

FLORIDIAN ISLES TOWNHOMES

REQUEST FOR APPROVAL - LEASE

ALL of the following information must be submitted to the Board of Directors for consideration **BEFORE APPROVAL IS GRANTED** for the lease of your property.

- A **\$100.00 non-refundable screening fee PER APPLICANT** (husband and wife shall be considered to be one applicant) from the prospective Tenant or Owner in the form of a Money Order or Cashier's Check only. Please make payable to "**FLORIDIAN ISLES TOWNHOMES**"
- Request for Approval Cover Page** (included in this packet)
- A **copy of the fully executed "Application for Lease / Residency"** (included in this packet. Please note that if there are any questions not answered or left blank on the application, the application will be returned and not processed
- A **copy of the Authorization for Release of Banking, Residence, Employment, Credit, and Police Information** (included in this packet)
- A **copy of Receipt for Rules and Regulations** (included in this packet)
- A **complete copy of the fully executed Lease (which shall be expressly subject to the approval of the Association).**
- A **Security Deposit in the amount of one (1) month's rent made by the Owner not the Prospective Tenant.** This security Deposit will be refundable upon the terms of FLORIDIAN ISLES TOWNHOMES Governing Documents. The Security Deposit will be held in a non-interest bearing account.
- Driver's License or Picture ID of ALL applicants and occupants over 16 years of age.**
- Please note that all Association dues must be paid when leasing the unit and all Violations cured. Approval will not be granted if any money is owed at the time of approval or any Violations are not cured.**
- All Keys, gate cards, and "Rules and Regulations" are the responsibility of the landlord.**

Complete Applications must be submitted to the Board of Directors not less than **thirty (30) days** before the lease term. Please note that **Occupancy prior to Approval is prohibited.**

Applications along with the above requested information must be mailed to:
Alton Madison Property Management
381 N. Krome Avenue, Suite 205
Homestead, FL 33030

INCOMPLETE APPLICATION PACKAGES WILL NOT BE ACCEPTED **NO FAXES WILL BE ACCEPTED AND / OR PROCESSED**

Please note that Alton Madison Property Management will not be able to RUSH the process. We ask that you not call us to request that the process be "rushed". We will reply to you via U.S. Postal Service and we may also contact you via telephone when the application has been processed by the Board of Directors.

We appreciate your cooperation in complying with Floridian Isles Townhomes Governing Documents. If you should have any questions or concerns, please feel free to call Alton Madison Property Management at 305-247-5085 or you may email your questions or concerns to floridianisles@altonmadison.com.

FLORIDIAN ISLES TOWNHOMES

REQUEST FOR APPROVAL – COVER PAGE

The following information should be filled out by the Property Owner. Please complete all parts of this page. Please mark “N/A” for all parts that are Non Applicable.

Property Owner’s Information

Name of Property Owner: _____

Property Address: _____ (Homestead, FL 33033)

Property Owners Mailing Address: _____

Floridian Isles Townhomes Account #: _____ (if unknown, leave blank)

Property Owner’s Phone #: _____

Realtor’s Information (if applicable)

Name of Realtor: _____

Company Name: _____

Realtor’s Phone #: _____

Prospective Tenant’s Information

Prospective Tenant’s Name(s): _____

Prospective Tenant’s Phone No: _____

Lease Term: _____ to _____

FLORIDIAN ISLES TOWNHOMES

APPLICATION FOR LEASE / RESIDENCY

Applicant: _____
(Last) (First) (Middle)

Date of Birth: _____ Social Security No: _____

Personal Description: _____
Ht. Wt. Hair Color Driver's License # State

Present Address (NOT the address you are moving to): _____
(Street) (Apt)

(City) (State) (Zip Code) (Home telephone) Own Rent (Since)

Landlord/Mortgage Co.: _____
(Name) (Address)

(City) (State) (Zip Code) (Telephone) (Since)

Previous Address _____
(Street) (Apt)

(City) (State) (Zip Code) (Telephone) Own Rent (Since)

Landlord/Mortgage Co.: _____
(Name) (Address)

(City) (State) (Zip Code) (Telephone) (Since)

Total Number of people to occupy premises: _____

Have you ever been evicted from any leased premises? Yes / No Rent Amount: _____

In case of Emergency, notify: _____ Telephone: _____

Vehicle 1: _____ Tag Number: _____
Year Make Model Color

Vehicle 2: _____ Tag Number: _____
Year Make Model Color

Present Employer: _____
(Name) (Business Address)

(City) (State) (Zip Code) (Telephone) (Supervisor) (Monthly Income) (Since)

Previous Employer: _____
(Name) (Business Address)

(City) (State) (Zip Code) (Telephone) (Supervisor) (Monthly Income) (Since)

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Co-Applicant: _____
(Last) (First) (Middle)

Date of Birth: _____ Social Security No.: _____

Co-Applicant's
Description: _____
Ht. Wt. Hair Color Driver's License # State

Is Co-Applicant spouse? Yes No Specify Relationship: _____

Co-Applicant's Present Employer: _____
(Name) (Business Address)

(City) (State) (Zip Code) (Telephone) (Supervisor) (Monthly Income) (Since)

Co-Applicant's Previous Employer: _____
(Name) (Business Address)

(City) (State) (Zip Code) (Telephone) (Supervisor) (Monthly Income) (Since)

Children: _____ Pets: _____
(How many and their ages) (Description and approximate weight)

Bank
Reference: _____
(Name) (Acct. #) (Phone #)

(Location) (City) (State)

Credit Card
Reference: _____
(Name) (Acct. # - Last 4 Numbers) (Phone #)

(Location) (City) (State)

Have you ever been arrested for a misdemeanor or felony? **Applicant** **Co-Applicant**
Explain: _____ Yes No Yes No

Have you ever been convicted for a misdemeanor or felony? **Applicant** **Co-Applicant**
Explain: _____ Yes No Yes No

CORRECTION INFORMATION – Applicant represents that all of the above statements are true and complete, and hereby, authorizes verification of the above information, references and credit records in addition to the foregoing, applicant(s) has paid to Floridian Isles Townhomes the sum of \$100.00 as a non refundable fee for Association's costs and right of occupancy and or forfeiture of deposits and may constitute a criminal offense under the laws of this State. Furthermore, I understand that an investigative consumer report including information about my character, general reputation, personal characteristics, mode of living, and all public record information including criminal records may be made. I understand that a written request for the nature and scope of the investigation if made within a reasonable period of time may be made. I understand that misrepresentation of the above information will void my lease/rental agreement and be grounds for immediate eviction with loss of all deposits. I authorize verification of this information by the Landlord or his agent
EQUAL CREDIT OPPORTUNITY ACT - The Federal ECOA prohibits from discriminating against credit applicants on the basis of sex or marital status. The Federal Agency which administers compliance with this law concerning this apartment community is Federal Trade Commission. 1718 Peachtree St. N.W. Room 10000, Atlanta, Georgia 30308

I HAVE READ AND AGREED TO THE PROVISIONS AS STATED.

Applicant's Signature

Date

Co-Applicant's Signature

Date

FLORIDIAN ISLES TOWNHOMES

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

I (we) _____
Hereby authorize the release of information to the Credit Agency and their Attorneys or Representatives, and Application Processing Service, Inc, as Agents, concerning my banking, credit, residence, employment or police records in reference to this application for housing at Floridian Isles Townhomes Association.

I/we understand that the Board of Directors may cause to be instituted such an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors of the Floridian Isles Townhomes, or Application Screening Processing, Inc, as agents to make such investigation and agree that the information contained in the attached application may be used in such investigation.

Furthermore, I / we release the Board of Directors and Officers of Floridian Isles Townhomes, Alton Madison Property Management, Application Processing Service, Inc, as Agent (to include: Employees, Officers, Directors, Brokers, Agents, and representatives of the foregoing) and all persons and firms providing or receiving information in this report, from any and all claims or liability which might arise from the release transmission, assembly, interpretation of information, denial or application or other adverse action.

Signature of Applicant

Date

Signature of Co-Applicant

Date

FLORIDIAN ISLES TOWNHOMES

Receipt for Governing Documents, Rules and Regulations

All new residents (Purchasers & Lessees) must receive a copy of the Rules and Regulations of the Association and sign the following receipt, acknowledging that they will abide by them. This receipt must be returned to

Floridian Isles Townhomes, Inc
C/o Alton Madison Property Management
381 N. Krome Avenue, Suite 205
Homestead, FL 33030

I / we _____, am (are) in receipt of the Rules and Regulations of Floridian Isles Townhomes, Inc and agree to abide by them or any future changes or additions to them.

I (we) will also familiarize myself (ourselves) with the Floridian Isles Townhomes documents, and agree to be bound by them as well, including any future amendments.

I (we) agree that the Rules and regulations will be shared with all members of our household.

I (we) understand that parents will be responsible for minor children, and that host families will be responsible for all guests

Property address: _____

Date: _____

Name(s) Printed: _____

Signature(s): _____