



O: (954)435-2424 Email: Elizabeths@inthemiddlepm.com

Port 95 North Commercial Property Purchase / Lease Application

DATE: ___ / ___ / ___

FOR COMMERCIAL APPLICATIONS, PLEASE ADD THE TYPE OF BUSINESS YOU WILL BE OPERATING AT THIS LOCATION:

ALL THE INFORMATION IS TO BE COMPLETED IN FULL. THE APPLICATION PROCESS MAY TAKE UP TO THIRTY (30) DAYS TO COMPLETE FROM SUBMISSION TO APPROVAL. SHOULD YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT IN THE MIDDLE PROPERTY MANAGEMENT, LLC

REQUIRED DOCUMENTATION:

- Rules & Regulations must be read and initialed on each page.
- A copy of a bank letter OR bank statement per applicant 18 & older.
- A copy of the executed purchase contract or Lease agreement
- A copy of valid I.D. Driver's License **and** one of the following: copy of Social Security card, 1099, or W-2
- International Applicants: Passport, Cedula, Mother's Maiden Name, City & Country of birth
- Application fee of \$150.00 per applicant(s) 18 years of age & older (Cashier's check only) made payable to In the Middle Property Management, LLC
- International application fees will vary depending on the country of origin.
- Articles of Corporation
- What Type of business will you be operating

***After closing, a copy of the business' insurance naming the association as additional insured will be required.**

Board of Director's Signature: _____

Property Manager's Signature: _____

Desired Date of Occupancy: ___/___/___

Name of Association: _____

Property Address: _____

Name of Purchaser: _____

Date of Birth ___/___/___ Social Security # _____

Phone: () _____ Email: _____

Approximate # of Occupants: _____

Have you declared bankruptcy in the past seven (7) years? ___ Yes, ___ No

Have you ever been evicted from a residence? ___ Yes, ___ No

Have you ever been convicted/plead no contest to a felony or misdemeanor? ___ Yes, ___ No

Additional Sources of Information

(Please provide any additional information that may assist the owner/management in evaluating your application.)

Emergency Contact: _____

Name: _____

Phone: _____

PART 1 – BUSINESS AND BANK REFERENCE

Previous Business Address: _____

Months/Years Spent there: _____

Bank Reference: _____ Phone: _____

Bank Address: _____ Account # _____

VEHICLE REGISTRATION

(Copies of Vehicle Registrations Required for Vehicles parked overnight)

Make: _____ Model: _____ Year: _____ Tag# _____

Make: _____ Model: _____ Year: _____ Tag# _____

I/We agree to accept an invitation to appear personally before the Board of Directors to clarify any information in this application and to review the Association's rules.

OCCUPANCY PRIOR TO APPROVAL IS PROHIBITED.

By signing below, the applicant recognizes that the Association agent may investigate the information supplied by the applicant, and a full disclosure of pertinent facts may be given to the Association.

Signature: _____

Signature: _____

Date: _____

Date: _____

ALL PARTS OF THIS FORM ARE REQUIRED. DONOT CUT OR SEPARAE THEM

Authorization to release banking, credit, residence, police records, and employment information.

I/We hereby warrant that all representations set forth above are true. To verify the above statements, I/We direct those persons named in this application to ask questions about me/us. I/We waive all rights of actions for consequences as a result of such information. I/We agree, authorize, and give permission to the Management Company, owner, or servicing company to perform a credit check on myself/us. I/We agree to pay the specified fee (as provided by Management; International fees will vary. Please inquire for specific country) for the credit check, as permitted by state law.

Applicant Name (Printed)

Applicant Name (Signature)

Date

Applicant Name (Printed)

Applicant Name (Signature)

Date