

# Tuscany Cove Apartments Application Checklist

*A 100% smoke-free building is one where smoking tobacco products and electronic cigarettes are prohibited everywhere.*

Place a CHECK MARK ☒ next to each item to make sure that you have EVERYTHING when you submit your Application: All Applicants must be age 55 or older. Income Restrictions Apply. This is a 100% Smoke-Free Building.

**Leasing Office Tel: 305.889.9912 - Email: [tuscanycove@tpmcmiami.net](mailto:tuscanycove@tpmcmiami.net)**

- ☐ Non Refundable Application Fee of \$85.00 per person. Money Order or Cashier's Checks only Payable to: Tuscany Cove or via Paypal: [appfee@tpmcmiami.net](mailto:appfee@tpmcmiami.net)
- ☐ Your Application must be filled out completely and signed. Incomplete, unsigned or applications marked "N/A" will not be accepted.
- ☐ List everyone who will be living in the apartment on the Application.
- ☐ Government issued Photo I.D. is Required
- ☐ Social Security Card is required.
- ☐ 6 Most Recent Pay Stubs. (If paid Bi-Weekly).
- ☐ 10 Most Recent Pay Stubs - (If paid Weekly).
- ☐ Most Recent 6 Months Bank Statements. (Checkings & Savings)
- ☐ Current Social Security Benefits Letter for Everyone who receives benefits in the Household
- ☐ Current Retirement/Pension Benefits Statements/Annuities/401k/403b/CD's
- ☐ And all other current sources of Income & Assets (VA benefits, GI Bill, TANF, Wages Self-Employment-2 year Tax Return with Schedule- C and whole life insurance)

**YOUR APPLICATION CAN NOT BE PROCESSED UNLESS YOU PROVIDE ALL OF THE INFORMATION ABOVE.**

**\*\*\* Complete Background Checks will be performed on ALL applicants to include Credit, Criminal and Rental History. Income Restrictions Apply. Please read the Affordable Statement of Qualifications for more details\*\*\***





## **AFFORDABLE STATEMENT OF QUALIFICATIONS AND PRE-APPLICATION TUSCANY COVE APARTMENTS**



Dear Applicant(s):

Thank you for your patience while we work to assure that our community and possibly your future home is filled with qualified and respectful residents who will make this a great place to live! If you meet the applications standards and are accepted, you will have the peace of mind of knowing that you will be joining other residents who have been processed with equal care.

**NOTE:** *We provide equal and fair housing opportunities. We do not discriminate based upon race, color, religion, sex, national origin, familial status disability, age, marital status, or any other qualifications not related to the application process.*

**If your application meets all of the following criteria, you will be approved. If it does not, you may be approved with conditions, which may require you to pay an additional security deposit, make payments with certified funds only, or obtain a cosigner or guarantor (in communities where permitted). In the event that you do not meet the requirements set forth, we will have to deny your application.**

### **APPLICATION SCREENING REQUIREMENTS**

#### **A complete application:**

All lines must be filled in and questions answered for the application to be processed. ALL intended occupants must be named on the lease as a leaseholder. All applicants must be ages 55 or older.

#### **Application Fee:**

A \$85.00 non-refundable application fee is required for every applicant. Payment must in the form of a money order or cashier's check or via Paypal: [appfee@tpmcmiami.net](mailto:appfee@tpmcmiami.net)

#### **Two form's of identification are required for all applicants**

We require a photo ID (a driver's license or photo identification card issued by the government, state or federal) and a second form of identification in order to verify your identity once you begin the application process. Your second form of identification may be a social security card, birth certificate, or a non-resident alien card, etc. If your Social Security Card is marked, Eligible for Employment with DHS approval and you report income, you must provide the authorization card as well **(Note: a copy of each form of ID will be required once your application is approved.)**

**Verifiable rental history:**

The standard approval process requires verifiable rental history for **the most recent past 2 years**. It is your responsibility to provide necessary information that allows us to contact your past landlord(s) for this information. You must have a history of paying your rent on time, keeping the residence in a neat, clean and sanitary condition, have given proper notice, have no dispossession warrant(s) filed (within the past 3 years) and must not owe any money to your past/present landlord (s). If we are unable to verify your previous landlords and/or references, we reserve the right to charge additional security deposit and/or deny your application if the other criteria set forth are not met. Verifiable for these purposes means THIRD PARTY verification from someone other than a relative. We will consider a mortgage as rental history, if it has been active within the past 2 years. However if the mortgage is late or in default, you will be asked to give the reason why, show documentation to support the reason, and may be required to pay additional security deposit providing the other criteria set forth are met.

**Income eligibility: In order to become eligible for approval you must meet the monthly requirements set forth by this community.**

This is an income restricted community. Income will be verified by 3<sup>rd</sup> party. Some examples are; Employment Verification, the collection of paystubs (6 recent & consecutive), the collection of SSI, SSD, SSA confirmation letters, the collection of legal settlement and divorce agreements and any other legal paperwork reflecting income (i.e.- Child Support documentation, the collection of 6 bank statements (when applicable), the collection of IRA, 401K, or other asset statements). A complete list of income documentation will be provided to you by the property staff once the initial interview for application is complete. Recipients of Housing Assistance Payments must have annual income that is the **greater** of 2.5x their portion of the rent or \$8,430.

For applicants that are reporting income from a contributor (a person who makes regular monthly contributions to the applicant), the following applies:

50% of income or less from contribution- A notarized affidavit from the contributor (form to be provided by office) AND 6 months bank statements showing the amount of the contribution as a deposit. If the applicant cannot provide bank statements proving the contribution, then the contributor must be added and approved as a GUARANTOR.

More than 50% of income from a contribution- The above must happen and IN ADDITION, the contributor must become an approved GUARANTOR for the leaseholder and earn at least FOUR (4) times the monthly rent, will be subject to a full background check and have impeccable credit and score automatic approval (no conditions). Guarantors must complete a Guarantor

Pre-Leasing Application and pay the applicable application fee. Guarantors must also sign a Lease Contract Guaranty which must be signed in the office or notarized. Guarantors must sign a new Lease Contract Guarantee with each renewal. Guarantors will not be considered as tenants and will not be allowed to reside in the unit.

**Credit History:**

Credit accounts should have satisfactory ratings and all utility accounts must be current with no balance owing. If credit has been slow but all other qualifications for residency have been met, an additional security deposit may be required.

**Bankruptcy**

Results are will be automatically denied for further review. If the bankruptcy has been dismissed or discharged, we may require documentation. Each case will be fully reviewed. Once all information is reviewed, we may still approve your application and may require additional security deposit.

**Criminal background:**

Criminal background will be reviewed for all applicants. ***Leasing associates/managers are not permitted to discuss criminal background with applicants prior to contacting their Regional Managers for proper direction.***

**Felonies:**

Any felony record that appears on any member of the household will be automatically denied. The applicant will have the opportunity to contact our screening company if you dispute this finding. In addition, you will have the opportunity to challenge the identity of the felon and bear the burden of proof if the felony report is for someone other than yourself. The application will be denied and a letter presented to you with appropriate phone numbers to call if you are disputing this report.

**Misdemeanors:**

Any drug record will be automatically denied. Other misdemeanors are not cause for automatic denial, but must be reviewed by the Regional Manager and may be approved.

**Unclassified Reports:**

All unclassified reports will require investigation either through public records to determine status; Felony or Misdemeanor. It is the burden of the applicant to provide acceptable documentation on unclassified reports.

**PROPERTY SPECIFIC INFORMATION:**

**Age Requirement:** 55 Years or older for the Head of Household.



**Pet Policy:** Service Animals or Emotional Support Animals Only. Documentation will be required. Pet breed, weight and other restrictions apply. **ONE PET LIMIT.**

**Security Deposit:**

The required Security Deposit will be based on credit and rental history. The Hold Fee will be applied toward the Security Deposit. If your application is approved, you will be required to pay the full Security Deposit and applicable month's rent prior to moving in.

**Monthly Rental Amounts with Minimum and Maximum Income Restrictions and Guidelines:**

See the attached Statement of Qualifications Addendum.

**Application fee:**

\$85.00 per person. (Nonrefundable) Money Order/Cashier's Check Payable to: TUSCANY COVE or via Paypal: [appfee@tpmcmiami.net](mailto:appfee@tpmcmiami.net)

**100% Smoke Free Building:**

A 100% smoke-free building is one where smoking tobacco products and electronic cigarettes are prohibited everywhere. That means "No smoking" and "No electronic cigarette use" in individual apartments or common indoor and outdoor areas. Common indoor areas of residential buildings include: Hallways, Stairwells, Lobbies, Fitness Centers, Computer Rooms, etc. and other areas of the building used by tenants or by maintenance and building personnel.

**Important things to remember:**

1. Credit reports will not be printed at any time, nor are we permitted to discuss the reporting with the applicant.
2. Felony reports, convictions, or charges are automatic denials.
3. Unfavorable Rental Histories are automatic denials.
4. All applicants will be notified immediately upon approval or denial with written results generated from the screening program. In addition, this approval/denial will be noted on your application at this time.
5. Holding deposits are not refundable once you have been notified that your application has been approved.
6. It is required to leave your ID in the leasing office when touring the community.
7. Since we expect to have more applicants than apartments available. If that occurs then applicants may be entered into a lottery, Applicants will be invited to lottery, but do not have to be present in order to be placed on waiting list. Applicants will be notified once lottery takes place. Appointments will be made with lottery winners in the order they were drawn to begin full application process. Others will be placed on a waitlist.

Please fill out the below information in order to submit your pre-application:

Print Applicant(s) Name(s):

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Address: 

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Best Contact Number:

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Email:

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**I acknowledge the receipt of this screening/pre-application criteria document:**

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Applicant Signature Date

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2<sup>nd</sup> Applicant Signature if applicable Date

# Tacolcy Property Management Corporation

## Statement of Qualifications Addendum

### Tuscany Cove Apartments

**April 17, 2020**

#### **Age Requirement**

- The Head of Household must be 55 years or older.

#### **Fees/ Deposits**

- Non Refundable Application Fee - \$85.00 per applicant (per person)
- Holding Fee - \$300.00
- Security Deposit will be based on credit and rental history.
- Pet Deposit - \$350.00 - **ONE PET LIMIT**

#### **Rent Range (Subject to change):**

# of Bedrooms	# of Bathrooms	AMI%	Rent
0	1.0	33%	\$446.00
1	1.0	33%	\$455.00
1	1.0	60%	\$884.00
2	1.0	33%	\$535.00
2	2.0	50%	\$859.00
2	2.0	60%	\$1050.00

#### **Minimum Allowable Combined Household Income Table:**

**1 Bedroom 33% \$13,755**

**1 Bedroom 50% \$16,530**

**1 Bedroom 60% \$19,285**

**2 Bedroom 33% \$15,750**

**2 Bedroom 50% \$18,900**

**2 Bedroom 60% \$22,050**

#### **Maximum Allowable Combined Household Income Table:**

**1 Person: 33% \$21,120 50% \$32,000 60% \$38,400**

**2 Persons: 33% \$24,156 50% \$36,600 60% \$43,920**

**3 Persons: 33% \$27,159 50% \$41,150 60% \$49,380**

**4 Persons: 33% \$30,162 50% \$45,700 60% \$54,840**

**I acknowledge the receipt of this document:**

Applicant Signature: \_\_\_\_\_

Print Applicant Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

# TACOLCY PROPERTY MANAGEMENT CORP

5900 NW 7<sup>th</sup> Avenue, Miami, Florida 33127  
Contact Center: 1-866-473-3198 or 305-889-9912



## RENTAL APPLICATION

Desired Community Name: TUSCANY COVE APARTMENTS Desired Move-in Date \_\_\_\_ / \_\_\_\_ / 2020

Desired Apartment Size (check one) 1BR ☐ 2 BR ☐ If a 2BR is not available do you want a 1BR \_\_\_\_\_

To be filled out by Applicant only. Complete all fields or list NONE. Please Print. Circle Yes or No where applicable. **The Head of Household MUST BE AGE 55 AND OLDER. EACH APPLICANT MUST COMPLETE A SEPARATE APPLICATION AND PAY A SEPARATE FEE. (USE BLACK INK ONLY)**

### Applicant Information

Applicant Name:

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Social Sec# \_\_\_\_\_ Driver's Lic# \_\_\_\_\_ State \_\_\_\_\_

Home Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Current Marital Status: (circle one)

Single    Married    Divorced    Separated    Widowed

If separated or estranged, Full Name of Spouse \_\_\_\_\_

If reconciliation occurs prior to expiration of the lease and my spouse wishes to reside with me, our entire household must re-qualify as a new household.

### Apartment Occupants

List all persons including that will be living (50% of the leasing period) in the apartment.

Household member name	Relationship to Head of Household	Birth Date	Age	Gender	Student Y or N	If Student, Full-Time or Part-Time
	Head of Household					

Are you or anyone in the household currently enlisted or enlisting in the military or reserves?

Yes    No

If yes, please print Full Legal Name \_\_\_\_\_

Do you have custody of all minors (17 and under) listed above? Yes No None

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?" Yes No

If yes, the full name of the institution attending: \_\_\_\_\_.

Do you anticipate any changes in the household composition in the next 12 months? Yes No

If yes, what is the change: \_\_\_\_\_ and when is it expected to occur: \_\_\_\_\_

**Residential Information / Employment / Income History (MUST PROVIDE 2 YEARS OF RESIDENTIAL HISTORY)**

**Current Address** \_\_\_\_\_  
Street Apt # City State Zip

Length of Occupancy: From \_\_\_\_\_ to \_\_\_\_\_

Do you: Own Rent Family Monthly Payment \$\_\_\_\_\_

Community/Landlord Name:

\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Previous Address** \_\_\_\_\_  
Street Apt # City State Zip

Length of Occupancy: From \_\_\_\_\_ to \_\_\_\_\_

Do you: Own Rent Family Monthly Payment \$\_\_\_\_\_

Community/Landlord:

\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Present Employer** \_\_\_\_\_ Position \_\_\_\_\_

Employer's Local Address \_\_\_\_\_  
Street Suite # City State Zip

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Gross Pay: (circle one) Wkly Bi-Wkly Bi-Mthly Mthly Salary \$\_\_\_\_\_

**Other Current employment:** Yes No

If yes, Other Employer \_\_\_\_\_ Position \_\_\_\_\_

Employer's Local Address \_\_\_\_\_  
Street Suite # City State Zip

Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_ FAX ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Gross Pay: Wkly Bi-Wkly Bi-Mthly Mthly Salary \$ \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Dates employed: From \_\_\_\_\_ To \_\_\_\_\_

Gross Pay: (circle one) Wkly Bi-Wkly Bi-Mthly Mthly Salary \$ \_\_\_\_\_

**Other Sources of Income (ALL SOURCES OF INCOME MUST BE DOCUMENTED)**

Do you receive or have you been awarded (for yourself or on behalf of someone else) any of the following?				
Income Source	Check Box		\$ Amount Received	List How It Is Received
	Yes	No		Weekly, Monthly, Annually
Social Security/ S.S.I./ S.S.D.				
Alimony				
T.A.N.F. (Cash Assistance)				
Retirement Income				
Unemployment Compensation				
Disability / Workman's Compensation				
Annuity Payments				
Armed Forces Reserve				
Recurring Periodic Income				
Foster Care /Adoption Maintenance				
Gift Contributions **				
Unreported or Undeclared Tips				
Rental Income				
Anticipated Seasonal / Summer Employment				

**\*\*Gift Contributions must appear on your bank statements to be considered as income.**

Additional Comments:

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**Do you receive child support?** Yes No **If yes, for either question please complete the below for all children in the household.**  
**Are you pending court ordered support?** Yes No

Child Name	Check Box		Source	\$ Amount Received	List How It Is Received
	Yes	No	Court Ordered, Voluntary, None		Weekly, Bi-Weekly, Monthly, Bi-Monthly, Annually

**Are currently unemployed?** Yes No

**If yes, are you claiming zero income for the next 12 months?** Yes No

**If yes, Full Legal Name** \_\_\_\_\_

**Source of Support** \_\_\_\_\_

#### Household Asset Verification

Assets	Yes	No	Amount/Average Balance	Interest Received
Checking				
Savings				
Trust Funds / Land Contracts / Lump Sum Receipts				
IRA / Certificate of Deposit / Money Market				
401K / Stocks / Bond / Keogh Accounts				
Investments / Safety Deposit Box				
Whole Life Insurance / Capital Investments				
Cash on Hand / Personal Property held as an Investment				
Other / Retirement / Pension Funds				

**Are the combined household Assets more than \$5,000.00?** Yes No

**Do you own a home?** Yes No **What is the value of your home?** \_\_\_\_\_

**Have you disposed of any assets in the past 2 years?** Yes No

**If yes, for less than fair market value?** Yes No

**If yes, value of assets disposed \$** \_\_\_\_\_

### General Information

Do you or any member of the household require an accessible unit? Yes No

If yes, please circle all that apply: Mobility / Vision / Hearing Impaired

Do You Have a Section 8 Voucher? Yes No

Source: \_\_\_\_\_

When does your Voucher Expire: \_\_\_\_\_

Do you have a pet? Yes No Breed \_\_\_\_\_ Weight \_\_\_\_\_ Color \_\_\_\_\_

Name \_\_\_\_\_

Have you ever been evicted from a rental property? Yes No

(Note: You will be automatically denied if your Eviction proceeding is less than 3 yrs old and/or if you have outstanding landlord debt.)

Have you or any member of your household who will be residing in the apartment ever been

charged with: Misdemeanor? Yes No Felony? Yes No

Do you own a vehicle? Yes No

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Yr \_\_\_\_\_ Tag # \_\_\_\_\_

### IF YOUR APPLICATION IS NOT SIGNED IT CANNOT BE PROCESSED:

#### APPLICANT AUTHORIZATION AND CERTIFICATION

By signing below Applicant(s) authorizes the owner/manager to verify applicants and all other household members' criminal background, school enrollment, contact current and/or previous landlords, obtain credit, eviction court record and sex offender registration information to verify any or all information provided on this application and to release said information to Tacolcy Property Management Co., it's Agents/ Assigns. Applicant understands that eligibility for housing will be based on applicable income limits and by management's selection criteria and are subject to change.

Under penalty of perjury, the applicant represents that all of the above statements are true and complete to the best of their knowledge, and hereby authorizes verification of the above information. Applicant further understands that providing false representations herein constitutes an act of FRAUD. In addition to the foregoing, applicant has paid a non-refundable fee for costs and expenses in checking applicant's credit and criminal background. Applicant acknowledges that false, misleading or incomplete information herein may constitute grounds



**for rejection of this application, termination of right of occupancy and/or forfeiture of deposits and may constitute an act of fraud under laws of this state.**

**APPLICATION PROCESSING CHARGE**

Applicant has submitted the sum of \$ \_\_\_\_\_ which is a non-refundable fee for processing of the above application. Such sum is not a rental payment or security deposit. It is understood and agreed to between parties that in the event this application for said apartment is accepted or rejected by Management, that the said sum will be retained by Management to cover the costs of application processing as furnished by applicant.

**APARTMENT DEPOSIT/HOLDING FEE**

In consideration of owners taking a dwelling unit off the market, applicant may be asked to pay an "Apartment Deposit". Once a rental application is approved, either a signed lease with security deposit payment or a Deposit Holding Fee of \$300.00 will be required within 48 hours to move forward with reserving a unit. The holding fee will guarantee we will reserve the unit for a period of 10 days for existing buildings, the period may be extended by management if needed. If a holding fee was collected, once the lease is entered into, the apartment holding fee shall be credited to the required security deposit. If applicant fails to sign the lease within 10 days of being notified that the apartment is available for move in or refuses to enter into a lease on the agreed upon date for a stated apartment, the "Deposit Holding Fee" shall be forfeited to the owner to serve as liquidated damages it will suffer by reason of failure to enter into residency. Keys will be furnished only after lease and other rental documents have been properly executed by all parties, and only after applicable rent and security deposit have been paid. This application is preliminary only and does not obligate owner or owner's agent to execute a lease or deliver possession of the proposed premises.

**I have read and agree to the provisions as stated**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Management Representative

\_\_\_\_\_  
Date

**For Office Use Only**

Referred by \_\_\_\_\_ Apartment Type \_\_\_\_\_

Address \_\_\_\_\_ Apartment # \_\_\_\_\_

Monthly rent \$ \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_

Concession \$ \_\_\_\_\_ Set Aside \_\_\_\_\_ %

Move-in date \_\_\_\_\_ QuickBase Record ID # \_\_\_\_\_

## Voluntary Statistical Data

Information in this addendum is gathered for statistical use only.

No resident / applicant is required to give such information unless they desire to do so.

Refusal to provide information will not affect any rights the household members have as residents or applicants

There is no penalty for households that do not complete the form.

### New Households

#### **Prior Housing Information**

*(Answer for household head)*

Monthly rent payment \_\_\_\_\_

Monthly house payment \_\_\_\_\_

ZIP Code \_\_\_\_\_

If your household elects not to participate

HOH must check the box below and initial in the space provided

☐

HOH initial we choose not to participate \_\_\_\_\_

### All Households

#### **Current Employment**

*(Answer for household head)*

Occupation \_\_\_\_\_

ZIP Code \_\_\_\_\_

#### **Primary Transportation Mode**

*(Answer for household head)*

Motor vehicle \_\_\_\_\_

Public transportation \_\_\_\_\_

Other \_\_\_\_\_

#### **Additional Household Information**

A member of the household:

*(Check all that Apply)*

Receives Medicare benefits \_\_\_\_\_

Receives Medicaid benefits \_\_\_\_\_

Is a Person With a Disability \* \_\_\_\_\_

Racial Categories* (Select All That Apply)	Total Number of Household Members Per Category	Total Number of Hispanic or Latino Household Members
American Indian or Alaska Native		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native <i>and</i> White		
Asian <i>and</i> White		
Black or African American <i>and</i> White		
American Indian or Alaska Native <i>and</i> Black or African American		
Asian <i>and</i> Black or African American		
Other multiple race combination		

# Emergency Contact Form

Please fill out this form as completely as possible

**My Name:** \_\_\_\_\_

**Contact #1:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Ste.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Pager: \_\_\_\_\_ Cellular: \_\_\_\_\_

**Contact #2:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Ste.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Pager: \_\_\_\_\_ Cellular: \_\_\_\_\_

**Primary Physician:** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Ste.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Pager: \_\_\_\_\_ Cellular: \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

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

I, the undersigned, give permission to my landlord to call for an ambulance if they deem necessary, in the event that I may not make that decision myself.

Signature

Date

Signature of parent/guardian if under 18

Date

Printed Name

Printed Name

# Tuscany Cove

@tuscanycovemiami  
www.tuscanycove1.com

5900 N.W. 7th Avenue, Miami, FL 33127 - Tel: 305.889.9912



## NOW LEASING!!

Call us Today!

# 1-866-473-3198

Miami's newest **55+** senior living community with everything you're looking for!

## Come find your home @ Tuscany Cove Apartments

### APARTMENT FEATURES

- ~ High Ceilings
- ~ Open Floor Plans
- ~ Open Kitchen with Pantry
- ~ Stainless Steel Appliances
- ~ Large Walk-In Closets
- ~ W/D Available In Unit
- ~ Private Balcony or Patio (on select units)

### COMMUNITY AMENITIES

- ~ Club Room w/ Billiards Table
- ~ Fitness Center & Yoga Studio
- ~ Arts & Crafts Center
- ~ Media Center
- ~ Computer Center
- ~ Resident Lounge
- ~ Beautiful Landscaped Courtyard



**Application Fee** \$85 (per applicant)  
**Holding Fee** \$300  
**Pet Deposit** \$350  
*(Income Restricted)*



Leasing Office- 5900 NW 7th Ave, Miami, FL 33127 - Tel: 305.889.9912

Open Mon.-Sat. 10:00am to 6:00pm - Email: tuscanycove@tpmcmiami.net



## Sea Fan

a/c area: 707 sq. ft  
1 Bedroom  
1 Bathroom

## Sandcastle



a/c area: 1,344 sq. ft  
2 Bedroom  
2 Bathroom

# Bay Breeze

a/c area: 729 sq. ft.

1 Bedroom

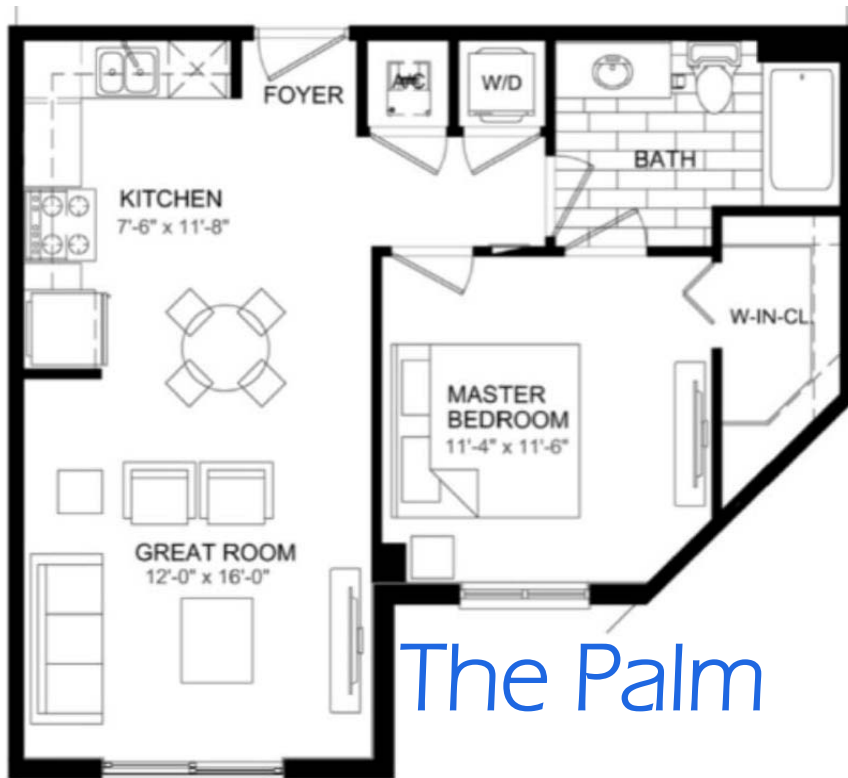
1 Bathroom



# Shoreline



All Floor Plans are approximate. Actual sizes and types may vary. (A9 - A3)



The Palm

a/c area: 649 sq. ft  
1 Bedroom  
1 Bathroom

The Pearl



a/c area: 682 sq. ft  
1 Bedroom  
1 Bathroom

All Floor Plans are approximate. Actual sizes and types may vary. (A5 - A1.1)