, (01, 06, 07, 11). The extra single bin is allocated to the 02 apartment.

According to The Regency Tower by-laws, a purchaser must own an apartment for one (1) year **BEFORE** it may be leased. Lease must be for at least 185 days and only one rental is allowed in a twelve (12) month period. **LESSEES ARE NOT ALLOWED TO SUB-LEASE, NOR ARE THEY PERMITTED TO HAVE GUESTS DURING THEIR ABSENCE.** Guests are allowed 15 days while lessee is in residence.

An affidavit for purchase must be presented to The Regency Tower upon closing.

Signature _____ Date _____

Signature _____ Date _____

**AUTHORIZATION AGREEMENT FOR ASSOCIATION TO
COLLECT RENT UPON DELINQUENCY IN MAINTENANCE PAYMENTS**

WHEREAS, _____ (herein "Owner"), is the record owner(s) of Unit _____ located at _____, _____ Florida _____ (herein the "Unit") in Regency Tower Condominium (herein the "Condominium"), as described in the Declaration of Condominium of Regency Tower Condominium (herein "Declaration"), as recorded in the Public Records of Broward County, at Official Records Book 4045 at Page 217; and

WHEREAS, the Regency Tower Association, Inc., (herein "Association") is the entity charged with the operation and management of the Condominium; and

WHEREAS, Owner desires to lease the Unit to _____ (herein "Lessee(s)") pursuant to a lease submitted herewith; and

WHEREAS, the parties desire the approval of the Association for this lease, pursuant to Article XXVI of the Declaration.

NOW, THEREFORE, in consideration of the mutual covenants contained herein and for other good and valuable consideration, the receipt and adequacy of which is expressly acknowledged, the parties hereto agree as follows:

1. Upon the execution and delivery of this Authority Agreement, and the submission of any other documentation required by the Association, assuming the satisfactory result of the standard background investigation of Lessee(s), the Association shall provide the necessary approval for the lease.

2. If, at any time during the pendency or term of the lease, Owner(s) becomes delinquent thirty (30) days or more in the payment of assessments to Association, Owner(s) and Lessee(s) agree that Association shall have the power, right and authority to demand lease payments directly from the Lessee(s) and deduct such past-due assessments, costs and attorney fees, if any, as may be delinquent. Further, Owner(s) and Lessee(s) agree that Lessee(s) will pay the full rental payment due, to the Association, upon written demand. Owner(s) expressly absolves Lessee(s) from any liability to Owner(s) for unpaid rent under the Lease Agreement if such payment is made directly to Association upon demand from Association. If any funds remain after deduction of amounts owed, the Association shall apply the remaining funds to the account of the Unit Owner as a credit against future assessments.

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this ____ day of _____, 201_, by _____ and _____ as President and Secretary of Regency Tower Association, Inc., on behalf of the corporation. They are personally known to me or have produced _____ as identification and did take an oath.

NOTARY PUBLIC:

My Commission Expires:

sign _____

print _____
State of Florida at Large

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this ____ day of _____, 201_, by _____ as Owner(s) who is/are personally known to me or who has/have produced _____ as identification and who did take an oath.

NOTARY PUBLIC:

My Commission expires:

sign _____

print _____
State of Florida at Large

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this ____ day of _____, 201_, _____, as Lessee(s) who is/are personally known to me or who has/have produced _____ as identification and who did take an oath.

NOTARY PUBLIC:

My Commission expires:

sign _____

print _____
State of Florida at Large

THE REGENCY - RESIDENCY APPLICATION

- INSTRUCTIONS:
1. If applicants are not legally married, an application on each person must be completed.
 2. Print legibly or type all information. Account and telephone numbers and complete addresses are required.
 3. If any question is not answered or left blank, this application may be returned, not processed and not approved.
 4. Missing information will cause delays in processing your application.
 5. Only the applicants are authorized to sign all forms.

APPLICATION FOR OCCUPANCY / APPROVAL

Purchase _____ or Lease _____ (how long) Apt. No. _____ Date _____ 20____ Desired date of occupancy _____ 20____

Name _____ Date of Birth _____ Social Security No. _____
(Canada Social Insurance #./Brazil CPF & RG #)

Spouse _____ Date of Birth _____ Social Security No. _____
(Canada Social Insurance #./Brazil CPF & RG #)

() Single () Married () Widow(er) () Separated _____ () Divorced _____ Maiden Name _____
(How Long)

Number of persons who will occupy: Adults (over age 18) _____ Children (over age 18) _____ Children (under age 18) _____

Names and ages of children who will occupy: _____

In case of emergency notify: _____ / _____ () _____
Name Full Address Relationship Telephone

PART 1 - RESIDENCE HISTORY

A. Present Address _____ Phone (____) _____
(Street Address, Apt. No., City, State, Zip Code, Country)

Name of Apt. / Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____
(Street, City, State, Zip code)

B. Previous Address _____ Phone (____) _____
(Street Address, Apt. No., City, State, Zip Code, Country)

Name of Apt. / Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____
(Street address, City, State, Zip Code)

C. IF EITHER / BOTH ADDRESSES ABOVE ARE LESS THAN ONE (1) YEAR, PLEASE ENTER PRIOR ADDRESS BELOW:
Prior Address _____ Phone (____) _____
(Street Address, Apt. No., City, State, Zip Code, Country)

Name of Apt. / Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____
(Street address, City, State, Zip Code)

PART 2 - EMPLOYMENT

A. If Retired: Monthly Income _____ (or) Annual Income _____

B. Employed By (Business Name) _____ Phone (____) _____

How Long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip Code _____
Street address, City, State, Zip

APPLICATION FOR OCCUPANCY / APPROVAL

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Self - Employed - (When Applicant is self - employed):

Business Name _____ Phone (____) _____

Type of Business _____ State of Incorporation or Filing _____

Name of Business Accountant _____ Phone (____) _____

Address of Business Accountant _____ Zip Code _____

Name of Business Attorney _____ Phone (____) _____

Address of Business Attorney _____ Zip Code _____

Previous Employment (Business Name) _____ Phone (____) _____

How Long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip Code _____

C. Spouse's Employment (Business Name) _____ Phone (____) _____

How Long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip Code _____

Self - Employed - (When Applicant is self - employed):

Business Name _____ Phone (____) _____

Type of Business _____ State of Incorporation or Filing _____

Name of Business Accountant _____ Phone (____) _____

Address of Business Accountant _____ Zip Code _____

Name of Business Attorney _____ Phone (____) _____

Address of Business Attorney _____ Zip Code _____

Previous Employment (Business Name) _____ Phone (____) _____

How Long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip Code _____

PART 3 - BANK REFERENCE

Bank Reference _____ Phone (____) _____

Address _____ Zip Code _____

How Long _____ Checking Acct. No. _____ Savings Acct. No. _____

CRIMINAL CONVICTIONS

Have you ever been convicted of a crime? _____ If yes, describe in full:

(continued on the following page)

APPLICATION FOR OCCUPANCY / APPROVAL

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PART 4 - TWO (2) CHARACTER REFERENCES - NO RELATIVES

1. Name _____ Res. Phone (_____)
Office Phone (_____)
Address _____
Zip Code _____

2. Name _____ Res. Phone (_____)
Office Phone (_____)
Address _____
Zip Code _____

VEHICLES

Applicant's Driver's Lic. No. [#1] _____ State _____ [#2]
State _____

Spouse's Driver's Lic. No. [#1] _____ State _____ [#2]
State _____

Number of Cars (to be parked here) _____

Make _____ Model _____ Year _____ Plate No. _____
Color _____ State _____

Make _____ Model _____ Year _____ Plate No. _____
Color _____ State _____

Make _____ Model _____ Year _____ Plate No. _____
Color _____ State _____

TELEPHONE NUMBER WHERE APPLICANT MAY BE REACHED DURING PROCESSING PERIOD (____) _____

ADDRESS WHERE APPLICANT MAY BE REACHED DURING PROCESSING PERIOD _____

If this application is NOT legible or is not completely and accurately filled out, the landlord/owner and their agent, United Screening Services, Corp. will not be liable or responsible for any inaccurate information in the investigation and related report (to the landlord/owner) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, United Screening, Corp. may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the landlord/owner. The investigation may be made of the applicant's character, general reputation, personal characteristics, financial solvency, credit stand, police arrest record and mode of living as applicable.

Signature _____
Applicant

Date _____

Signature _____
Co- Applicant

Date _____

(PLEASE PRINT CLEARLY - COMPLETE AND RETURN TO OFFICE)

Last Name: _____ First Name: _____

Unit#: _____ Mail Box #: _____ Medeco Key(s) #: _____

Cell #: _____ Telephone #1: _____

Fax #: _____ Telephone # 2: _____

E-mail Address: _____

Second Address: _____

AUTO INFORMATION

The Management of The Regency Tower request that all cars parking at The Regency Tower be identified. Decals can be acquired thru Security at the Lobby Desk.

- 1) A. Owners and Residents Parking: Parking decal placed on the bottom of the rear window driver's side.
B. Convertibles: Decals to be placed on rear passenger window, driver's side.
C. Rentals Cars: "Guest Pass" required. To be placed on dashboard.
- 2) Guests: Guest Pass required and placed on dashboard.
- 3) Visitors: Sign in at Lobby Desk. Make and Color of vehicle must be reported to Security upon registering.

Make: _____ Color: _____ Tag#: _____ Garage Space #: _____
(Attach separate paper of more than 3 vehicles)

Auto #1: _____

Auto #2: _____

Auto #3: _____

Name and age of minors and live-in residents (no age required) in event of fire:

- 1. _____ 2. _____ 3. _____
- 4. _____ 5. _____ 6. _____

EMERGENCY CONTACT:

_____ Phone #: _____

List Other Key Holders:

(Attach separate paper if more than 3 persons)

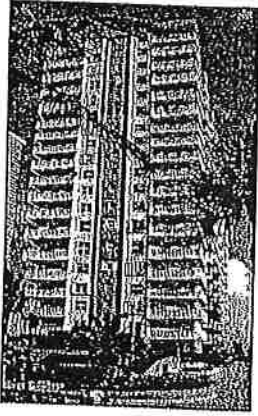
Names: _____ Phone #: _____

Additional Information:

Apartment Owned by: Name: _____

Hurricane Windows: _____ Shutters: _____ Cabana _____ Storage _____

Last Update: _____



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WWW.REGENCYTOWER.NET

**REGENCY TOWER ASSOCIATION, INC.
3850 GALT OCEAN DRIVE
FORTLAUDERDALE, FL 33308**

**SCREENING CRITERIA FOR LEASING AND SALE APPLICANT(S)
THE FOLLOWING CRITERIA SHALL CONSTITUTE GOOD CAUSE FOR
DISAPPROVAL OF A PROSPECTIVE LEASING AND SALE APPLICANT(S)**

APPROVED BY THE BOARD OF DIRECTORS

OCTOBER 13, 2011

Screening Criteria for Leasing and Sale Applicants
The following criteria shall constitute good cause for
disapproval of a prospective leasing & sale applicant (s)

General:

- The unit owner allowed a prospective tenant to take possession of the premises absent or prior to approval by the Association.
- All assessments, fines and any other charges against the unit or unit owner have not been paid in full, although the Association may grant conditional approval subject to repayment terms acceptable to the Board. (i.e. payment in full as a condition of the approval, etc.)
- Inaccurate, incomplete and / or misrepresentations on applicant (s) leasing application .
- Applicant (s) failure to provide information, fees or appearance required to process the application within five business days of request.
- Applicant (s) is below the age of 18.

Behavioral:

- Applicant (s) seeking approval (which shall include all proposed applicants 18 or older in age) has been convicted of a felony involving violence to persons or property as reflected in the background investigation ordered by the Association.
- Applicant (s) seeking approval (which shall include all proposed applicants 18 or older in age) has a demonstrative history of dishonest, drug-related or other illegal behavior regardless of any resulting legal conviction as reflected in the background investigation ordered by the Association.

Screening Criteria for Leasing and Sale Applicants
Page Two

Behavioral:

- Applicants(s) seeking approval (which shall include all proposed occupants) whether they are residents seeking to renew a lease and/or guests of unit owners that have demonstrated a history of disrupted behavior or disregard for the rights and property of others as evidenced by prior conduct in this condominium as a guest or tenant and any new applicant(s) that have demonstrated this type of behavior as evidenced by a prior rental as reflected in the background investigation ordered by this Association.

Financial:

- Applicants with a minimum credit score of less than 670 as reflected in the background investigation ordered by the Association for all applicant(s).
- All applicants who cannot document an acceptable housing payment history for the most recent 12-month period. Prior lease history must be documented with a verifiable previous lease agreement from the most recent landlord and 12-months of consecutive, cancelled checks clearly identified for the payment of housing confirming no late payments. Homeowner(s) who chooses to become lease applicant(s) must provide 12-months of consecutive, cancelled checks clearly identified as mortgage payments confirming no late payments. Applicant(s) must demonstrate adequate income or resources to meet housing obligations.

Emotional Support Animals:

- Do you have an emotional support animal? YES ___ NO ___
If yes, please contact the office to obtain the proper paperwork that must be approved prior to association approval and moving in.

UPDATED AND APPROVED BY THE BOARD OF DIRECTORS

APRIL 13, 2021