

**VANGUARD LOFTS CONDOMINIUM ASSOCIATION  
RULES AND REGULATIONS AGREEMENT FORM**

Return of this form will be considered acknowledgement that you have been notified of the Rules, Regulations, and Policies of Vanguard Lofts Condominium Association.

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

As unit owner/resident of Vanguard Lofts, I have read and become familiar with the Rules and Regulations.

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

**VANGUARD LOFTS CONDOMINIUM ASSOCIATION  
WITNESS VIOLATION COMPLAINT FORM**

**Section 1: Complainant Information**

Full Name: \_\_\_\_\_  
Unit #: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Section 2: Alleged Violator**

Full Name: \_\_\_\_\_  
Unit #: \_\_\_\_\_

**Section 3: Location and Description of Violation**

Date & Time: \_\_\_\_\_  
Location: \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_  
Section of Declaration, By-Laws, Rules and Regulations violated: \_\_\_\_\_

**Section 4: Supporting Evidence**

Please include all tapes, photographs, details (i.e. vehicle model, color, license plate number) with this form and forward as soon as possible. Include the name of the person who made the tape or photograph, the date it was made and the name of anyone else that was present.

I HAVE MADE THE ABOVE STATEMENTS BASED UPON MY PERSONAL KNOWLEDGE AND NOT UPON WHAT HAS BEEN TOLD TO ME. I WILL COOPERATE WITH THE ASSOCIATION AND ITS ATTORNEYS TO PROVIDE ADDITIONAL STATEMENTS OR AFFIDAVITS AND, IN THE EVENT OF A HEARING OR TRIAL BEING NECESSARY, I WILL APPEAR TO TESTIFY AS A WITNESS.

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

(Note: If necessary, please use additional pages.)

**VANGUARD LOFTS CONDOMINIUM ASSOCIATION  
ACCESS CONTROL SYSTEM KEY FOB REQUEST  
SCHEDULE CHANGE FORM**

Note: New key fobs cost \$10 each and will be billed to the unit owner on their monthly assessments.

Unit Number:            Owner: \_\_\_\_\_

Key Fob Serial Number: \_\_\_\_\_

Key Fob Assigned To: \_\_\_\_\_

Relation to Owner: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Day	Start Time	End Time
Monday	AM / PM	AM / PM
Tuesday	AM / PM	AM / PM
Wednesday	AM / PM	AM / PM
Thursday	AM / PM	AM / PM
Friday	AM / PM	AM / PM
Saturday	AM / PM	AM / PM
Sunday	AM / PM	AM / PM

Provide Access to the following doors: \_\_\_\_\_

- Front Door – Exterior West
- Front Door – Exterior South
- Front Door – Interior Lobby
- Rear Double Doors
- Rear Door – East Stairwell
- Bike/Storage Room East Door
- Bike Storage Room West Door

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

(Note: If necessary, please use additional pages.)

**VANGUARD LOFTS CONDOMINIUM ASSOCIATION  
MASTER OWNER INFORMATION SHEET**

This form is to be completed and returned by each resident at the beginning of each year. Owners should update this form during the year should any changes occur. Failure to complete this form annually will result in a \$50 fine.

**OWNER CONTACT INFORMATION**

Owner Name(s): \_\_\_\_\_  
Unit Owned: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**MORTGAGE COMPANY**

Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**HOME OWNER INSURANCE PROVIDER**

Insurance Company: \_\_\_\_\_  
Agent Name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**VEHICLE INFORMATION**

Vehicle #1 \_\_\_\_\_ Parking Space: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Year: \_\_\_\_\_ Color: \_\_\_\_\_  
License Plate (Including State): \_\_\_\_\_

Vehicle #2 \_\_\_\_\_ Parking Space: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Year: \_\_\_\_\_ Color: \_\_\_\_\_  
License Plate (Including State): \_\_\_\_\_

(Note: If necessary, please use additional pages.)

**VANGUARD LOFTS CONDOMINIUM ASSOCIATION  
MASTER OWNER INFORMATION SHEET**

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

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Please specify a person not living with you to contact in case of an emergency.

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

Phone Number: \_\_\_\_\_

**RESIDENT INFORMATION**

Please check one of the following:

- The unit is a Primary Residence
- The unit is a 2<sup>nd</sup> Home
- The unit is a Rental

**PET INFORMATION**

Pet Name: \_\_\_\_\_ Type & Breed: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Age: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

Pet Name: \_\_\_\_\_ Type & Breed: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Age: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

**TENANT INFORMATION**

Name of Tenant: \_\_\_\_\_

Tenant Phone Number: \_\_\_\_\_

Occupant #1 (Full Name): \_\_\_\_\_ Age: \_\_\_\_\_

Occupant #2 (Full Name): \_\_\_\_\_ Age: \_\_\_\_\_

Occupant #3 (Full Name): \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Tenant Contact: \_\_\_\_\_

Emergency Tenant Phone: \_\_\_\_\_

(Note: If necessary, please use additional pages.)

**VANGUARD LOFTS CONDOMINIUM ASSOCIATION  
ANNUAL PET AGREEMENT & REGISTRATION FORM**

The Vanguard Lofts Condominium Association allows residents to keep pets on the premises. The resident recognizes that the choice of keeping a pet places no obligation, legal or otherwise, on the Board or the Association. All information contained in the Declaration and the Rules and Regulations is applicable to this document.

An annual special assessment of \$50.00 per pet will be charged to the owner of the unit to reimburse the Association for additional upkeep against damages caused by any animals kept by occupant of the building. Additional upkeep includes but is not restricted to: odors, stains, teeth marks, minor scratches, waste removal, grass urination stains, pest extermination or any other problem that arises from the presence of the animal on the premises.

The owner or tenant of the unit agrees that keeping a pet on the premises is allowed the conditions set forth in the Declaration and the Rules and Regulations and that failure to abide by these conditions constitutes a nuisance, may subject the owner or tenant to a fine, and may be grounds for permanently removing the pet from the premises.

Resident Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Type & Breed: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Age: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

Pet Name: \_\_\_\_\_ Type & Breed: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Age: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

Pet Name: \_\_\_\_\_ Type & Breed: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Age: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_

(Attach a recent photograph of each pet and \$50 fee per pet)

As unit owner, I have read and become familiar with Section J of the Rules and Regulations: Pets and Animals and I agree to abide by the rules.

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

(Note: If necessary, please use additional pages.)

**VANGUARD LOFTS CONDOMINIUM ASSOCIATION  
BICYCLE REGISTRATION FORM**

The Vanguard Lofts Condominium Association allows residents to store bicycles on the premises. All residents are required to register their bicycles with the Property Management Company. All information contained in the Declaration or Rules and Regulations is applicable to this document.

Resident Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Bicycle Description: \_\_\_\_\_  
\_\_\_\_\_

Bicycle Registration Number: \_\_\_\_\_ Bicycle Hook Number: \_\_\_\_\_

Resident Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Bicycle Description: \_\_\_\_\_  
\_\_\_\_\_

Bicycle Registration Number: \_\_\_\_\_ Bicycle Hook Number: \_\_\_\_\_

(Attach is a photo of each bicycle.)

As unit owner, I have read and become familiar with Section Q of the Rules and Regulations: Bicycles and I agree to abide by the rules.

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

(Note: If necessary, please use additional pages.)

**VANGUARD LOFTS CONDOMINIUM ASSOCIATION  
CONSTRUCTION AND RENOVATION APPLICATION**

Given the age and type of the building, remodeling of units within Vanguard Lofts building must be done with great care.

The Unit Owner must supply the Board at least 30 days prior to the commencement of work with a detailed proposal and/or plan of the proposed work which should describe the entire scope of the work including all structural changes. The submission requirements for drawings shall include a scaled floor plan, construction details, materials, structural and mechanical plans (if applicable), specifications of finish materials, demolition plans, name, address and telephone numbers of all contractors and subcontractors and the work schedule including the scheduled date for completion of the work. If it is determined by the Board that the work will be extensive, the Board may refer the plans to outside engineers or architects, and the Owner shall be responsible for any costs incurred for such services. In addition, the Board reserves the right to charge the unit owner for any other out-of-pocket expenses, including any additional charges assessed by the Property Management Company in connection with the project.

Owner Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Description of Construction/Renovation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the Construction/Renovation involve any of the following:

- Plumbing modifications:  Yes  No
- Electrical modifications:  Yes  No
- Mechanical modifications:  Yes  No
- Structural changes:  Yes  No
- Modifications to common elements:  Yes  No

(Note: If necessary, please use additional pages.)



**VANGUARD LOFTS CONDOMINIUM ASSOCIATION  
CONSTRUCTION AND RENOVATION APPLICATION**

**CONSTRUCTION SCHEDULE**

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

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

City of Chicago Building Permit Number: \_\_\_\_\_

**CONTRACTOR INFORMATION**

Name of Contractor: \_\_\_\_\_

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

Company Address: \_\_\_\_\_

Phone: \_\_\_\_\_

License Numbers: \_\_\_\_\_

Contractor Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

The information contained in this form is factual to the best of my knowledge. As unit owner, I have read and become familiar with Section P of the Rules and Regulations: Remodeling, Construction, Structural Changes to Units. I have provided a copy of these rules to the contractor performing the work, and agree to abide by these rules. I agree to notify the Board should any changes in the scope of work of renovation occur.

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

Attach the following:

- Construction Drawings
- Deposit Check for \$500 (made out to the Property Management Company)
- Copy of signed Contracts
- Copy of Contractors Insurance Policy
- Copy of Building Permit

(Note: If necessary, please use additional pages.)

# VANGUARD LOFTS CONDOMINIUM ASSOCIATION

## RENTAL RESTRICTION RULES, REGULATIONS, AND APPLICATION

Certain lenders require that non-owner occupancy rates be examined prior to making loans and this has a potentially harmful effect on property values with the Association. It is the intent of the Board of Directors to:

1. Ensure that all members of the Association enjoy the full privileges of residing in our building.
2. Increase the number of homes that are owner-occupied resulting in a more stable and enjoyable living environment.
3. Inform all tenants residing with the Association of the restrictions, conditions, rules and regulations of the Association.
4. Reinforce the ability of potential homeowners to secure mortgage financing by encouraging high percentage of owner occupied homes.
5. To reduce the negative effect rental housing may have upon home values in the Association.
6. Enact rules and regulations that help achieve these goals.

Be it therefore resolved that the Association adopts the following Restrictions:

1. Owners who have leased their units to renters must provide the Association with a copy of the lease prior to move in. If the Association does not have a copy of the signed lease, the Association has no reason to believe that the renter has a legal right on the premises and must consider the person a trespasser. Without a copy of the signed lease and hence legal right to enter the premises, the Association will not provide elevator time, keys or any other service to such renter.
2. Any Owner permitted to rent their property according to the Declaration and these Rules and Regulations must provide their tenants with a copy of the current Association governing documents plus rules and regulations.
3. Owners must notify the Property Management Company at least 30 days prior to the move-in date.
4. Under the Declaration, the minimum lease term shall be six (6) months. The maximum lease term shall be eighteen (18) months.

(Note: If necessary, please use additional pages.)

**VANGUARD LOFTS CONDOMINIUM ASSOCIATION  
RENTAL RESTRICTION RULES, REGULATIONS, AND APPLICATION**

**OWNER INFORMATION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Unit: \_\_\_\_\_

**TENANT CONTACT INFORMATION**

Tenant Name(s): \_\_\_\_\_  
Unit Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**TENANT INSURANCE PROVIDER**

Insurance Company: \_\_\_\_\_  
Agent Name: \_\_\_\_\_  
Agent Phone: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Policy Expiration Date: \_\_\_\_\_

Occupant #1 (Full Name):	Age:
Occupant #2 (Full Name):	Age:
Occupant #3 (Full Name):	Age:
Occupant #4 (Full Name):	Age:

Emergency Tenant Contact: \_\_\_\_\_  
Emergency Tenant Phone: \_\_\_\_\_

**VANGUARD LOFTS CONDOMINIUM ASSOCIATION  
RENTAL RESTRICTION RULES, REGULATIONS, AND APPLICATION**

**TENANT VEHICLE INFORMATION**

Vehicle #1	Parking Space:
Make:	Model:
Year:	Color:
License Plate (Including State):	

Vehicle #2	Parking Space:
Make:	Model:
Year:	Color:
License Plate (Including State):	

(Note: If necessary, please use additional pages.)

**VANGUARD LOFTS CONDOMINIUM ASSOCIATION**  
**RENTAL RESTRICTION RULES, REGULATIONS, AND APPLICATION**

**LEASE INFORMATION**

Date Lease Will Commence: \_\_\_\_\_ Rental Term(Months): \_\_\_\_\_

Rent \$: \_\_\_\_\_ Move-In Date: \_\_\_\_\_

Note: that move-ins and move-outs require notification of Property Management. Refer to Section Q of the Rules and Regulations.

All leases require a written agreement with the following provisions:

1. This lease is subject to the Associations' Governing Documents, Bylaws, and Rules and Regulations. Failure to comply with them is considered a default under the Rental Agreement which will result in termination of this Rental Agreement.
2. This lease is subject to the approval of the Vanguard Lofts Condominium Board of Directors.
3. Subleases are prohibited

Failure by tenants to comply with the Rules and Regulations, and governing documents may result in fines against the unit owner and the tenant and possible eviction of the tenant. Any and all costs of such enforcement action shall be assessed to the unit owner. The unit owner has the right to appeal the enforcement action to the Board of Directors with a written request.

The information contained in this form is factual to the best of my knowledge. As unit owner, I have read and become familiar with Section R of the Rules and Regulations: Unit Sale and Lease. I have provided a copy of these rules to the tenant.

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

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

Attach the following:

- Rules & Regulations Receipt signed by Lessee(s)
- Copy of signed lease
- \$25 processing fee paid to the Management Company

(Note: If necessary, please use additional pages.)

**VANGUARD LOFTS CONDOMINIUM ASSOCIATION  
UNIT FOR SALE INFORMATION**

Owners must notify the Property Management Company after placing the unit on the market.

**OWNER INFORMATION**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**LISTING AGENT INFORMATION**

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

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

MLS Number: \_\_\_\_\_

**OTHER INFORMATION**

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

The information contained in this form is factual to the best of my knowledge.

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

(Note: If necessary, please use additional pages.)

**VANGUARD LOFTS CONDOMINIUM ASSOCIATION**  
**PENDING UNIT SALE INFORMATION**

1. Unit owners must notify the Board, via the Property Management Company, of the closing of the sale of a unit not less than thirty (30) days prior to the scheduled closing date.
2. A copy of the sale contract.
3. Rules & Regulations Receipt signed by purchaser.
4. \$50 processing fee paid to the Property Management Company.

**SELLER INFORMATION**

Name: \_\_\_\_\_  
Unit: \_\_\_\_\_  
New Address: \_\_\_\_\_  
New Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**PURCHASER INFORMATION**

Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**NEW MORTGAGE COMPANY**

Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**SALE INFORMATION**

Sale Price: \_\_\_\_\_  
Closing Date: \_\_\_\_\_

The information contained in this form is factual to the best of my knowledge.

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

(Note: If necessary, please use additional pages.)

**VANGUARD LOFTS CONDOMINIUM ASSOCIATION  
BOARD OF DIRECTORS CANDIDATE FORM**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Profession: \_\_\_\_\_

How long have you lived at Vanguard Lofts? \_\_\_\_\_

Are you a full time resident?  Yes  No

Do you lease your unit to tenants?  Yes  No

Have you served on the Vanguard Lofts board before?  Yes  No

Have you served on a condominium board before?  Yes  No

If yes, please indicate the following:

Condominium Association: \_\_\_\_\_

Number of Years Served: \_\_\_\_\_

Please write a brief history of the qualifications you feel would be of importance to the operation of the association.

Qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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