

# THE FOUR AMBASSADORS ASSOCIATION, INC.

## INSTRUCTIONS

1. Please complete the application in full. Be sure to fill in your name exactly as it should appear on the approval form. In order to expedite the approval process, be sure to include complete addresses and zip codes, along with telephone numbers as requested.
2. The screening fee is **\$100.00** per application. You may pay in cash, cashiers check or money order. The payee should be "The Four Ambassadors Association, Inc.". **Personal checks cannot be accepted.**
3. Please enclose a copy of your purchase agreement or lease contract.
4. A copy of a valid government issued form of identification must be presented. A copy of the document must accompany this application. The identification may in a valid, drivers license with picture or copy of the picture page of a valid passport.
5. Be sure to include a telephone contact number and your correct mailing address.

Return the completed forms, along with your screening fee to:

By Mail:

The Four Ambassadors Association, 801 Brickell Bay Drive, Box 8, Miami, Fl 33131

In person:

The Four Ambassadors, Administrative Office, located in Tower III, Suite 246,  
Mezzanine Level.

By Facsimile:

305/530-0605

Please allow at least two weeks for processing your application.

All applicants must attend a personal interview that will be scheduled at a mutually convenient time.

All units are subject to an inspection by our Engineering Department to ascertain that the unit is in compliance with all Rules and Regulations of The Four Ambassadors, as well as the City of Miami Building and Zoning Ordinances and fire safety ordinances.

All units must be current in their monthly maintenance assessments, before approval forms will be issued. Estoppel letters should be requested, in writing, to The Four Ambassadors Association, Inc. at the mailing address above or by facsimile to the number printed above.

Only completed applications will be forwarded to our board for approval, please be sure that all information requested is attached.

If you have any questions, please contact Victoria at (305) 374-6270, Extension 10.

**The original approval form will be mailed to the applicant at his current address of record, unless other arrangements are requested in writing.**

**APARTMENT UNIT INSPECTION FORM**

**(For Office Use Only)**

You may fill in the contact person's name and telephone contract number, so that our Inspector can contact them to physically inspect the apartment unit for the approval process.

Date: \_\_\_\_\_

Unit #: \_\_\_\_\_

Brickell Investment: \_\_\_\_\_

Ambassador Realty \_\_\_\_\_

The Ambassadors, J. V \_\_\_\_\_

Other (See Attached) \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_

\_\_\_\_\_

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The below information is to be completed by The Four Ambassadors:

1) Does Unit have the following installed?

Audible Horn \_\_\_\_\_

Hardwired Smoke Detector \_\_\_\_\_

Automatic Door Closer \_\_\_\_\_

Note: The City of Miami requires that all apartments in this complex have an audible horn, a hard-wired smoke detector and an automatic door closer.

2) The following items are not permitted:

Washing Machine/Dryer \_\_\_\_\_

Garbage Disposal \_\_\_\_\_

Note: The Four Ambassadors does not permit the installation or use of washing machines or dryers in the apartments, nor are garbage disposals permitted to be used due to the plumbing, the complex's plumbing was not built to withstand these items.

3) Has this unit passed inspection for approval?

Yes \_\_\_\_\_

No \_\_\_\_\_

If approval is not given or if any other violations are noted, such as visible poor electrical wiring, plumbing, etc, please explain: \_\_\_\_\_

**Inspection was performed by:** \_\_\_\_\_

Purchase \_\_\_\_ Lease \_\_\_\_

compra \_\_\_\_ Renta \_\_\_\_

**THE FOUR AMBASSADORS ASSOCIATION INC.**  
**APPLICATION FOR RESIDENCY**

Date: \_\_\_\_\_  
Fecha: \_\_\_\_\_

Re: Unit \_\_\_\_\_

**THIS APPLICATION CANNOT BE PROCESSED IF ALL QUESTIONS ARE NOT ANSWERED. ESTA APLICACION NO SERA PROCESADA SI TODAS LAS PREGUNTAS NO SON RESPONDIDAS.**

**PLEASE PRINT:**

**Applicant:** (Please note, the names of all prospective adult residents must be listed below)

Name (Nombre) \_\_\_\_\_

Birthdate (Fecha Nacimiento) \_\_\_\_\_

Driver's License # & State \_\_\_\_\_ SSN: \_\_\_\_\_  
(Numero Licencia de Manejar)

**Co-Applicant**

Name (Nombre) \_\_\_\_\_

Birthdate (Fecha Nacimiento) \_\_\_\_\_

Driver's License # & State \_\_\_\_\_ SSN: \_\_\_\_\_  
(Numero Licencia de Manejar)

Apartment to be occupied by: \_\_\_\_\_ Adults \_\_\_\_\_ Children \_\_\_\_\_  
Quienes ocuparan apto: \_\_\_\_\_ Adultos \_\_\_\_\_ Niños \_\_\_\_\_

Names and Ages of Children (Nombre y edad de niños)

\_\_\_\_\_

**For Prospective Purchasers Only: (Rental Tenants are not permitted pets of any kind).**

Do you have any pets? Yes No How Many? \_\_\_\_\_  
Tiene Animales? Si No Cuantos? \_\_\_\_\_

Type/Size?/Tipo y Tamano? \_\_\_\_\_

**RESIDENTIAL HISTORY (Last Five Years):**  
**HISTORIA RESIDENCIAL:**

Present Address: (Direccion Actual)

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How Long? (Cuanto Tiempo) \_\_\_\_\_ Own(Propio) \_\_\_\_\_ Rent (Renta)  
\_\_\_\_\_

Phone Number (Telefono) \_\_\_\_\_ Facsimile: \_\_\_\_\_

Resident from \_\_\_\_\_ to \_\_\_\_\_

Name and Address of Present Landlord/Mortgage Company:  
(Nombre y direccion del dueno o encargado): \_\_\_\_\_

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Telephone (Telefono) : (\_\_\_\_) \_\_\_\_\_ Facsimile (\_\_\_\_) \_\_\_\_\_

**EMPLOYMENT HISTORY (LAST SEVEN YEARS): HISTORIAL DE EMPLEOS (ULTIMOS 7 ANOS):**

1. Present Employer (Empleo presente) \_\_\_\_\_

Employer Address (Direccion del empleo) \_\_\_\_\_

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Position (Posicion/cargo)

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Type of Business (Tipo de negocio) \_\_\_\_\_

Supervisor

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Length of Employment (Cuanto tiempo) \_\_\_\_\_ Phone Telefono) \_\_\_\_\_

Annual Salary (Salario Anual) \_\_\_\_\_

**If you need extra space, please complete on a blank piece of paper and attach hereto.**

**CHARACTER REFERENCES (DO NOT INCLUDE RELATIVES, ATTORNEY,  
EMPLOYEES, OR BUSINESS PARTNER)  
REFERENCIAS PERSONALES (NO INCLUYA FAMILIARES, ABOGADO,  
EMPLEADOS O SOCIOS)**

1. Name (Nombre) \_\_\_\_\_

Address (Direccion) \_\_\_\_\_

Telephone  
(Telefono) \_\_\_\_\_ Facsimile \_\_\_\_\_

2. Name (Nombre) \_\_\_\_\_

Address (Direccion) \_\_\_\_\_

Telephone  
(Telefono) \_\_\_\_\_ Facsimile \_\_\_\_\_

3. Name (Nombre) \_\_\_\_\_

Address (Direccion) \_\_\_\_\_

Telephone  
(Telefono) \_\_\_\_\_ Facsimile \_\_\_\_\_

**PREVIOUS NEIGHBORS (MUST LIST TWO FOR EACH RESIDENCE INCLUDING  
PRESENT RESIDENCE) VECINOS (MENCIONE DOS VECINOS POR CADA  
RECIDENCIA, INCLUYENDO LA ACTUAL)**

1. Name (Nombre) \_\_\_\_\_

Address (Direccion) \_\_\_\_\_

Telephone (Telefono) (\_\_\_\_\_) \_\_\_\_\_ Facsimile:  
(\_\_\_\_\_) \_\_\_\_\_

2. Name (Nombre) \_\_\_\_\_

Address (Direccion) \_\_\_\_\_

Telephone (Telefono) \_\_\_\_\_ Facsimile: \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

I have made an application to lease or purchase an apartment or home.

I have named you as a reference on my application and request that you release any and all information concerning by banking, credit, residence and or employment for use in connection with my application.

Photocopies of this letter may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this letter, it should be treated as an original and the requested information be released.

Thank you for your cooperation.

Applicant:

Co-Applicant:

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Signature  
Date: \_\_\_\_\_

**NOTICE**

Your application is very **IMPORTANT** to us and we want to process it quickly. Be certain that every response is entered on the application form so that we can complete our screening process on your application. You must give a telephone number (local or long distance) where you may be reached or your application cannot be processed.

Applicant(s) understand that occupancy prior to approval is prohibited. Any misrepresentation or falsification of information on the application form or lease agreement will result in the automatic rejection of the application and lease.

Applicant(s) acknowledge that the Board of Directors or its agents may cause to be instituted an investigation of applicant(s) background as the Association, its Board of Directors, its officers or its agents may deem necessary. Applicant(s) authorize the Association, its Board of Directors, its officers or its agents to make such investigation and agree that the information contained in the application form may be used in such investigation.

Applicant(s) hold harmless the Association, its Board of Directors, officers and its agents for any action or claim in connection with the use of the information contained in the application form lease or any investigation conducted by the Association, its Board of Directors, officers and its agents, and further agree that the information may be provided to the unit owner or other interested party.

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

**IMPORTANT – FOR ALL CONDOMINIUM PURCHASERS**

Please make sure that you provide the Association with a copy of your recorded Warranty Deed, so that the Condominium Office will have the proper documentation to make necessary changes in our billing records. If you have any questions regarding the monthly maintenance fees associated with condominium ownership, please contact our accounting department at 305/374-6270.

As a unit owner you are entitled to one parking space per unit on an unassigned, pooled basis. **You must present a copy of your warranty deed (prior to the recorded copy) to the Parking Department in order to get your parking decal and before making your deposit for your decal and keycards.** When you receive the deed back from City of Miami after having it recorded, a copy of the recorded document should be forwarded to The Association.

This will avoid unnecessary complications to your account.

Thank you.

ATENCION COMPRADOR:

Asegurese de facilitarnos una copia del Warranty Deed tan pronto como compre su unidad, para que la oficina de contabilidad del condominio haga los cambios necesarios en sus archivos. Esto evita complicaciones innecesarias en su cuenta.

Gracias.

\_\_\_\_\_  
**My signature below indicates that I have read and understand the information contained herein and I will forward a copy of the recorded deed to the Condominium Association as soon as it is received from the Recording Office.**

My closing date is \_\_\_\_\_.

\_\_\_\_\_  
**SIGNATURE OF PURCHASER**

\_\_\_\_\_  
**DATE**

**PRINTED NAME:** \_\_\_\_\_

**Mi firma abajo, indica que he leído y comprendido la información contenida aquí, y que proporcionaré una copia del título asentado en la corte a la oficina de la Asociación de Condominio tan pronto como lo reciba.**

**Mi fecha de cierre es** \_\_\_\_\_.

\_\_\_\_\_  
**FIRMA DEL COMPRADOR**

\_\_\_\_\_  
**FECHA**

**LETRA DE MOLDE:** \_\_\_\_\_