

LAKE POINT TOWER CONDOMINIUM ASSOCIATION

Welcome Packet - Leasing

Owners: Please read section I, complete the forms on pages 4-6, and return them along with a copy of the lease and credit report.

Tenants: Please read section II, complete the forms on pages 9-17, and call our office to schedule your move-in reservation.

Please review this information carefully. It is advisable for you to duplicate the information in this packet and distribute as needed to all parties involved, such as leasing agents and the prospective tenant.

All materials should be submitted to the Management Office:

505 N. Lake Shore Drive, Suite 200

Chicago, IL 60611

Telephone: 312-467-0505

Fax: 312-467-1734

Email: office@lakepointtower.org

Our office hours are 8:30 a.m.-5:00 p.m. Monday through Friday.

You may also find additional information, including our Rules and Regulations, on our website at www.lakepointtower.org.

I. **FOR OWNERS:** Please submit all paperwork to the Management Office as soon as possible, but **not less than 5 days** before the start of your new tenant's lease, per the building rules. Please be advised that these requirements apply to every new tenant.

1. _____ **Credit Report and Background Check.** Management encourages all landlords to obtain a credit report and background check for **each lease applicant** prior to the start of the lease date.

It is the lessor's responsibility to obtain and review the credit/background check. The background check should include any misdemeanor and/or felony activity at the state, county and federal level during the past 10 years. Foreign tenants will be asked to show their passport or visa

2. _____ **Executed Lease.** One signed copy of a standard Condominium Lease must be provided along with any riders and additional provisions created by the owner or the owner's agent. **The lease must be for a minimum of 6 months.** Please list any residents, such as family members, who are not signers of the lease as additional occupants.

3. _____ **Life Safety Compliance Plan Status Disclosure.** This is **required by the City of Chicago** effective July 17, 2012 and must be signed and dated **by the landlord** for **every new or renewing tenant**. Please see form on page 4.

To verify that Lake Point Tower is in compliance, please check the City of Chicago website at <https://data.cityofchicago.org/Buildings/Life-Safety-Evaluations/qqqh-hgyw>.

4. _____ **Absentee Landlord Information Form.** Please see form on page 5.

5. _____ **\$500 Non-Refundable Administrative Fee.** This will be billed automatically to the unit owner's assessments or paid by the tenant payable by check, upon each change of tenants.

6. _____ **Move-Out Scheduled.** Please call the Management Office at 312-467-0505 to book your elevator time. If your unit is currently occupied by a tenant, it is your responsibility to make sure the moving procedures are understood and adhered to by the tenant. The moving schedule is as follows:

Weekdays: 8:00am – 5:00pm
Saturdays: 8:00am – 5:00pm
Sundays and Holidays: No Moves Allowed

Due to elevator limitations we may only accommodate two moves per day. Please book early to assure your preferred moving date and time.

7. _____ **\$150 Move- Out Fee.** Provide a non-refundable move-out fee of \$150.00 in the form of certified funds (cashier's check or money order) payable to Lake Point Tower Condominium Association. This permits scheduling of the freight elevator for up to 2 hours. We are not able to accept cash or credit cards.

8. _____ **\$150 Damage Deposit.** Provide a separate damage deposit of \$150.00 in the form of a check payable to Lake Point Tower Condominium Association. This will be voided after the move is complete, provided there is no damage done to the elevator or the common areas of the building and reservation time has not been exceeded. Should the amount of damages exceed \$150.00, you will be billed accordingly and prompt payment is expected.

Please ensure that your movers **do not lean anything against the hallway artwork**, as it is easily marred and you will be billed for any damage.

9. _____ **Moving Time in Excess of 2 Hours.** Should you need to reserve additional time, please add \$75.00 per hour to your move-out fee. Please note that the elevator will be locked off solely for your use and most moves do not require time beyond 2 hours. It is advisable that your elevator time not be used for preparation work such as packing. Moves must be completed within the time booked so that the dock may be cleared for the next scheduled move.
10. _____ **Key Fobs.** Owners who are renting out their units are allowed to keep 1 active fob. The remaining fobs must be either deactivated or registered in the tenants' names (1 fob per full-time resident age 12 or older). If additional fobs are needed, they may be purchased from the Management Office at a cost of \$50 each.

Once the move-out is complete, Management will deactivate all fobs registered to the tenants moving out of the unit. Owners are responsible for securing the deactivated fobs from the previous tenants to be passed on to and activated for the new tenants. Owners who do not retrieve fobs from their previous tenants will have to purchase new fobs, at a cost of \$50 per fob, from the Management Office.

11. _____ **Reassignment of Health Club Privileges.** Please see form on page 6.



**LAKE POINT TOWER
CONDOMINIUM ASSOCIATION**

LIFE SAFETY COMPLIANCE PLAN STATUS DISCLOSURE

Pursuant to Section 13-196-206(F) of the Municipal Code of Chicago, disclosure of the status of the Life Safety Compliance Plan for the building located at 505 North Lake Shore Drive, Chicago, Illinois is as follows:

- (1) Has a life safety compliance plan for such building been submitted to the City of Chicago Department of Building and the Bureau of Fire Prevention? **YES**

- (2) Has such life safety compliance plan been approved in writing by the City of Chicago Department of Building and the Bureau of Fire Prevention? **YES**

- (3) Have all of the modifications required in the approved life safety compliance plan been fully implemented in such building? **YES**

Name of Unit Owner Making Disclosure

Signature of Unit Owner Making Disclosure

Date of Disclosure

 **ABSENTEE LANDLORD INFORMATION** 

TO BE COMPLETED BY UNIT OWNER ONLY

Unit Number(s): _____ **Combined Unit?** Yes No

Please provide the necessary information regarding any tenants living in your unit.

Name(s) on Lease: _____

Rented Since: ____/____/____ (MM/DD/YYYY)

Lease Start: ____/____/____ (MM/DD/YYYY)

Lease Expiration: ____/____/____ (MM/DD/YYYY)

Credit/Background Check Completed? Yes No

Date of Credit/Background Check: ____/____/____ (MM/DD/YYYY)

STORAGE INFORMATION

My tenant(s) may store items in my locker # _____ on floor # _____

WORK ORDER AUTHORIZATION

I **do not** authorize my tenant(s) to submit work orders without my prior approval

I authorize my tenant(s) to submit work orders up to \$_____ without my prior approval. Any work orders above this amount should not be authorized until I am contacted.

Note: All new locks and key fobs for units **must be approved in writing** by a unit owner before being issued, regardless of any other permissions given.

Name of Owner: _____

Signature: _____

Date: ____/____/____ (MM/DD/YYYY)



**LAKE POINT TOWER CONDOMINIUM ASSOCIATION
ASSIGNMENT OF HEALTH CLUB RIGHTS**

I, _____, am the sole owner of Lake Point Tower unit number _____. As such, I am assigning my rights to utilize the facilities of the Lake Point Tower Health Club to my tenant. In doing so, I realize that I will not be allowed to use the club facilities unless I reside in a separate unit in the building or unless I specifically revoke this assignment of rights in writing to the Management Office.

Owner Signature

Date

II. FOR RENTERS: Please submit all paperwork to the Management Office as soon as possible, but **not less than 5 days** before the start of your lease, per the building rules.

1. _____ **Rider to Lease.** Please see form on page 9.

2. _____ **Move-In Scheduled.** Please call the Management Office at 312-467-0505 to notify us of your move-in date and book your elevator time. **Management must be notified of the move-in date even if the elevator has not been scheduled.**

The moving schedule is as follows:

Weekdays: 8:00am – 5:00pm
Saturdays: 8:00am – 5:00pm
Sundays and Holidays: No Moves Allowed

Due to elevator limitations we may only accommodate 2 moves per day. Please book early to assure your preferred moving date and time.

3. _____ **\$150 Move-In Fee.** Provide a non-refundable move-in fee of \$150.00 in the form of certified funds (cashier's check or money order) payable to Lake Point Tower Condominium Association. This must be paid whether or not the elevator is used and includes up to 2 hours of freight elevator time. We are not able to accept cash or credit cards.

All move-in and move-out fees and deposits by the resident moving out and the new resident moving in must be paid whether or not elevator time has been scheduled.

4. _____ **\$150 Damage Deposit.** Provide a separate damage deposit of \$150.00 in the form of a check payable to Lake Point Tower Condominium Association. This will be voided after the move is complete, provided there is no damage done to the elevator or the common areas of the building and reservation time has not been exceeded. Should the amount of damages exceed \$150.00, you will be billed accordingly and prompt payment is expected.

Please ensure that your movers **do not lean anything against the hallway artwork**, as it is easily marred and you will be billed for any damage.

5. _____ **Moving Time in Excess of 2 Hours.** Should you need to reserve additional time, please add \$75.00 per hour to your move-in fee. Please note that the elevator will be locked off solely for your use and most moves do not require time beyond 2 hours. Moves must be completed within the time booked so that the dock may be cleared for the next scheduled move.

6. _____ **Key Fobs.** Unit keys and fobs (electronic key card allowing access to the building and amenities) should be provided to the new tenants by the owner. After you obtain your fobs from the owner, please visit the Management Office to have them registered in your names. It is advisable to do this before your move-in date, because the fobs are necessary to call the freight elevators.

Management will not activate fobs until all required documents have been received.

Tenants must be advised that fobs cannot be activated outside of office hours (Mon-Fri, 8:30am-5:00pm) and move-ins should be planned accordingly.

7. _____ **Resident Information.** Please see forms on pages 10-15.
8. _____ **Bicycle Registration Form (If Applicable).** Please see form on page 16. Yellow bicycle decals are available free of charge from the Management Office.
9. _____ **Health Club Waiver.** Please see form on page 17.
10. _____ **Set Up Utilities.** Please call ComEd and any applicable phone/cable/Internet companies to transfer the service into your name. Please note that if you rent a combined unit (for example, 301/302) you will have to transfer the ComEd accounts for both sides of the unit (301 and 302).

Comcast is the exclusive provider for cable services in the building. Basic cable TV and basic high-speed Internet are included in the unit owner's assessments. You will need to call Comcast if the cable box is missing, if you would like to upgrade your cable TV or Internet service, or if you wish to have telephone service via your cable modem.

ComEd (electricity): 800-334-7661

Comcast (cable TV/cable Internet/optional telephone): 847-789-1521 (LPT hotline)

AT&T (telephone/optional DSL internet): 800-244-4444

11. _____ **Optional Orientation.** If you would like an orientation, please contact the Management Office at 312-467-0505.

LAKE POINT TOWER CONDOMINIUM ASSOCIATION

Rider to Lease

The undersigned future occupant(s) of unit #_____ of the Lake Point Tower Condominium Association, agrees that they are in receipt of, have reviewed and understand, and agree to abide by the Declaration and Bylaws of the Association and the Rules and Regulations established by the Association.

Both documents may be downloaded for free from our website at www.lakepointtower.org. Copies may also be obtained at cost from the Management Office.

Signature: _____ Date: _____

Print: _____

Signature: _____ Date: _____

Print: _____

Signature: _____ Date: _____

Print: _____

 **LPT RESIDENTS** 

*Please complete for all **full-time residents** of your unit. Feel free to add extra names and information on the back of these pages if needed.*

Unit Number(s): _____ **Combined Unit?** Yes No

Name: _____

Select One: Mr. Mrs. Ms. Dr. Other (*Specify*): _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Alt. Phone: _____

Email: _____

Name: _____

Select One: Mr. Mrs. Ms. Dr. Other (*Specify*): _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Alt. Phone: _____

Email: _____

Name: _____

Select One: Mr. Mrs. Ms. Dr. Other (*Specify*): _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Alt. Phone: _____

Email: _____

 **LPT RESIDENTS (Minors)** 

*Please complete for all minors who are **full-time residents** of your unit. This is to determine whether a key fob can be issued under LPT Rules and Regulations. Feel free to add extra names and information on the back of these pages if needed.*

Unit Number(s): _____ **Combined Unit?** Yes No

Name: _____

Date of Birth: ____/____/____ (MM/DD/YYYY)

Home Phone: _____ Cell Phone: _____

Alt. Phone: _____

Email: _____

Name: _____

Date of Birth: ____/____/____ (MM/DD/YYYY)

Home Phone: _____ Cell Phone: _____

Alt. Phone: _____

Email: _____

Name: _____

Date of Birth: ____/____/____ (MM/DD/YYYY)

Home Phone: _____ Cell Phone: _____

Alt. Phone: _____

Email: _____

 **LPT AUTHORIZED ENTRIES** 

*Please complete for all people **allowed permanent access** to your unit, including guests, relatives, housekeepers, etc. Feel free to add extra names and information on the back of these pages if needed.*

Unit Number(s): _____ **Combined Unit?** Yes No

Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Alt. Phone: _____

Email: _____

Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Alt. Phone: _____

Email: _____

Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Alt. Phone: _____

Email: _____

 **EMERGENCY CONTACTS** 

Please provide any emergency contacts below.

Unit Number(s): _____ **Combined Unit?** Yes No

Emergency Contacts:

1. Name: _____ Best Phone: _____

Relationship: _____ Email: _____

2. Name: _____ Best Phone: _____

Relationship: _____ Email: _____

3. Name: _____ Best Phone: _____

Relationship: _____ Email: _____

REQUEST FOR EVACUATION ASSISTANCE

People with a mobility impairment may need additional assistance during an emergency evacuation. Impairments can take many forms and may be temporary, short term, or long term. Special attention may also need to be given to young children.

This form is for individuals that wish to self-identify their need for assistance during an emergency evacuation. By providing this information and discussing it with the Fire Safety Director, the best evacuation option(s) for you can be determined and planned for.

Participation and information is a voluntary act of disclosure on the part of the individual. The information you provide to us is strictly confidential and will only be given to those designated by the Emergency Evacuation Plan and to emergency personnel.

Please Print:

Unit Number(s): _____ **Telephone:** _____

Name: _____

Impairment: Temporary Short Term Long Term

Description of anticipated assistance requested:

Describe any equipment or special procedures necessary to meet your safety needs:

Name and unit # of evacuation assistant (must live in the building):

 **PET REGISTRATION** 

Please list all pets living in unit. One dog or cat up to 30 lbs. is allowed.

Unit Number(s): _____

Residents Name(s): _____

1. All pet-owning Unit Owners and Tenants must re-register their pets annually with the management office.
2. A new Unit Owner or Tenant must immediately register his/her pet within five (5) business days of moving into the Building.
3. A Unit Owner or Tenant who becomes a pet owner must register within five (5) business days of acquiring that pet.
4. Registration is accomplished at the Management Office by completing and submitting the Pet Registration form, providing a **photograph** and paying a **fee**, the amount of which will be set by the Board or Management. (As of January 1, 2014, the annual fee is \$75 per dog and \$50 per cat.)
5. The Unit Owner or Tenant must provide the pet's name, breed, weight, and color to the Management Office, along with the Unit Owner's or Tenant's name and unit number.
6. Each pet will be given a registration tag.
7. For a dog or a cat, an up-to-date **rabies vaccination certificate (showing the weight of the pet)** must be provided at registration.
8. Every dog and cat must wear the registration tag; and rabies tag when outside its unit.
9. For non-conforming pets, owners must provide proof that the pets have been in the building prior to October 24, 2013. Examples of acceptable proofs are adoption records, veterinary records, etc.

Name: _____

Tag # Issued: _____

Type of Animal: _____

Breed/Color: _____

Weight: _____

Immunized? Yes No N/A

Office use only

Date received: ___/___/_____

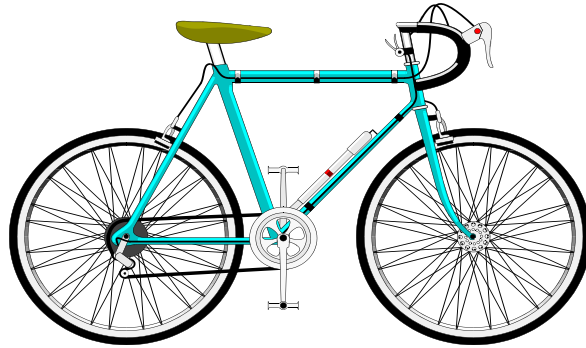
Required Documents: Complete Incomplete _____

Fee Paid: Yes No – charge to assessment

Upload to Connect: Yes No _____

LPT Management Signature: _____

LAKE POINT TOWER CONDOMINIUM ASSOCIATION



BICYCLE REGISTRATION FORM

DATE _____

NAME _____ **UNIT** _____

DESCRIPTION OF BICYCLE (COLOR/MODEL) _____

BICYCLE DECAL NUMBER _____

EXECUTIVE SPACE NUMBER (IF APPLICABLE) _____

It is my understanding that the General Bike Room stalls are not assigned, but rather used on a first-come, first-served basis. The rack space cannot be reserved by attaching a lock or by any other means. I also understand that my bicycle will be subject to removal if not properly placed in a stall.

I understand that if a space is rented in the Executive Bike Room, the bike must be placed in the assigned space or be subject to removal.

BICYCLE OWNER'S SIGNATURE



**LAKE POINT TOWER
CONDOMINIUM ASSOCIATION**

WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

In consideration and permission extended to me by the Lake Point Tower Condominium Association (the “Association”) to participate in aerobics classes and/or the use of exercise equipment in the exercise room and/or use of the racquetball court and/or use of the swimming pools and/or use of any other recreational facilities in the Lake Point Tower Condominium (the “Condominium”), I _____, do hereby fully and forever waive, release and discharge Lake Point Tower Condominium Association, its Directors, employees and agents, including FirstService Residential, and their respective successors and assigns, from any and all claims in any way resulting from personal injuries or other claims, demands, damages, and causes of action of whatsoever nature which I or my successors and assigns ever may have against any of them on account of, by reason of, or arising from the participation in such athletic activities and the use of recreational facilities at the Condominium. I further agree to hold the Association, its Board of Directors, employees and agents, including FirstService Residential, harmless from any and all claims which may be brought by anyone on my behalf or by my guests or invitees, arising from the use of such recreational facilities or participation in any athletic/recreational activities on Association property.

Dated: _____, 20__

HELPFUL NUMBERS

Emergency

Ambulance911 (emergencies) or 312-744-6666 (non-emergencies)
Fire Department911 (emergencies) or 312-744-6666 (non-emergencies)
Illinois Poison Center.....800-222-1222 or 800-942-5969
Police Department.....911 (emergencies) or 311 (non-emergencies)

Building Amenities

Management Office312-467-0505 (tel) or 312-467-1734 (fax)
 Monday-Friday 8:30am-5:00pm
 Mailing address:
 Lake Point Tower Condominium Association
 505 N. Lake Shore Drive
 Suite 200
 Chicago, IL 60611
Doormen312-645-8805
Dock.....312-645-8806
 Monday-Saturday 8:00am-6:00pm (moves/deliveries scheduled until 5:00pm)
Receiving Room.....312-645-8807
 Monday/Wednesday/Friday 9:30am-7:30pm
 Tuesday/Thursday 8:00am-6:00pm
 Saturday 9:00am-5:00pm
Garage (deeded spaces on levels B, C, D):
 Shawn Komsta, Garage Manager 312-645-8803
Garage (Valet Office).....312-595-9514
Pioneer Parking, Inc.....312-664-3700
Casa Margarita (1st floor restaurant)312-526-3411
Cit  (70th floor restaurant).....312-644-4050
McLash Studios/Salon (2nd floor).....312-374-8997
FirstService Residential Customer Care ..877-999-6491
Lake Point Dry Cleaners312-670-8989
Lake Point Tower Dental312-467-3201 or 847-630-0825 (emergencies)
Laundry room (service/maintenance):
 Wash Laundry847-677-8216 or contact@universallaundries.com
Websitewww.lakepointtower.org

Utilities

AT&T (telephone-optional)800-244-4444
ComEd (electricity).....800-334-7661
Comcast (cable/internet, optional phone) 800-934-6489

WiFi Passwords (2nd & 3rd Floor Common Areas)

Network Name..... LPT_Residents
Passcode.....Skyline8805

**LAKE POINT TOWER
CONDOMINIUM ASSOCIATION**

ACKNOWLEDGMENT OF LAKE POINT TOWER RULES and REGULATIONS

I/We have received and read the Lake Point Tower Condominium Association Rules and Regulations dated: _____. I/We acknowledge that I/We are expected to conform to those rules. I/We also understand that any conduct resulting in a formal violation from the unit owner(s), guest(s), contactor(s), residents or tenant(s) may result in a fine being levied to the assessment account.

Acknowledged by: Owner's Name: _____

Unit Number: _____

Date: _____