

**TAMIAMI TECH CENTER ASSOCIATION, INC.  
C/O LYNX PROPERTY SERVICES  
12485 SW 137<sup>TH</sup> Ave. Suite 309, 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.
2. \$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  
12485 SW 137<sup>th</sup> Ave. Suite 309 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

DATE OF APPLICATION:	
NAME OF COMMUNITY:	
EMAIL RESULTS BACK TO:	

PROPERTY ADDRESS:		OWNER'S MAILING ADDRESS:	
MOVE IN DATE:		# OF APPLICANTS:	

### APPLICANT 1

NAME:					
ADDRESS:					
CITY:		STATE:		ZIP CODE:	
CELL NUMBER:		HOME PHONE NUMBER:			
EMAIL:					
SS#:		DOB:		Current Rental Amount:	
INCOME DETAIL		GROSS MONTHLY INCOME:			
		ADDITIONAL MONTHLY INCOME:			
		TOTAL GROSS MONTHLY INCOME:			

### APPLICANT 2

NAME:					
ADDRESS:					
CITY:		STATE:		ZIP CODE:	
CELL NUMBER:		HOME PHONE NUMBER:			
EMAIL ADDRESS:					
SS#:		DOB:		Current Rental Amount:	
INCOME DETAIL		GROSS MONTHLY INCOME:			
		ADDITIONAL MONTHLY INCOME:			
		TOTAL GROSS MONTHLY INCOME:			

APPLICANT 3

NAME:					
ADDRESS:					
CITY:		STATE:		ZIP CODE:	
CELL NUMBER:		HOME PHONE NUMBER:			
EMAIL ADDRESS:					
SS#:		DOB:		Current Rental Amount:	
INCOME DETAIL	GROSS MONTHLY INCOME:				
	ADDITIONAL MONTHLY INCOME:				
	TOTAL GROSS MONTHLY INCOME:				

CO-SIGNER 1

NAME:					
ADDRESS:					
CITY:		STATE:		ZIP CODE:	
CELL NUMBER:		HOME PHONE NUMBER:			
EMAIL ADDRESS:					
SS#:		DOB:		Current Rental Amount:	
INCOME DETAIL	GROSS MONTHLY INCOME:				
	ADDITIONAL MONTHLY INCOME:				
	TOTAL GROSS MONTHLY INCOME:				

CO-SIGNER 2

NAME:					
ADDRESS:					
CITY:		STATE:		ZIP CODE:	
CELL NUMBER:		HOME PHONE NUMBER:			
EMAIL ADDRESS:					
SS#:		DOB:		Current Rental Amount:	
INCOME DETAIL	GROSS MONTHLY INCOME:				
	ADDITIONAL MONTHLY INCOME:				
	TOTAL GROSS MONTHLY INCOME:				



### APPLICANT'S INFORMATION

APPLICANT'S NAME:					
SS#:		DOB:		MARITAL STATUS:	
DRIVER'S LICENSE:				STATE:	
CELL NUMBER:			HOME PHONE NUMBER:		

SPOUSE/ CO-APPLICANT:					
SS#:		DOB:		MARITAL STATUS:	
DRIVER'S LICENSE:				STATE:	
CELL NUMBER:			HOME PHONE NUMBER:		

#### OTHER OCCUPANTS (UNDER 18 YRS. OF AGE):

NAME:					
RELATIONSHIP:		AGE:			
NAME:					
RELATIONSHIP:		AGE:			
NAME:					
RELATIONSHIP:		AGE:			

### RESIDENT HISTORY

PRESENT ADDRESS					
STREET:				APT. #:	
CITY:		STATE:		ZIP CODE:	
DATES TO/FROM:			MONTHLY PAYMENT:		
APT. NAME/IF HOME, MORTGAGE COMPANY AND LOAN NO.			PHONE NUMBER:		
REASON FOR MOVING:					

PREVIOUS ADDRESS					
STREET:				APT. #:	
CITY:		STATE:		ZIP CODE:	
DATES TO/FROM:			MONTHLY PAYMENT:		
APT. NAME/IF HOME, MORTGAGE COMPANY AND LOAN NO.			PHONE NUMBER:		
REASON FOR MOVING:					
HAVE YOU EVER BEEN EVICTED FROM ANY LEASED PREMISES? IF YES, EXPLAIN.					

## EMPLOYMENT

PRESENT EMPLOYER:		POSITION:	
BUSINESS ADDRESS:		BUSINESS PHONE:	
SUPERVISOR:		EMPLOYED SINCE:	
GROSS WEEKLY SALARY:			

PREVIOUS EMPLOYER:		POSITION:	
BUSINESS ADDRESS:		BUSINESS PHONE:	
SUPERVISOR:		EMPLOYED SINCE:	
GROSS WEEKLY SALARY:			

SPOUSE/CO-APPLICANT'S EMPLOYER:		POSITION:	
BUSINESS ADDRESS:		BUSINESS PHONE:	
SUPERVISOR:		EMPLOYED SINCE:	
GROSS WEEKLY SALARY:			

## VEHICLES

(Rules & Regulations may limit number of vehicles permitted.)

MAKE	MODEL	YEAR	TAG #	COLOR	REGISTERED TO:

GIVE DESCRIPTION AND TAG NUMBERS OF ANY BOAT, MOTORCYCLE, CAMPER, VAN, ETC. YOU MAY OWN:	
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## PETS

HOW MANY PETS IF ANY?					
KIND:		WEIGHT (LBS.)		COLOR:	
KIND:		WEIGHT (LBS.)		COLOR:	
KIND:		WEIGHT (LBS.)		COLOR:	

## EMERGENCY CONTACTS

NAME:			
RELATIONSHIP:		AGE:	
ADDRESS:		PHONE:	
NAME:			
RELATIONSHIP:		AGE:	
ADDRESS:		PHONE:	
NAME:			
RELATIONSHIP:		AGE:	
ADDRESS:		PHONE:	

Applicant hereby represents that all the above statements are true and correct and are made to induce owner and its agents to lease or rent an apartment. Owner and its agents are hereby authorized and given the right to verify by reasonable means the application, including, without limitation, ordering credit and criminal reports, and authorized to exercise in its sole discretion as to whether to reject the application and/or to terminate any lease which may be entered into between the parties, pursuant to this application, whether during the term of said lease or any extensions or renewals thereof, if the applicant has made any false or misleading statements or misrepresentations in this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Co-applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Co-signer: \_\_\_\_\_ Date: \_\_\_\_\_


Second co-signer: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Leasing Agent: \_\_\_\_\_ Date: \_\_\_\_\_

# TAMIAMI TECH CENTER ASSOCIATION, INC. BUSINESS USE FORM

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

 → Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## BUSINESS INFORMATION

Name of business: \_\_\_\_\_

Describe business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Principals: \_\_\_\_\_

\_\_\_\_\_

Will there be any open door operations?  YES  NO

Will there be any retail?  YES  NO

### NUMBER OF VEHICLES (Rules & Regulations may limit number of vehicles permitted)

MAKE	MODEL	YEAR	PLATE #	STATE

### NUMBER OF LICENSED DRIVERS

NAME	DRIVER'S LICENSE NUMBER	STATE

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 chemical materials? YES/NO If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Can your business operate entirely within the space provided? YES/NO If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_





**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 renting out unit, please contact Management office to request tenant application and 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 personally  
known to me. Florida I.D.#: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

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

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

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Unit#/Address

\_\_\_\_\_  
New resident's signature

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

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Unit#/Address

\_\_\_\_\_  
New resident's signature

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

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Unit#/Address