TAMIAMI TECH CENTER ASSOCIATION, INC. C/O LYNX PROPERTY SERVICES 12595 SW 137TH Ave. Suite 305, MIAMI, FLORIDA 33186 TELEPHONE: (305) 251-2234, FAX: (305) 252-6165 WWW.LYNXPROPSERVICES.COM

INSTRUCTIONS FOR SALE/LEASE APPLICATIONS

LISTED BELOW ARE PROCEDURES AND DOCUMENTS THAT WILL BE REQUIRED FOR APPROVAL OF SALE OR LEASE:

Please submit all the following required information:

- 1. Completed application.
- \$100.00 per first applicant or married couple, \$35.00 per any additional adult (18 years and older). This is a non-refundable screening fee payable to Lynx Property Services. ONLY money orders or cashier's checks are acceptable; personal checks and cash will not be accepted.
- 3. A copy of the purchase agreement or lease agreement.
- 4. Copy of picture identification for all adult applicants.

Property Address:	
Name of owner/seller:	
Mail or hand-deliver the above to:	Tamiami Tech Center Association, Inc. c/o Lynx Property Services 12595 SW 137 th Ave. Suite 305 Miami, FL 33186

Upon receipt of the completed paper work (please no faxes, originals only), your application will be processed.

Please allow at least 30 days for the processing of the application.

Note: All questions must be answered, and blanks filled in. If any question is not answered, this application may be returned, not processed, and not approved. Print legibly or type all information.



APPLICATION COVER SHEET

TYPE OR PRINT THIS FORM MUST BE LEGIBLE IN ORDER FOR APPLICATION TO BE PROCESSED

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APPLICANT'S INFORMATION

NAME: SSØ:: DOB:: MARITAL STATUS: DRIVER'S LICENSE: CELL NUMBER:: HOME PHONE NUMBER: SPOUSE/ CO-APPLICANT: SSØ:: DOB:: STATE: CELL NUMBER:: HOME PHONE NUMBER: DOB:: STATE: CELL NUMBER:: DOB:: STATE: CELL NUMBER:: CELL NUMBER:: OTHER OCCUPANTS (UNDER 18 YRS. OF AGE): NAME: RELATIONSHIP: NAME: RELATIONSHIP: NAME: RELATIONSHIP: AGE: RESIDENT HISTORY PRESENT ADDRESS STREET: CITY: DATES TO/FROM: APT. #: CITY: DATES TO/FROM: APT. MAME/IF HOME, MONTHALY PAYMENT: APT. MAME/IF HOME, MORTGAGE COMPANY AND LOAN NO. REASON FOR MOVING: PREVIOUS ADDRESS STREET: CITY: STATE: ZIP CODE: DATES TO/FROM: APT. #: CITY: DATES TO/FROM: APT. #: PREVIOUS ADDRESS STREET: CITY: DATES TO/FROM: APT. #: CITY: LOANE/IF HOME, MONTHLY PAYMENT: APT. NAME/IF HOME. MONTHLY PAYMENT: APT. MICROSCOPICAL APT. #: CITY: LOANE APT. #:	APPLICANT'S						
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GIVE DESCRIPTION AND TAG NUMBERS OF ANY BOAT, MOTORCYCLE, CAMPER, VAN, ETC. YOU MAY OWN:			 PET	TAG #		OR		STERED TO:
GIVE DESCRIPTION AND TAG NUMBERS OF ANY BOAT, MOTORCYCLE, CAMPER, VAN, ETC. YOU MAY OWN: HOW MANY PETS IF ANY?			 PET	TAG #		COL	REGIS	STERED TO:

EMERGENCY CONTACTS

NAME:			
RELATIONSHIP:		AGE:	
ADDRESS:	PHONE:	- !	1
NAME:			
RELATIONSHIP:		AGE:	
ADDRESS:	PHONE:	.	
NAME:			
RELATIONSHIP:		AGE:	
ADDRESS:	PHONE:	-1	
to induce owner and hereby authorized a including, without lim its sole discretion as may be entered into term of said lease or	resents that all the above statements are true and cord its agents to lease or rent an apartment. Owner and given the right to verify by reasonable mean sitation, ordering credit and criminal reports, and autho to whether to reject the application and/or to terminal between the parties, pursuant to this application, vany extensions or renewals thereof, if the applicant hents or misrepresentations in this application.	and its a is the a rized to o te any le whether o	agents are pplication, exercise in ease which during the
Applicant's Signature:		Date:	
Spouse/Co-applicant:		Date:	
Co-signer:		Date:	
Second co-signer:		Date:	

Date: _____

Owner/Leasing Agent:

TAMIAMI TECH CENTER ASSOCIATION, INC. BUSINESS USE FORM

Name:							
Date of Birth:		S	ocial Security:				
	Worl	k:		Cell:			
	BUSINES	SS IN	FORMA	TION			
Name of business:							
Describe business:							
	-						
Principals:							
Will there be any ope	n door operations	?	□YES	□NO			
Will there be any reta		:	□YES	□NO			
			VEHICLES				
(Rule MAKE	es & Regulations n MODEL		number of veh YEAR	icles permitted) PLATE #		STATE	
	NUMBER	OF LICE	NSED DRIVE	RS			
NAME		DRIV	ER'S LICENS	E NUMBER	S	TATE	

TAMIAMI TECH CENTER ASSOCIATION, INC. POTENTIAL RENTERS/BUYERS QUESTIONNAIRE

Name of business:
Type of business (describe in detail):
Number of employees:
Number of parking spaces needed for business:
What is your traffic flow?
How many cars visit your business (daily, weekly)?
What is your garbage/cardboard box output (daily, weekly)?
Does your business require special areas for toxic or chemica materials? □YES/□NO If yes, please explain:
Can your business operate entirely within the space provided?
Does your business require any special permitting licenses from the state or county? □YES/□NO If yes, please explain:
Please list your credit references: 1



New Purchaser Information – Tamiami Tech

Date:/	Account#:
Address of home:	
Purchaser:	Phone: ()
Mailing Address:	
Email Address:	
Purchaser's Agent:	Phone: ()
Seller:	Phone: ()
Will new purchaser live in unit?	
Will new purchaser rent unit?	
(If new purchaser will be rentir request tenant application and	ng out unit, please contact Management office to forms.)
Expected date of closing:	//
Title company:	
Contact person:	Phone: ()
Lender:	Contact name:
Phone: ()	Purchase price: \$
Amount of mortgage: \$	Type of mortgage: FHA VA

PLEASE RETURN THIS FORM TO THE OFFICE OF LYNX PROPERTY SERVICES WITH A COPY OF THE SALES CONTRACT PRIOR TO CLOSING AND THE APPLICATION FEE (MONEY ORDER OR CASHIER'S CHECK ONLY).



TAMIAMI TECH CENTER ASSOCIATION, INC. AFFIDAVIT

- 1. Buyer/leaser agrees to read all Association documents (Declaration of Covenants, Restrictions, By Laws, Rules and Regulations) prior to purchasing.
- 2. Buyer/leaser agrees to abide by all Association rules and documents.
- 3. Buyer/leaser acknowledges that less than 2 parking spaces per unit exist and that spaces are not assigned.
- 4. Buyer/leaser acknowledges a closed-door operation for business use only.
- 5. Buyer/leaser acknowledges business restrictions and must conform to documents and be approved by the Board of Directors at their discretion, prior to purchase/leasing.
- 6. Buyer/leaser will obtain approval letter from Association prior to purchase/leasing.
- 7. Condominium Association may exercise Right of First Refusal.
- 8. The buyer acknowledges that the Association has no responsibility whatsoever or duties relative to any improvements and/or permitting and code issues related to the interior of the unit.
- 9. Association dumpster is to be used for normal office type refuse only; it cannot be used for any other type of debris whatsoever.

Herein prospective purchaser agrees:	
Signature of Purchaser	Print Name
Signature of Purchaser	Print Name
NOTARY	ACKNOWLEDGEMENT
Sworn to and subscribed before me	this day of
20	is/is not personall
known to me. Florida I.D.#:	
	Signature of Notary Publi

TAMIAMI TECH CENTER ASSOCIATION, INC. RULES AND REGULATIONS AGREEMENT

I have read, fully understand, and agree to abide by the Tamiami Tech Center Association Rules and Regulations.

New resident's signature	
Print name	
New resident's signature	
Print name	Unit#/Address
New resident's signature	
Print name	 Unit#/Address