

GABLES II TOWNHOMES CONDOMINIUM 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 APPLICATION

Date: _____

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

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

Address of the Property at Gables II

PLEASE READ CREFULLY

Gables Professional is the Management Company for **Gables II Townhomes Condominium Association, Inc.**, 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:

- Cashier's Check or Money Order payable to: **GABLES PROFESSIONAL MANAGEMENT** in the amount of: **\$50.00**. (Application, Screening & Processing Fee). **Additional \$50.00** fee per applicant over 18 years old who is not a member of a co-applicants immediate family (Spouse & Children. (No personal checks are accepted) , **Non- Refundable**
- INTERVIEW IS REQUIRED with the Board of Directors. Children over 14 yrs old must be present.**
- Completed Lease Application. (5 pgs.), Association's R&R and/ or Addendums.
- 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.
- Official Police Report (from the County where the Applicant Resides)**
- Copy of Vehicle Registration for each vehicle, up to the limit allowed in the Community's Rules & Regulations.
- 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.
- Current Reference Letter from previous Landlord or explanatory letter from applicant.
- Copy of a Utility Bill (**AT&T, Comcast, FPL, Water & Sewer, etc.**) from previous address.
- Copy of Lease Agreement.
- Sign all Rules and Regulation & Addendum attached to this application.
- 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 **20 BUSINESS 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: _____

ONLY 2 PARKING SPACES PER UNIT AS PER THE PARKING AFFIDAVIT. (Initial) _____

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 (LIMIT 1 PET, 25lbs OR LESS) 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 **Gables II Townhomes Condominium Association, 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 **Gables II Townhomes Condominium Association, 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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GABLES II TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

C/o Gables Professional Management Co.

300 Aragon Avenue, Suite 210 • Coral Gables, FL 33134

Tel (305) 441-0904 • Fax (305) 441-7982

RIDER

RE: UNIT # _____

In accordance to the rules and regulations of the GABLES II TOWNHOMES CONDOMINIUM ASSOC., INC. ("the Association") pertaining to the Condominium Building known as _____ and located at _____ ("the Building"), the following constitutes the approved Rider to the Lease submitted by Owner(s) (Landlord) _____ for the rent of his/her/ their Unit # _____ ("the rent") to _____ (Tenant(s), forming a part thereof.

Pursuant to the rules and regulations of the Condominium Association, the Owner(s) (Landlord) of the above referred Unit recognizes and agrees to keep current, at all times, maintenance, as well as any special assessments, monthly payments and/or fees, payable to the Association. Failure to pay said fees within ten (10) days of the date due shall be considered a default.

Upon notification to the Owner(s) (Landlord) by the Association of a default and the failure at any time by the Owner (Landlord) to cure the default within ten (10) days of said notification, Owner(s) (Landlord) specifically authorizes the Condominium Association to claim and collect from the Tenant(s), and the Tenant(s) agrees to make such payment directly to the Condominium Association until such time as the Owner's (Landlord) account becomes current.

IN WITNESS WHEREOF, the parties hereto have entered their hands and seal this _____ day of _____, 2010.

Signed sealed and delivered in
the presence of :

Landlord (Owner)

Landlord (Owner)

Tenant

Tenant

Condominium Association

Title: _____
