

**Horizons West # 6 Condominium Association, Inc.
C/O Miami Management, Inc.
14275 SW 142 Avenue Miami Florida 33186
SCREENING APPLICATION PACKAGE**

Thank you for your interest in our community. We look forward to assisting you in the process of your application. The items listed below are required to be submitted along with this application. Make sure to submit a completed application and package. If the package is not complete, the process will be delayed. **Please allow 15 to 20 business days for the screening process.**

If you have any questions or require additional assistance, please do not hesitate to reach Screenings at Miami Management Inc., at 305-259-1407 or via email at Screenings@miamimanagement.com.

Items that must be submitted (please check off):

- ☐ This Application must be completed in detail by the proposed buyer and/or tenant. Application will not be processed without signature of both owner and lessee.
- ☐ Include a copy of the lease agreement or sales contract. No lease shall be for less than one (1) calendar year. Lease Renewals will need the approval of the Association.
- ☐ A copy of tag registration for all permanent vehicles.
- ☐ Copy of valid photo identification for each occupant residing in the unit that is 18 years or older.
- ☐ **A \$150.00(NON-REFUNDABLE) screening fee per applicant/per adult over 18 years (\$150.00 Married Couple present certificate of married)) made payable to Horizons West #8 Condominium in the form of a money order or cashier's check.**
- ☐ **A \$150.00(NON-REFUNDABLE) processing fee made payable to Miami Management, Inc. in the form of a money order or cashier's check.**
- ☐ **If Renting, a Security Deposit from the Unit Owner is required, in the amount of \$500.00, made payable to Horizons West # 6 Condominium Association, Inc. In the form of money order or cashier's check only. Security Deposit will be refunded, 30 days after termination lease.**
- ☐ **Owner must contact Castle Group at (305-387-0462) and request an account ledger. Ledger must be included in the application, and must be up to date.**
- ☐ **The completed application MUST be submitted to the Association at least 15 working days prior to the desired date of occupancy. Please do not call the management company to rush.**
- ☐ **INTERVIEW ARE MANDATORY**
- ☐ All maintenance assessment dues to the Association must be paid in full prior to application process.
 - Occupancy prior to final approval is prohibited. Any owner who moves a tenant into a home/lot without the Associations approval will be subject to an immediate legal action, which can result in eviction.
 - No lessee shall sublet or assign his interest in an apartment unit.
 - **Only pets under 10 LBS are allowed (pet registration must be filled out and signed.**
 - If there are any questions not answered, or left blank, this application will be returned to you unprocessed.
 - Move in date is required as well as move in hour. The hours permitted to move are 9:00 AM through 6:00 PM Monday through Saturday.
 - PLEASE DO NOT PRINT APPLICATION DOUBLE SIDED.

Applicant Name _____

Current Owner Name _____

Date Application Received:
____/____/____



High Rise Division
14275 SW 142 Avenue
Miami, Florida 33186
Office: 305.378.0130
Fax: 305.378.5030

MMI of the Palm Beaches, Inc.
1201 US Highway One Suite 330
North Palm Beach, Florida 33408
Office: 561.686.7818
Fax: 561.686.7284

Broward Division
1145 Sawgrass Corporate Parkway
Sunrise, Florida 33323
Office: 954.846.7545
Fax: 954.846.8559
Toll Free: 1.800.605.9160

North Miami Division
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Office: 305.378.0130
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Applicant Signature

Current Owner Signature



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Estoppel Request

Effective August 1st, 2022 when requesting an Estoppel :

Request and payment online can be made at <https://www.miamimanagement.com/estoppel.php>

➤ If the property has been foreclosed upon, a copy of the Recorded Certificate of Title is REQUIRED at the time payment is received

Estoppel Cost **\$299.00** (7 business days – delivered via email only included)

Expedited Service Fee **\$119.00** (2 business days – delivered via email only)

➤ If the property has more than one association (account numbers) for a single property address, a separate estoppel cost and estoppel request form are required for each association.

➤ The expedited service may not include the property inspection.

Updates:

1. Please email your request to: estoppels@miamimanagement.com
2. One update within a 30-day period from original estoppel issue date is free of charge
3. New estoppel requests are required after 30 days



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THIS INSTRUMENT PREPARED BY
Pablo A. Arriola, Esq., LL.M.
AR LAW GROUP PLLC
8785 SW 165th Ave., Suite 103
Miami, Florida 33193
(786) 636-1001

THE HORIZONS WEST CONDOMINIUM NO. 6 ASSOCIATION, INC.

RENTAL GUIDELINE FOR POTENTIAL TENANTS

THE HORIZONS WEST CONDOMINIUM NO. 6 ASSOCIATION, INC. (the "Association") with the goal to protect the health, safety, and welfare of the Association, unit owners and their family members, tenants, guests, agents or invitees, it is important to adopt a uniform and consistent procedure for approval and rejection of potential tenants to rental units within its property in accordance with its governing documents and Florida law.

The Association welcomes all residents and, in accordance with The Fair Housing Act, does not discriminate based on Race, Color, National Origin, Religion, Sex (including gender identity and sexual orientation), Familial Status, or Disability.

Accordingly, the Association, by a duly noticed meeting of the board, approves and adopts the following guidelines:

Prior to the leasing of a house, all potential tenants must satisfy the following requirements:

1. Leasing application must be filled and submitted to the Management Company at least 14 days prior to moving.
2. Unit Owners must attach to the application a copy of the lease between themselves and the Lessee.
3. The lease must include the following clause:

"The Association has the right to terminate the lease upon default by the tenant in observing any of the provisions of the Declaration, of the Articles and the By Laws of the Association or applicable rules and Regulations, or of any other agreement, document or instrument governing the lots or dwelling units."
4. Even if the above clause is not included in the lease, the Association retains the right therein specified;
5. No Unit Owner may lease less than the entire unit, nor may the unit be leased for transient or hotel purposes;
6. If renewing the lease, Unit Owner is responsible for providing a copy of the new lease to the Management Company to update its files;
7. A money order must be included so that all lessees or proposed residents over 18 years of age can get a national background;
8. Every adult that will reside in the unit must submit an application;

9. A potential tenant or resident will not be approved if the record shows a conviction o nolo-contendere within the last ten (10) years from application date;
10. A potential tenant or resident will not be approved if the record shows history of eviction within the last five (5) years from application date;
11. A credit score of a minimum of 550 is required for every adult that will reside in the unit;
12. The Unit Owner is responsible for submitting a change of address letter with their signature, phone numbers, and a mailing address where they would like Management Company to send all communication.
13. The Unit Owner is absolutely obligated to pay all of the assessment fees or any other charges incurred on their account by their tenants.
14. The Board reserves the right to prohibit a tenant from occupying a unit until the unit owner complies with all leasing requirements. The Board reserves the right to initiate legal proceedings against the tenant and/or the owner for breach of any of the rules and regulations of the Association, including actions for damages or removal.

Adopted this 29 day of APRIL, 2025 at a duly noticed board meeting.

IN WITNESS WHEREOF, the Association has, by its duly authorized officers, executed this Amendment as of the day and year first above written.

THE HORIZONS WEST CONDOMINIUM NO. 6
ASSOCIATION, INC.

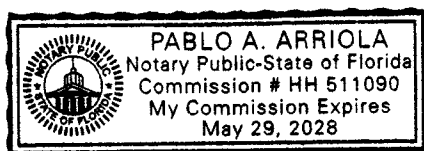
By: _____

Nelson Alarcon, President

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me, by means of physical presence, this 29 day of APRIL, 2025, by Nelson Alarcon, as President of the Board of Directors of the Association, on behalf of the corporation, who is [] known to me or has presented a valid Florida driver's license as identification.



NOTARY PUBLIC

PET REGISTRATION FORM

Resident: _____

Address: _____

Type of Pet (Please circle one): DOG CAT OTHER (Please specify): _____

Pet's Name: _____ Pet's Age: _____

Pet's Sex: _____ Pet's Weight: _____

County Tag # _____

Breed (Be Specific – give complete description, color, etc.): _____

Please provide: a picture of the pet, and up to date vaccination report.

Please remember all dogs are to be walked on a leash at all times and all excrement must be picked up by the dog owner.

I am aware of rules, regulations and restrictions regarding pets on the property and agree to abide by them.

Pet owner's Signature: _____ Date: _____



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Thank you,
Maria Rodriguez

ATTENTION HOMEOWNERS ONLY

If homeowner will be Leasing/Renting unit please complete this form.

Account Number: _____

Unit owner(s) Name: _____

Property Address: _____

City: _____ State: _____ Zip Code: _____

Please provide us with a mailing address where you would like to receive all correspondence.

Mailing Address: _____

C/O: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number(s):

1) _____ 2) _____ 3) _____

Email: 1) _____ 2) _____

If you have someone taking care of your unit and would like all correspondence to be mailed to them, please attach a letter giving us (Miami Management, Inc.) authorization to forward all correspondence to the person or company.

Signature of Unit Owner

Date



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PLEASE CIRCLE PROPERLY:

SALE

LEASE

Community Name: _____

Unit Owner Name: _____

Unit Address: _____

Owner(s) Mailing Address: _____

Owner(s) Phone Number: _____

Realtor Information (if any): Name _____ Number: _____

Applicants Name(s): _____

Present Address: _____

Home Phone #: _____ Cell Phone #: _____ Email: _____

The term of lease if \$ _____ per month. The term of the lease is from _____ to _____.

Number of adults to occupy home _____ Number of children _____

List all names, ages and relationship of all proposed occupants to the unit.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Vehicle Information:

Make/Model _____	Color _____	Tag _____	Year _____
Make/Model _____	Color _____	Tag _____	Year _____
Make/Model _____	Color _____	Tag _____	Year _____
Make/Model _____	Color _____	Tag _____	Year _____

Attention Buyer(s): Have you received a copy of the Association Documents? **YES** _____ **NO** _____ (Please initial)

Attention Renter(s): Have you received a copy of the Rules & Regulations? **YES** _____ **NO** _____ (Please initial)

Purpose for Purchase: LIVE _____ RENT OUT _____ OR VACATION HOME _____

I hereby agree for myself and on behalf of all persons who may use the unit which I seek to purchase/lease that I have read and will abide by the Rules and Regulations of the Association. Also, I will abide by restrictions which are or may in the future be imposed by the Association.

Unit Owner Signature

Buyer/Renter Signature

Date

Date



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Date: _____

Date: _____

Horizons West # 6 Condominium Association, Inc Owner/Tenant – Security Information Sheet

Date: _____ Received on: _____ Processed on: _____ Account #: - _____

Resident's Name: _____

Address: _____

Phone Number: _____

Email: _____

Name of other adults/children residing in the home:

- | | |
|----------|----------|
| 1) _____ | 5) _____ |
| 2) _____ | 6) _____ |
| 3) _____ | 7) _____ |
| 4) _____ | 8) _____ |

Emergency Contact 1:

Name: _____

Phone Number: _____

Emergency Contact 2:

Name: _____

Phone Number: _____

If you are a new owner, please provide former owner's name: _____

Former Owner's Telephones: _____

If the Unit is rented, please provide the current Owner and/or Representative information as follows:

Name: _____

Address: _____

Phone Numbers: _____

	VEHICLE YEAR, MAKE & MODEL	COLOR	TAG NUMBER
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____

All members of my family, my guests and I will abide by the Rules and Regulations of **Horizons West # 6 Condominium Association, Inc.**, which are contained in the Association Documents.



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IMPORTANT

Applicants Name: _____

Property Unit Address: _____

I hereby acknowledge receipt of the Association Rules and Regulations for
Horizons West # 6 Condominium Association, Inc.

If the application to lease is approved I hereby agree for myself and on behalf of all persons who may occupy/visit my unit that I have read, understand, and will abide by said rules and regulations.

I understand that the full set of Bylaws is to be provided to me by the property owner. In case the property owner fails to provide the full set of rules and regulations, I have been informed that the documents are available from the Management Company for a fee.

Applicant's Name (Print)

Co-Applicant's Name (Print)

Applicant's Signature

Co-Applicant's Signature

Date: _____

Date: _____

CURRENT HOME OWNER

I understand that I will be responsible for any charges, fines and/or legal fees assessed to my account by the Association for non-compliance of the Association Rules and Regulations by myself, my tenants, and/or any occupant resident/visiting my home.

Homeowner's Name (Print)

Homeowner's Name (Print)

Homeowner's Signature

Homeowner's Signature



ASSOCIATION COMMON AREA SECURITY DEPOSIT FORM

Date of check: _____ Association Name: _____

Property Address: _____

- Common area security deposit amount: \$ _____

Check number: _____ Check number: _____ Check number: _____

- Pet Deposit amount \$ _____

Check number: _____ Check number: _____ Check number: _____

- Move in/Move Out Deposit amount \$ _____

Check number: _____ Check number: _____ Check number: _____

- Move In deposit amount \$ _____

Check number: _____ Check number: _____ Check number: _____

- Move Out deposit amount \$ _____

Check number: _____ Check number: _____ Check number: _____

Remitter: _____ Signature: _____

DEPOSITS ARE RETURNED TO REMITTER ONLY

Received by: _____ Date Received: _____

Be advised the above deposit(s) is requested by the association for any damages to the association's property



3. To the extent necessary, Landlord hereby assigns to the Association all rights and remedies available to him/her to evict, dispossess or remove Tenant from the Unit for any violation of Florida Law, the Declaration of Condominium, articles of incorporation, by-laws, resolutions, rules and regulations, policies and all amendments thereto. Nothing herein is intended to limit Landlord's rights under the Lease or to take such actions as are necessary to enforce its terms.
4. Landlord hereby agrees to indemnify and hold harmless the Association for any damages (whether actual, consequential, punitive or exemplary), liability or expense, including attorneys' fees and costs, incurred by the Association as a result of any breach of this agreement by Tenant or any violation of Florida Law as it relates to the use, occupation or maintenance of the Unit or its impact upon the Association and those living within the Condominium, the Declaration of Condominium, articles of incorporation, by-laws, resolutions, rules and regulations, policies and all amendments thereto.
5. Landlord hereby assigns and conveys to the Association all right, title and interest in and to the rents provided for by the Lease and which are otherwise properly payable to Landlord for use and occupation of the Unit by Tenant. This assignment is given to secure Landlord's payment of all regular and special assessments authorized by Florida law, the Declaration of Condominium, articles of incorporation, by-laws, resolutions, rules and regulations, policies and all amendments thereto. **Accordingly, the Association shall forbear or the collection, taking or recovery of such rents provided and for so long as Landlord timely pays those assessments properly levied by the Association.** Landlord hereby affirms that he/she shall pay all such assessments when due. In the event, however, Landlord fails to pay to the Association any regular or special assessments authorized by Florida Law, the Declaration of Condominium, articles of incorporation, by-laws, resolutions, rules and regulations, policies and all amendments thereto, the Association shall be entitled to collect, receive and apply such amounts as are due and owing to it by Landlord (including interest thereon, costs, attorneys' fees and any penalties) from Tenant for the duration of the tenancy or the Tenant's possession of the Unit. Upon a determination that Landlord is delinquent in the payment of his/her assessments, the Association may issue a written demand to Tenant and deliver same (by U.S. mail) directing him/her to pay over to the Association such portion of the rent called for by the Lease as will satisfy and repay the delinquency and Tenant shall comply therewith within thirty (30) days from the date of said written demand, or the due date for the next payment of rent under the Lease, whichever is first. In the event the amount of the Landlord's delinquency exceeds the value of one (1) month's rent, Tenant shall pay the entirety of the rent over to the Association from month to month until the outstanding delinquency is satisfied. **In the event that the Landlord is delinquent in the payment of his/her assessments on two (2) or more occasions in the same calendar year, an action for foreclosure is commenced against the Unit and/or Landlord arising out of the ownership of the Unit or any security interest given therein, the Landlord files any petitions for bankruptcy (voluntary or involuntary) or is convicted of a crime and sentenced to any period of imprisonment, the Association may, in its sole discretion, elect to collect all unpaid future accruing assessments from the Tenant and in the place of the Landlord. Such right may be exercised irrespective of whether the Landlord cures any delinquency in the payments of assessments, brings his/her account current or is current in all assessment payments at the time any suit for foreclosure is commenced, petition for bankruptcy is filed or criminal conviction and/or sentencing is rendered.** Landlord and Tenant agree and acknowledge that Tenant's payment of rent to the Association as provided herein shall not constitute a failure of the Tenant's rental payment obligations set forth in the Lease. Nothing herein, moreover,



shall operate to detriment of or otherwise limit the Association's rights and authority to file and record a claim of lien for the unpaid assessments or otherwise pursue those rights and remedies provided for by Chapter 718, FLA. STAT.

6. Failure by the Tenant or the Landlord to comply with Paragraph 5 hereof shall constitute grounds for the Association to terminate the Lease and take those actions contemplated and authorized by Paragraph 2 hereof.
7. Any actions brought hereunder may seek summary procedure, as authorized by Chapter 51 FLA. STAT. and as otherwise permitted by Florida Law.
8. In the event of any litigation arising from the terms of this agreement or its performance, the prevailing party shall be entitled to the recovery of its reasonable attorneys' fees and costs incurred in connection with the maintenance or defense of such lawsuit.
9. Nothing herein is intended to limit any of the rights, obligations or remedies of any party under Florida law and all rights, remedies and obligations hereunder are intended to be cumulative of and not to the exclusion of any rights, remedies or obligations at law.
10. The Association hereby disclaims any ownership interest in the Unit and hereby further disclaims and does not warrant or make any representation concerning any condition of or in the Unit, its fitness for any purpose and disclaims any liability for any rights conveyed or obtained by Tenant and Landlord under the Lease and Florida Law. The parties hereby acknowledge and confirm that the Association is not and shall not be liable for rights to or use of the Unit.

Landlord's Name (Print)

Tenant's Name (Print)

Landlord's Signature

Tenant's Signature

Date: _____

Date: _____

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HORIZONS CONDOMINIUM NO. 6 ASSOCIATION INC.

8540 SW 133RD ACE ROAD MIAMI, FL 33186

APPLICATION FOR OCCUPANCY, PURCHASE, LEASE, GIFT, DEVISE OR INHERITANCE

APPLICATION FOR OCCUPANCY

FOR A SINGLE APPLICANT OR A MARRIED COUPLE

NOTE: Complete all questions and fill in all blanks. If any question is not answered or left blank, this application may be returned, not processed, and/or not approved. Print legibly or type all information. Missing information will cause delays. All information on this application will be verified.

Unit Number: _____ Property Address: 8540 SW 133RD ACE ROAD MIAMI, FL 33186
No. of people who will occupy unit: _____ No. of adults (age 18 or older): _____ No. of children: _____
Please check: Purchasing: _____ Purchasing for investment: _____ Renting: _____
In Case of emergency notify: _____ Address: _____ Phone: _____

PART 1 - SINGLE APPLICANT OR MARRIED COUPLE – APPLICANT INFORMATION

Applicant Name: _____ Date of Birth: _____ Social Security #: _____
(☐) Single (☐) Married (☐) Separated (☐) Divorced (☐) Widow(er) (☐) Maiden Name: _____
Tel: _____ Cell: _____ Work: _____ Email: _____
Driver's License Number: _____ State: _____
Have you ever been arrested or convicted of a crime: _____ Date(s): _____ County/State convicted in: _____
Charge (s): _____

Spouse's Name: _____ Date of Birth: _____ Social Security #: _____
(☐) Single (☐) Married (☐) Separated (☐) Divorced (☐) Widow(er) (☐) Maiden Name: _____
Tel: _____ Cell: _____ Work: _____ Email: _____
Driver's License Number: _____ State: _____
Have you ever been arrested or convicted of a crime? _____ Date(s): _____ County/State convicted in: _____
Charge (s): _____

PART 2 - SINGLE APPLICANT OR MARRIED COUPLE - RESIDENCE HISTORY

Present Address: _____
Apt. or Condo Name: _____ Home Phone: _____
Dates of Residency: From _____ to _____ Monthly Rent/Mortgage Amount _____
Name of Landlord/Mortgage: _____ Phone: _____

Previous Address: _____
Apt. or Condo Name: _____ Home Phone: _____
Dates of Residency: From _____ to _____ Monthly Rent/Mortgage Amount _____
Name of Landlord/Mortgage: _____ Phone: _____

HORIZONS CONDOMINIUM NO. 6 ASSOCIATION INC.

8540 SW 133RD ACE ROAD MIAMI, FL 33186

APPLICATION FOR OCCUPANCY, PURCHASE, LEASE, GIFT, DEVISE OR INHERITANCE

APPLICATION FOR OCCUPANCY

FOR A SINGLE APPLICANT OR A MARRIED COUPLE WITH THE SAME LAST NAME ONLY

PART 3 - SINGLE APPLICANT OR MARRIED COUPLE - EMPLOYMENT HISTORY

Applicant

Name of employer: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip _____

Position: _____ Name of supervisor: _____

Spouse

Name of employer: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip _____

Position: _____ Name of supervisor: _____

PART 4 - SINGLE APPLICANT OR MARRIED COUPLE - AUTHORIZATION

If this application is not legible or is not completely and accurately filled out, Background/Credit Search Service company (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing the applicant(s) recognize that the Association and the Background/Credit Search Service company will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, good credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of the Background/Credit Search Service company.

Print Name (Applicant)

Signature (Applicant)

Date

Print Name (Spouse)

Signature (Spouse)

Date

HORIZONS CONDOMINIUM NO. 6 ASSOCIATION INC.

8540 SW 133RD ACE ROAD MIAMI, FL 33186

APPLICATION FOR OCCUPANCY, PURCHASE, LEASE, GIFT, DEVISE OR INHERITANCE

APPLICATION FOR OCCUPANCY ADDITIONAL APPLICANTS

NOTE: Complete all questions and fill in all blanks. If any question is not answered or left blank, this application may be returned, not processed, and/or not approved. Print legibly or type all information. Missing information will cause delays. All information on this application will be verified.

Unit number _____ Property Address: 8540 SW 133RD ACE ROAD MIAMI, FL 33186

PART 1 – ADDITIONAL APPLICANT – APPLICANT INFORMATION

Applicant Name: _____ Date of Birth: _____ Social Security #: _____

() Single () Married () Separated () Divorced () Widow(er) () Maiden Name: _____

Tel: _____ Cell: _____ Work: _____ Email: _____

Driver's License Number: _____ State: _____

Have you ever been arrested or convicted of a crime: _____ Date(s): _____ County/State convicted in: _____

Charge (s): _____

PART 2 – ADDITIONAL APPLICANT - RESIDENCE HISTORY

Present Address: _____ Phone: _____

Apt. or Condo Name: _____ Phone: _____

Dates of Residency: From _____ to _____ Name of Landlord/Mortgage: _____

Rent/Mortgage Amount _____

Previous Address: _____ Home Phone: _____

Dates of Residency: From _____ to _____ Monthly Rent/Mortgage Amount _____

Name of Landlord/Mortgage: _____ Phone: _____

PART 3 - ADDITIONAL APPLICANT - EMPLOYMENT HISTORY

Name of employer: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip _____

Position: _____ Name of supervisor: _____

PART 4 – ADDITIONAL APPLICANT - AUTHORIZATION

If this application is not legible or is not completely and accurately filled out, Background/Credit Search Service company (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing the applicant recognizes that the Association and the Background/Credit Search Service company will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may include the applicant's character, general reputation, personal characteristics, good credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of the Background/Credit Search Service company.

Print Name (Additional Applicant)

Signature (Additional Applicant)

Date

HORIZONS CONDOMINIUM NO. 6 ASSOCIATION INC.

8540 SW 133RD ACE ROAD MIAMI, FL 33186

APPLICATION FOR OCCUPANCY, PURCHASE, LEASE, GIFT, DEVISE OR INHERITANCE

APPLICANTS: Most banks, financial institutions, mortgage companies and some employers require your signature and name printed to verify information. Please complete the form below:

AUTHORIZATION FORM

You are hereby authorized to release to the Background/Credit Search Service company any and all information they request with regards to verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references. This information is to be used for my/our credit report and/or criminal background check for my/our application for occupancy to Horizons Condominium Association, Inc.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to Horizons Condominium Association, Inc., for their exclusive use only. **PLEASE INCLUDE A COPY OF DRIVER'S LICENSE AND SOCIAL SECURITY TO CONFIRM IDENTITY.** If a driver's license is not available, please include a copy of your Passport or current identification card.

I/We further state that the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our proper signature(s).

I/We certify under penalty of perjury that the foregoing is true and correct.

_____ Print Name (Applicant)	_____ Signature (Applicant)	_____ Date
_____ Print Name (Spouse/Additional Applicant)	_____ Signature (Spouse/Additional Applicant)	_____ Date
_____ Print Name (Additional Applicant)	_____ Signature (Additional Applicant)	_____ Date
_____ Print Name (Additional Applicant)	_____ Signature (Additional Applicant)	_____ Date

CURRENT UNIT OWNER INFORMATION

First Name: _____ Last Name: _____ E-mail: _____
Mailing Address: _____ City: _____ State: _____ Zip _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Agent name (if any): _____
Address: _____ City: _____ State: _____ Zip _____
Work Phone: _____ Cell Phone: _____

Please note: These sample documents should NOT be construed as legal advice, guidance or counsel. Landlords should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. United Screening Services Corp. expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided

DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS

In connection with my application for occupancy for a dwelling and or Residential with _____, I understand consumer reports will be requested by you ("Company"). I further understand that Company may share said consumer report with the listing agent specifically in connection with my application for dwelling and or Residential. These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: **United Screening Services, Corp a division of Sarma.** (name) ("Agency"), **555 E Ramsey Rd, San Antonio, TX 78216** (address), telephone number **(305) 774-1711 or (800) 731-2139**, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: **www.unitedscreening.com**.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here: ☐

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

Are you a service member as defined by s. 250.01, Florida Statutes? Yes ☐ No ☐

The term "service member" is defined by s.250.01, Florida Statute to include any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights
_____ (initials).

Printed Name: _____

Signature: _____

Date: _____

For identification purposes:

Social Security No.: _____ Date of Birth: _____

Driver's License No.: _____; State of Issue: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: (_____) _____

THE HORIZONS WEST POA

To: Horizons West POA Applicant
From: Management Office
Re: Sale/Lease Application Package – POA

IMPORTANT NOTICE

Once you are approved by the building and to be registered with the POA, please bring the following documents to the Main Office (POA):

- **A copy of the Lease Agreement**
- **Updated Vehicle Registration**
- **Proof of Insurance**
- **Lease Approval Letter from the Board of Directors**
- **A copy of your Driver's License or Government-issued ID**
- **Money Order (please confirm the amount with the office in advance)**

If you have any questions, feel free to contact Castle Group for assistance at 305-387-0462.

Thank you for your cooperation.

HORIZONS WEST 6 CONDOMINIUM ASSOCIATION

MOVING IN / MOVE OUT NOTICE

The resident is responsible for any damages to the property incurred by his or her moving company or its agents.

Moving hours are 8:00 am to 5:00 pm, Monday through Saturday only. No moves are permitted on Sundays or Holidays.

The undersigned is one of the following:

(Please circle one)

Owner

Tenant

Name _____

(Please print)

Moving INTO UNIT # _____ Date _____ Time _____

Moving OUT of UNIT # _____ Date _____ Time _____

Home Phone _____ Work Phone _____

_____ Date _____

(Signature)

Please email this form to:

aamador@miamimangement.com or bzuluaga@miamimangement.com

**PLEASE KEEP THIS PAGE
FOR ELEVATOR USE ONLY**

RESIDENT INFORMATION SHEET

COMMUNITY NAME:

Select One:

☐ OWNER

☐ TENANT

Property
Address:

City:

State:

Zip:

MOVE IN DATE:

☐ NEW OWNER
CLOSING DATE:

☐ LEASE TERM

DATE: _____ TO

LEASE: \$ _____ SECURITY DEPOSIT

LEASE: \$ _____ MONTHLY

DEPOSIT PROVIDED
BY: ☐ OWNER
☐ TENANT

Resident Name: (Last Name) _____ (First Name): _____ D.O.B ____/____/____

Home Phone:

Cell Phone:

Work Phone:

Email Address :

Resident Name: (Last Name) _____ (First Name): _____ D.O.B ____/____/____

Home Phone:

Cell Phone:

Work Phone:

Email Address :

Phone Number to be programed in call box (if applicable):

Mailing Address

(if different than Above Address):

City:

State:

Zip:

Country:

LIST ALL OCCUPANTS LIVING IN THIS HOME

All Occupants 18 Years of Age or Older MUST Complete a Separate Background Check Consent Form.

Occupant Name

Date of Birth

Relationship (child, nanny, in-laws, etc.)

PET INFORMATION (IF APPLICABLE)

Type/Breed:

Color:

Weight:

Name:

Tag #:

Tag Exp. Date:

Type/Breed:

Color:

Weight:

Name:

Tag #:

Tag Exp. Date:

Type/Breed:

Color:

Weight:

Name:

Tag #:

Tag Exp. Date:

VEHICLE INFORMATION

Make

Model

Year

Color

Tag#

State

Bar Code/Decal #

ASSIGNED PARKING SPACES: # _____ # _____ # _____ # _____

EMERGENCY CONTACT

Name:

Relation:

Home
Phone:

Cell
Phone:

Work
Phone:

Email
Address :

Address :

City:

State:

Zip:

Country:

APPROVED VISITORS

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Please be advised that submittal of this form does not constitute an approval or authorization of registration. Thank you from the Miami Management Team!

HORIZONS WEST #6
CONDOMINIUM ASSOCIATION, INC.

INTERVIEW PUNCH LIST

1. _____ Interview Acknowledgement Form.
2. _____ Completed application.
3. _____ Lease/Purchase executed agreement.
4. _____ Background/Credit check.
5. _____ Vehicle proof of insurance & registration.
6. _____ Community Rules and Regulations.
7. _____ Vehicle rules and regulations (signed by owner & tenant)
8. _____ Community information sheet/Community map.
9. _____ General -up to date- account ledger from Master Association and Sub Association.
10. _____ Delinquent account Form.
11. _____ Vandalizing Fire Alarm Equipment Form.
12. _____ Attention to unit owners selling/renting their units Form.
13. _____ Pet free form.

Unit #: _____

Applicant: _____

Interview Date: _____

Interview Time: _____

HORIZONS WEST #6
CONDOMINIUM ASSOCIATION, INC.

ATTENTION ALL UNIT OWNERS SELLING OR RENTING THEIR UNITS

All condo approvals are made subject to the inspection of the unit's balcony, windows and front door; they must be neat and clean, that includes painting and no torn screens. If you need paint make your request to this office.

**ATENCION A TODOS LOS PROPIETARIOS QUE ESTEN VENDIENDO O
RENTANDO SU APARTAMENTO**

La aprobación de la Asociación para rentar o vender su unidad esta sujeta a que los balcones, ventanas y puertas esten limpios y ordenados, incluyendo pintura y tela metálica. Si necesita pintura, favor de pedirla en nuestra oficina.

Owner signature

Tenant signature

Tenant signature

BUILDING #6
UNIT #: _____
DATE: ____/____/____

HORIZONS WEST #6
CONDOMINIUM ASSOCIATION, INC.

**TAMPERING WITH OR VANDALIZING A FIRE ALARM OR EQUIPMENT IS
CONSIDERED A CRIME.**

The following is an excerpt from the statutes.

806.10 Preventing or obstructing extinguishment of fire.

1. Any person who willfully and maliciously injures, destroys, removes or in any manner interferes with the uses of any vehicles, tools, equipment, water supplies, hydrants, tower building, communications facilities, or other instruments or facilities used in the detection, reporting, suppressions, or extinguishment of fire shall be guilty of a felony of the third degree, punishable as provided in s775.082, s775.083 or s775.084.
2. Any person who willfully or unreasonably interferes with, hinders or assaults or attempts to interfere with any firefighter in the performance of his or her duty shall be guilty of a felony of the third degree, punishable as provided in s775.082, s775.083, or s775.084 (cgd., by L.1197 oh,102 (1229), eff, 7/19/1997)

This will include, disconnecting the smoke detectors, breaking any fire-sprinklers heads, disconnecting the alarm system, falsely activating the alarms system, etc.

The undersigned signors have read and understood this regulation and commit themselves to fully comply with it. It is further understood that if any of the above violations occurs they will be reported and fined by the Fire Department.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

THIS FORM MUST BE SIGNED BY ALL RESIDENTS.

HORIZONS WEST #6
CONDOMINIUM ASSOCIATION, INC.

VEHICLES RULES AND REGULATIONS

Please provide copies of all vehicles registration and insurance.

Category 1- A vehicle such as Taxi Cab, limousine under twenty (20) feet in length or any passenger vehicle truck or van less than eight (8) feet in height.

Category 2- A vehicle eight (8) feet or less in height that displays, either fixed or temporary externally mounted equipment, such as ladders, lawn care equipment, trailers or utility trailers, less than twenty (20) feet which are enclosed or open, shall be considered a category 2 vehicle.

Category 3- A vehicle other than a recreational vehicle exceeding twenty (20) feet in length or more than eight (8) feet in height, i.e.: tow trucks, dump trucks, semi-tractor/trailer cabs, and construction equipment.

PARKING AND STORAGE REGULATION

Parking or storage of certain commercial vehicles is allowed on private property in residential zones as follows, restricted as follows:

- Only two (2) Category 1 vehicles may be stored or parked at residence-Horizons West does not store vehicles- per bylaws- rules have been set to eliminate such vehicles, only grandfathered vehicles, registered and parked by clubhouse have been accepted until due time of release.
- Only one (1) Category 2 vehicle in an enclosed garage or behind the front of the building line with completely enclosed, opaque fence, screening wall or landscaping, six (6) feet in height at least ten (10) feet from the rear property line- Horizons West does not adopt Category 2 and does not have such enclosures.
- STREET PARKING OR STORAGE OF ALL CATEGORIE 3 VEHICLES IS PROHIBITED IN ALL RESIDENTIAL ZONING DISTRICTS. FINE OF \$100.00 FOR THE FIRST VEHICLE AND \$500.00 FOR EACH ADDITIONAL VEHICLE.

No vehicles with advertising signs are allowed on the property unless it is covered with white magnet sign where the ad may be read. Car covers are not acceptable to cover signs or fully advertised vehicles.

OWNER SIGNATURE

TENANT SIGNATURE

TENANT SIGNATURE

BUILDING #8

UNIT #: _____

DATE: ____/____/____

HORIZON WEST # 6
CONDOMINIUM ASSOCIATION, INC

RULES AND REGULATIONS

1. The greens and walkways in front of the Condominium unit and the entranceways to the Condominium units shall not be obstructed permanently or used for any purpose other than ingress to and egress from the Condominium units.
2. The exterior of the Condominium units and the balconies, terraces, storage areas and all other areas appurtenant to a Condominium unit shall not be painted, decorated or modified by any owner in any manner without prior consent of the Association, which consent may be withheld on purely aesthetic grounds within the sole discretion of the Association.
3. No article shall be hung from the doors or windows or placed upon the outside window sills of the Condominium units.
4. No bicycles, scooters, baby carriages or similar vehicles, toys, or other personal articles shall be allowed to stand in any of the common areas of the driveways, except in areas specifically designated by the Board of Directors.
5. No owner shall make or permit any noises that will disturb or annoy the occupants of any of the Condominium units in the development or do or permit anything to be done which will interfere with the rights, comfort or convenience of the other owners.
6. Each owner shall keep his Condominium unit clean and in a good state of repair. No owner shall sweep or throw, or permit to be swept or thrown, therefrom or from the doors or windows thereof, any dirt or other substance.
7. No shades, awnings, window guards, light reflective materials, hurricane or storm shutters, ventilators, fans or air conditioning devices shall be used in or about the buildings except as shall have been approved by the Association; which approval may be withheld on purely aesthetic grounds within the sole discretion of the Association. The Association, acting through its initial Board of Directors, shall designate the color, type or specifications for all drapery liners to be used in all draperies which are exposed in any way to view from areas outside of any Condominium unit, to the end that all same shall be uniform in appearance.

EXHIBIT 14

Initials:

HORIZON WEST # 6
CONDOMINIUM ASSOCIATION, INC

8. Each Condominium unit owner who plans to be absent from his unit during the hurricane season must prepare his unit prior to his departure by (A) removing all furniture, plants and any other objects from his balcony or terrace and (B) designating a responsible firm or individual satisfactory to the Association to care for his Condominium unit, should the unit suffer hurricane damage. Such firm or individual shall contact the Association for permission to install or remove hurricane shutters.

9. No sign, notice or advertisement shall be inscribed or exposed on or at any window, or other part of the Condominium units except as shall have been approved in writing by the Association, nor shall anything be projected out of any window in the Condominium units without similar approval.

10. All garbage and refuse from Condominium units shall be deposited with care in garbage containers which shall be kept in such locations as the Association shall direct. Garbage trash and other refuse shall be stored and disposed of in accordance with further rules and regulations to be promulgated by the Association, to the end that there shall be a uniform procedure for storage and collection of same, so that no unit owner's garbage or refuse shall be or become a nuisance or annoyance to any other owner.

11. Water closets and other water apparatus in the buildings shall not be used for any purposes other than those for which they were constructed, nor shall any sweepings, rubbish, rags, paper, ashes or any other article be thrown in same. Any damage resulting from misuse of any water closets or other apparatus shall be paid for by the owner in whose Condominium unit it shall have been caused.

12. No owner shall request or cause any employee of the Association to perform any private business of the owner.

13. The Association may from time to time prescribe rules and regulations with respect to the maintenance of domestic household pets within the Condominium and, in particular, with respect to the maintenance of household pets upon the common elements. By way of example, but not by way of limitation, the Association shall have the right to prescribe detailed rules and regulations with regard to the size of pets which may be maintained within the Condominium units and with regard to the exclusion of pets from the common elements, or the manner in which pets may be brought upon the common elements.

Initials:

HORIZON WEST # 6 CONDOMINIUM
ASSOCIATION, INC

Each condominium unit owner who shall own or maintain a pet within the Condominium property shall indemnify the Association and hold it harmless against any loss or liability or claim of any kind or character whatsoever arising out of or connected with the keeping of any animal or pet upon the Condominium property, against animal attacks or bites or any other incidents in connection therewith of like character. No owner shall be permitted to keep a pet upon the Condominium property which shall become obnoxious or which will create a nuisance to any other Condominium owner. Only dogs and cats, 20 pounds and under, and other domestic pets are allowed in the Condominium property or the unit and no other pets are allowed provided that same shall not disturb or annoy other occupants of the building(s) and not more than one (1) dog or one (1) cat are allowed at any time. Any inconvenience, damage or unpleasantness caused by the pets shall be the responsibility of the respective owner thereof. It will be the sole responsibility of the unit owner to clean up after his or her pet.

14. No radio or television aerial or antenna shall be attached or hung from the exterior of the Condominium units or the roofs thereon. The Developer has provided a master television system to which each unit is connected and no other television antennas shall be permitted. The cost of maintaining the master television antenna system, which is declared to be a common element, shall be a common expense of the Association. No owner shall modify or add outlets to the television antenna system without prior written approval from the Association

15. The agents of the Association and any contractor or workman authorized by the Association may enter any Condominium unit, balcony or terrace at any reasonable hour of the day for any purpose permitted under the terms of the Declarations of Condominium, By-Laws of the Association or management agreement. Except in case of emergency, entry will be made by re-arrangement with the owner.

16. The Association may retain a passkey to each Condominium unit. No owner shall alter any lock or install a new lock on any door leading into the unit of such owner without the prior consent of the Association. If consent is given, the owner shall provide a key for the use of the Association.

17. All repairs, renovation and painting or other maintenance required or permitted to be done by the Condominium unit owner shall be accomplished done or performed only by personnel or firms approved by the Association.

Initials:

HORIZON WEST # 6
CONDOMINIUM ASSOCIATION, INC

18. No vehicle belonging to an owner or to a member of the family or to a guest tenant, or employee of an owner shall be parked in such a manner as to impede or prevent ready access to another owner's unit or limited common elements or other parking spaces. The owners, their employees, servants, agents, visitors and licensees and the owner's family will obey the parking regulations posted at the private streets, parking areas and drives and any other traffic regulations promulgated in the future for safety, comfort and convenience of the owners. No unit owner shall store or park or leave boats, trailers, trucks, campers or any commercial vehicle on the Condominium property. No vehicle which cannot operate on its power shall remain within the Condominium's property for more than twenty-four (24) hours and no repair of vehicles shall be made within the Condominium property. The Developer of the Condominium shall make assignments of vehicle parking spaces to unit owners initially. Thereafter, assignments of parking spaces shall be made by the Board of Directors to unit owners in accordance with such rules and regulations and priorities as the Board of Directors shall adopt from time to time.

19. The owner shall not cause or permit the blowing of any horn from any vehicle of which his guests or family shall be occupants approaching or upon any of the driveways or parking areas serving the Condominium property.

20. No owner shall use or permit to be brought into the Condominium units any flammable oils or fluids such as gasoline, kerosene, naphtha, benzene, or other explosives or articles deemed hazardous to life, limb or property.

21. No owner shall be allowed to put his name on any entry of the Condominiums units or mail receptacles appurtenant thereto except in the proper places and in the manner prescribed by the Association for such purpose.

22. Any damage to buildings, recreational facilities or other common areas or equipment caused by any resident or his guests shall be repaired at the expense of the owner who has himself or whose guests or family have caused same.

23. Complaints regarding management of the Condominium units and ground or regarding actions of other owners shall be made in writing to the Association.

24. Any consent or approval given under these rules and regulations by the Association shall be revocable at any time.

Initials:

HORIZON WEST # 6
CONDOMINIUM ASSOCIATION, INC

25. The Recreation areas are solely for the use of the Condominium residents and their invited guests. Those who swim in the pools and utilize the other recreational facilities shall do so at their own risk. The Association shall not be liable for any personal injury, loss of life or property damage in any way caused or arising from the use of the Recreation facilities.

26. The use of the swimming pool, pool area, and recreation facilities, permitted hours, guest rules, safety and sanitary provisions and all other pertinent matter shall be in accordance with regulations adopted from time to time by the Association and posted in the swimming pool area. The use of the recreation building and area for private parties, functions, meetings and the like is strictly prohibited unless the use of the facility for such purposes is approved by the Horizons West Property Owners Association in writing prior to the date of the party, function, meeting or the like. The Horizons West Property Owners Association may permit the private parties, functions, meetings or the like with restrictions it deems appropriate including, but not limited to, the prior deposit of a damage deposit by the unit owner seeking to use the facility or area for private purpose.

27. Since the Property Owners Association shall own all the parking spaces in The Horizons West Condominium Project for the benefit, use and enjoyment of all residents of The Horizons West Condominium Project, the Property Owners Association shall have the right to assign parking spaces to be used by the owners and guest of the unit to which the spaces is assigned. Said assigned parking spaces are to be used only by the owner who is assigned said space and his guests. Once the Property Owner Association has assigned a parking space to a unit owner, then the Property Owners Association may reassign said parking space only with that unit owner's consent and said unit owner consent will not be unreasonably withheld. The Association may also designate certain parking spaces for the common use of all owners of units in the Horizons West Condominium project.

28. These Rules and Regulations may be modified, added to or repealed at any time by the Association.

Initials:

HORIZON WEST # 6
CONDOMINIUM ASSOCIATION, INC.

29. Be advised that when you authorize your visitor to come in you are accepting responsibility for their actions while they visit Horizons West. You must instruct them no to occupy any of the assigned parking space and do not double park or park over the grass. Their vehicle will be towed away without any notice.

The undersigned signors have read and understood these Rules & Regulations for the Horizons West Condominium Association and commit themselves to fully comply with it. It is further understood that if any of the above violations occurs, this Association may take legal action against you and assessed the cost of any damages to the common element any other expenses that the Association may incur.

SIGNATURE

DATE

SIGNATURE

DATE

Initials:

HORIZONS WEST # 6
CONDOMINIUM ASSOCIATION, INC.

ACKNOWLEDGEMENT FORM

BUILDING # 6

UNIT # _____

I/We acknowledge on this day of _____ that, I/We have been screened by the Orientation committee, and we have understood the Association Rules and Regulations. I/We have also, received the Rules and Regulations booklet of Horizons West Condominium and agree to abide by them.

Resident(s) Signature _____

ORIENTATION COMMITTEE

The above resident(s) have received the Association Rules and Regulations booklet. They have also been screened and approved by the orientation committee.

Orientation Committee

Date



TO: HORIZONS WEST APPLICANTS
FROM: MANAGEMENT OFFICE
RE: SALE/LEASE APPLICATION PACKAGE – POA

The following are the procedures for processing the applications:

There is a processing fee of \$25.00 for every single adult (18 yrs. and over) on the same application. **NO PERSONAL CHECKS – MONEY ORDER ONLY. THE APPLICATION FEE IS NONREFUNDABLE.** This fee includes A Horizons West Resident ID card for each applicant 8 years and over.

SALE/LEASE PACKAGE

1. Sales/Lease contract
2. **Copy of license/photo ID for everyone on the application**
3. **NO COMMERCIAL VEHICLES ARE ALLOWED**
4. **Copy of auto registration for everyone on the application that drives**
5. **Copy of proof of auto insurance for vehicles. (APPLICANTS MUST APPEAR ON POLICY)**
6. **All forms in the package; completely filled out (ALL SIGNATURES MUST BE ORIGINALS - no copies or faxed forms accepted)**
7. Processing fee (no personal checks – money order only)
8. Approval letter form Horizons West #____ Condo Association
9. Police Department Background Check for all individuals 18 years and over

The application process will take approximately (10) ten business days. The management office will not be able to rush any applications. There will be no exceptions. All applications will be processed in the order in which it was received. Once the application process is complete, you will be contacted to schedule an interview with Managementg.

Thank you for your cooperation.

Seller

Buyer

HORIZONS WEST CONDOMINIUM # _____ MOVE-IN AUTHORIZATION

***BUYERS AND SELLERS MUST SIGN IN DESIGNATED AREA ONLY BEFORE SUBMITTING APPLICATION**

Name: _____ Building & Unit Address: _____

The following person(s) have been approved by the Board of Directors to reside at Horizons West
Condominium # _____, Unit _____:

Occupant Names:

1. _____ 2. _____
3. _____ 4. _____

This approval of the Association is subject to the following terms and conditions:

The Association's approval of the lease should be submitted to the association at least 30 days prior to the expiration date of the lease agreement. At such time, the Association will hold the right to re-evaluate the approval of the Lessee(s) in the application. If the lease renewal is not received prior to the expiration of the lease, the Association will assume that the unit is not occupied and all entry cards for that unit will be temporarily cancelled. Furthermore, the tenant as well as the tenant's occupants and guests agree to obey any document use restrictions, Rules and Regulations and the By-Laws of the community. Any violation of the same will result in the termination of the lease agreement by the Association, and the Association will have the right to either evict the tenant or bring an action for injunctive relief for damages or both against the tenant and the unit owner. In addition, the tenant and the unit owner shall be jointly and severally liable for any attorney's fees and court costs at the trial or appellate level, should the Association be required to retain legal counsel.

*Seller/Owner Print Name

*Seller/Owner Signature

Applicant Print Name

Applicant Signature

Applicant Print Name

Applicant Signature

Applicant Print Name

Applicant Signature

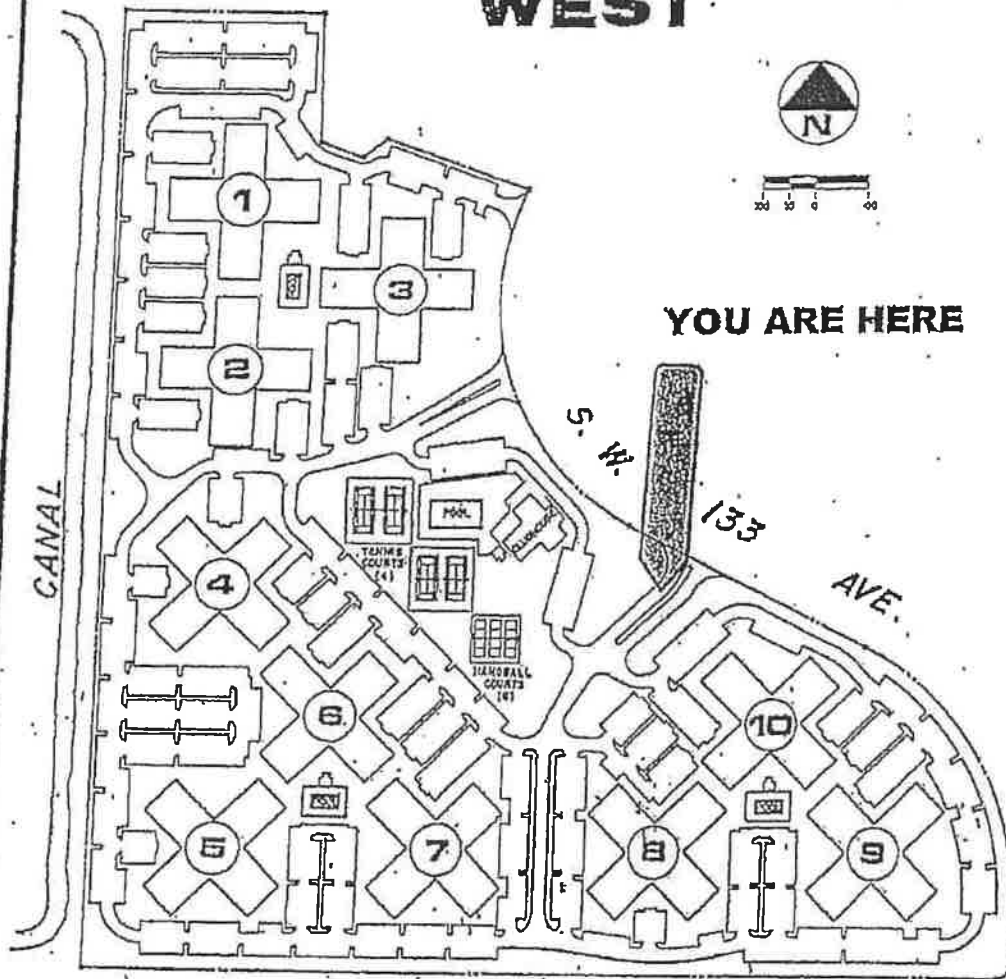
Approved by Screening Committee:

Print Name

Signature

MOVING ONLY ALLOWED MONDAY- SATURDAY FROM 8AM-5PM. NO MOVING ON SUNDAYS OR HOLIDAYS

THE HORIZONS WEST



S. W. 88 ST. (N. KENDALL DR.)

BLDG. #1	8400	BLDG. #6	8540
BLDG. #2	8420	BLDG. #7	8650
BLDG. #3	8500	BLDG. #8	8700
BLDG. #4	8520	BLDG. #9	8760
BLDG. #5	8600	BLDG. #10	8730

OVERALL SITE PLAN

HORIZONS WEST BUILDING 6

COMMUNITY INFORMATION SHEET:

Dear Resident(s):

Because we care and want to make sure we can help you with your community needs.
Below please find our information list so you can easily communicate to us when needed:

MANAGEMENT: **Miami Management, Inc.**
14275 SW 142 Ave.
Miami, FL 33186
Main Line; (305) 378-0130
Fax Line: (305) 378-0259
PAY ON LINE: **www.miamimanagement.com**

24 HOURS EMERGENCY LINE: **Miami Management, Inc**
(AFTER 5:00 PM. WEEKENDS) Main line: (305) 378-0130

PROPERTY MANAGER: **Blanca Zuluaga**
Miami-Dade Division Manager
Office Direct Line: (305) 259-1470
E-mail: BZuluaga@miamimanagement.com

SECRETARY: **Altinay Amador**
Office Direct Line: (305) 259-1473
E-mail: aamador@miamimanagement.com

FOR ASSOCIATIONS' APPLICATIONS & APPROVALS:
Screening Department
Office Direct Line: (305)259-1407
E-mail:
Screenings@miamimanagement.com



High Rise Division

14275 SW 142 Avenue
Miami, Florida 33186
Office: 305.378.0130
Fax: 305.378.5030

MMI of the Palm Beaches, Inc.

1201 US Highway One Suite 330
North Palm Beach, Florida 33408
Office: 561.686.7818
Fax: 561.686.7284

Broward Division

1145 Sawgrass Corporate Parkway
Sunrise, Florida 33323
Office: 954.846.7545
Fax: 954.846.8559
Toll Free: 1.800.605.9160

North Miami Division

14275 SW 142 Avenue
Miami, Florida 33186
Office: 305.378.0130
Fax: 305.378.5031