

MADEIRA AT ISLANDS AT DORAL NEIGHBORHOOD ASSOCIATION, INC.

C/O GABLES PROFESSIONAL MANAGEMENT CO.

3934 SW 8th Street • Suite 303 • Coral Gables, FL 33134 • Ph. (305)441-0904 • Fax (305)441-7982

LEASE/ OCCUPANCY APPLICATION

*****INTERVIEW IS REQUIRED*****

Date: _____

INTERVIEW DATE: _____

Name of Applicant(s)-individual(s) who will sign contract

Address of the Property at Madeira

PLEASE READ CAREFULLY

Gables Professional is the Management Company for the "Association" where you are applying for residency. All information with regards to sales, transfers and leases of a unit is processed once the completed application and all necessary documentation is received. **The outcome of the screening is reported to the Board of Directors of the Association who will conduct interviews and is solely responsible for the final approval or denial. THIS IS TO INFORM YOU OF THE PROCEDURE FOR PROCESSING APPLICATIONS FOR LEASE SO THAT YOU CAN PLAN ACCORDINGLY.**

We strive to provide accurate and timely screening information to your association, and your cooperation in submitting complete information is imperative to the timeliness of this process. **This application will be not process unless the following items are attached.** Applications cannot be "RUSHED" due to the necessary steps required to process each application

◀TENANT OCCUPANCY IS LIMITED TO THOSE NAMES THAT APPEAR ON THE APPLICATION▶

◀OCCUPANCY PRIOR TO FINAL APPROVAL IS PROHIBITED▶

◀IMCOMPLETE APPLICATIONS ARE NOT ACCEPTABLE▶

The following items must be attached for the application to be processed:

- a. **Money Order only** payable to: GABLES PROFESSIONAL MANAGEMENT CO (GPM). in the amount of: **\$150.00** (\$100 Application Fee & \$50.00 Screening fee), **Additional \$30.00** per person screening fee for occupants over 18 years old not a member of the Immediate Family (Spouse, Children, Parents). **(NON-REFUNDABLE)**
- b. Completed Lease Application. (5 pgs.), Association's R&R and/ or Addendums.
- c. Copy of Driver's License or other valid photo Id / **Foreigners** (Passport with visa) – **for anyone 18+ years**. (Please provide each photo ID on a different sheet of paper) Clear pictures are required.
- d. Copy of Vehicle Registration for each vehicle, up to the limit allowed in the Community's Rules & Regulations.
- e. Employment Letter and copies of the latest stub Payments **OR** in the event that the person is Self Employed or owns a Business; please provide proper Documentation of Business. / **Foreigners** must bring of a Legal Documents of your country.
- f. Current Reference Letter from previous Landlord or explanatory letter from applicant.
- g. **Three (3) Letters of Recommendation from Non-family members living in United States listed on pg. 4 of this application. In Letterhead Format**
- h. Copy of Lease Agreement.
- i. Sign all Rules and Regulation & Addendum attached to this application.
- j. If any of these requirements is NOT APPLICABLE, please write N/A on the space and make an explanation letter to the BOD.

APPLICATION PROCESS WILL NOT BE COMPLETED UNTIL ALL ASSESSMENTS ARE CURRENT

I agree with the above _____
Applicant Co-Applicant

▶ **PLEASE ALLOW 30 DAYS TO PROCESS YOUR APPLICATION.**_____ (Initials)

OFFICE USE ONLY

RECEIVED BY _____ ON _____ DEADLINE: _____

LEASE APPLICATION (Please Print Legibly. Answer all questions in this application. If not complete or blank spaces, this application may be returned or not approved)

Date: _____ **LEASE TERM:** From: _____ to: _____

Owner's Name: _____ Unit Number: _____

Owner's Home Address (NOT of unit to be leased): _____

City: _____ State: _____ Zip Code: _____

Owner's Phone #: _____ Owner's Office Phone #: _____

LESSEE(S) INFORMATION

NAME(s) of Proposed Lessee(s), as will appear on the Lease - same as applicant(s):

1. _____ 2. _____

Total No. of Persons to occupy unit: _____

NAME, AGE & RELATIONSHIP of ALL proposed occupants of the unit:

NAME	DATE OF BIRTH	RELATIONSHIP (Spouse, Children or Parents)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- I hereby agree for myself and on behalf of all persons who may use the unit that I seek to Lease:
 - I will abide by all the restrictions contained in the By-Laws, Rules and Regulations, Association Documents and restrictions which are, or may in the future, be imposed by the Board of Directors, hereinafter referred to as "the Association".
 - I understand that sub-leasing or occupancy of this unit in my absence is not permitted.
 - I understand that I will be present when guests, visitors, relatives or children who are not permanent residents occupy the unit.
 - I understand that any violation of these terms, provisions, conditions and covenants of the Association's documents provide cause for immediate action as therein provided or termination of the leasehold upon appropriate circumstances.
- I understand that the acceptance of Lease of a unit at the Association is conditioned upon the truth and accuracy of this application and upon approval of the Board of Directors. **OCCUPANCY PRIOR TO APPROVAL IS PROHIBITED.**
- I understand that the Board of Directors of the Association may cause an investigation of my background to be initiated as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors or Gables Professional Management, Co., as Agent, to make such an investigation, and agree that the information contained in this and application may be used in such investigation. The Board of Directors and Officers of the Association or Gables Professional Management, as Agent, shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board.

In making the foregoing application, I am aware that the decision of the Board of Directors will be final and that no reason will be given for any action taken by the Board, and I further I agree to be governed by the determination of the Board.

Signature of Applicant

Signature of Co- Applicant

APPLICANT(S) INFORMATION

Applicant Name:

As will appear on Contract _____
(Last) (First) (Middle)

Social Security No. _____ Date of Birth _____
(Applicant) (Applicant)

Co-Applicant Name:

As will appear on Contract _____
(Last) (First) (Middle)

Social Security No. _____ Date of Birth _____
(Co-Applicant) (Co-Applicant)

If Co-Applicant is NOT Spouse, specify relationship: _____

Present Address (NOT the unit to be leased): _____
(Street)

(City) (State) (Zip Code) (Home Phone)

Present (or Previous) Landlord/Mortgage Company (NOT for the unit to be leased):

Name: _____ Phone No: _____

In Case of Emergency, notify: _____ Phone No: _____

Vehicle 1, make, yr. and color: _____ Tag No: _____

Vehicle 2, make, yr. and color: _____ Tag No: _____

Vehicle 3, make, yr. and color: _____ Tag No: _____

EMPLOYMENT INFORMATION:

(Applicant's Employer) (Employer's Address)

(Position) Date Employed (Employer's Phone No) (Verifiable Salary per Year)

(Co-Applicant's Employer) (Employer's Address)

(Position) (Date Employed) (Employer's Phone No) (Verifiable Salary per Year)

NAME, ADDRESS & PHONE NO. OF RELATIVE NOT LIVING WITH YOU: _____

HAVE YOU OR ANY PROPOSED OCCUPANT IN THIS APPLICATION EVER BEEN CONVICTED? _____ YES _____ NO

IF YES, PLEASE EXPLAIN: _____

BANK REFERENCE: _____
(Bank Name) (Location)

(Type of Acct, checking, savings, other) (Account No.) (Phone No.) (Date Opened)

PET (Please Provide a Proof of Vaccinations and Picture of your dogs with this application)

Name: _____ Description: _____
(Breed, Color, Weight)

CHARACTER REFERENCES (Non- relatives / living in United States)

1. _____ (Name)	_____ (Home Phone No)	_____ (Work Phone No)
2. _____ (Name)	_____ (Home Phone No)	_____ (Work Phone No)
3. _____ (Name)	_____ (Home Phone No)	_____ (Work Phone No)

Authorization is hereby granted to **Madeira at Islands at Doral Neighborhood Assoc., Inc.** the Association, and Gables Professional Management Co., as Agent, to investigate all information supplied on this application. A full disclosure of pertinent facts and findings may be made to the Association or Gables Professional Management, Co, as Agent, who are also authorized to obtain a credit rating through a credit reporting agency.

Signature of Applicant

Signature of Co- Applicant

Date

Date

AUTHORIZATION FOR RELEASE OF BANKING, RESIDENCE, EMPLOYMENT, CREDIT, AND POLICE INFORMATION

I/We _____ hereby authorize the release of information to the Credit Reporting Agency and their Attorneys or Representatives, to **Gables Professional Management Co.**, as Agent **concerning my Banking, Credit, Residence, Employment and Police Records** in reference to the application for housing with to **Madeira at Islands at Doral Neighborhood Assoc., Inc.**

I/We _____ understand that this information is to be used as part of an investigative consumer report/and or credit report. Furthermore, I/We hereby waive any privileges I/We may have with respect to the disclosure of said information to the aforementioned parties.

I/We are also authorizing the Management Company to furnish the Landlord with a Copy of the Credit and Police Reports.

(In compliance with the FAIR CREDIT REPORTING ACT, this notice is to inform you that the processing of this application includes but is not limited to making inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer reporting agencies, obtaining credit information from other credit institutions and criminal background checks from appropriate law enforcement agencies. You have the right to make a written request within a reasonable period of time to receive additional information about the nature of this investigation. The undersigned agrees that this application will remain the property of the apartment complex, landlord, Association or realtor regardless of whether application is approved or not.)

_____ Signature of Applicant	_____ Print Name	_____ Date
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_____ Signature of Co- Applicant	_____ Print Name	_____ Date
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Other Proposed Adult (18+ years) Residents:

_____ Signature	_____ Print Name	_____ Date
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_____ Signature	_____ Print Name	_____ Date
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_____ Signature	_____ Print Name	_____ Date
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_____ Signature	_____ Print Name	_____ Date
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ACKNOWLEDGEMENT OF THE RULES & REGULATIONS

I'm _____ here confirm that I have received **and will read** the copy of the Rules & Regulations governing the use, responsibilities, safety, security, trash, architectural control, parking registrations rules, pets, sales or lease, and burglar alarms of Condominium Association. **This unit cannot be subleased or sublet partial or total.** Approval for occupancy for the unit is hereby granted to the Declaration of the Condominium with the full approval of the present Board of Directors.

I understand that failure to comply with these Rules & Regulations and governing documents will result in fines, as prescribe by the law.

Date: _____

Address: _____

Signature

Signature

MADEIRA AT ISLANDS AT DORAL NEIGHBORHOOD ASSOC., INC.

POOL RULES

POOL HOURS: SUNRISE TO SUNSET

1. No Life Guard on Duty. Swim at Your Own Risk.
2. Pool Facilities for Residents of Madeira at Islands at Doral Only and Their Guests
3. Children Under 18 Years of Age Must Be Accompanied by Adult
4. No Food, Drinks, Alcoholic Beverages or Glass Containers Allowed in Pool and Deck Area
5. No Pool Parties Allowed
6. Shower Before Entering
7. Wear Appropriate Clothing and Swimming Attire
8. Guests Must be Accompanied by Residents at All Times
9. NO PETS Allowed in Pool and Deck Area
10. Bath Load 54 Persons

- **NO DIVING OR JUMPING**
- **NO LOUD MUSIC**
- **NO RUNNING**
- **NO HORSEPLAY**

**CITY OF DORAL AND MIAMI DADE COUNTY POLICE ARE
AUTHORIZED TO REMOVE VIOLATORS**

Size of sign: 34"x40"

MADEIRA POOL RULES

Pool Hours: **SUNRISE TO SUNSET**

1. No Life Guard on Duty. Swim at Your Own Risk.
2. Pool Facilities for Madeira Residents and Their Guests Only
3. Guests **MUST** be Accompanied by Residents at All Times
4. Children Under 18 Years of Age **MUST** be Accompanied by an Adult at All Times
5. No Music Allowed
6. No Food, No Drinks, No Alcoholic Beverages, No Glass Containers Allowed in Pool and Deck Area
7. Do Not Play or Remove the Life Preserver or Pool Equipment from Their Location
8. Shower Before Entering the Pool
9. **NO PETS** Allowed in Pool or Deck Area
10. Only Swimming Rings and Floating Devices are Allowed. No Hard Balls or Small Balls, Water Guns or Pistols or Balloons are Allowed
11. Bath Load 20 persons
12. In Case of an Emergency Call 911

NO

Throwing Horseplay
Pushing Jumping
Running

NO

DIVING

**MIAMI-DADE COUNTY & CITY OF DORAL POLICE AND THE
SECURITY GUARD ON DUTY ARE AUTHORIZED TO REMOVE
VIOLATORS.**