

Colonial Palms Condominium Association, Inc.
1180 SW 36 Avenue, Suite 100, Pompano Beach, FL 33069
Phone: (954) 582-0220 Fax: (954) 582-0223

APPLICATION FOR RESIDENCY (LEASE)

The Governing Documents for the Colonial Palms Condominium Association, Inc **require written approval prior** to any person residing in any unit. All prospective tenants must receive approval by the Association prior to the lease taking effect. Please carefully read the following:

Any guest(s) occupying a unit for 30 days or more must complete and submit an occupancy application to be approved by the Board of Directors.

In accordance with the Florida Statutes and the Bylaws and Rules and Regulations for the Colonial Palms Condominium Association and any applicable rules duly adopted by the Board of Directors of Colonial Palms Condominium Association the following procedures are to be followed when leasing a home.

1. The lease must include the following language:
“The Colonial Palms Condominium Association (the Association”) shall have the right to terminate the lease upon default by tenant in observing any of the provisions of the Bylaws, or Rules & Regulations , and any applicable rules duly adopted in the future by the Board of Directors of the Association.”

“In the event that the homeowner (landlord) defaults with the Association’s assessments, the Association shall have the right to collect all rental payments due to the homeowner (landlord) and apply the same against unpaid assessments and any other fees due. Eviction for non-compliance to the above and Rules & Regulations will be applied to tenant.” Pursuant to Florida Statutes.
2. Any homeowner submitting a rental application must be current with all assessments prior to the lease application being considered for approval.
3. The lease term must be for a minimum of thirty (30) days.
4. Subleasing is prohibited. Individual room rentals are prohibited.
5. The home may not be leased more than once in any twelve (12) month period without the Association’s written approval.
6. The proposed tenants shall consist of no more than two persons per bedroom.
7. During the term of the lease, all assessments will continue to be paid directly by the homeowners.
8. No month to month is permitted. Lease extensions must be submitted to the Association for review.
9. The homeowner must also sign this Application. See pg. 5 - Rental agent’s signature is not acceptable.

Please read the Rules & Regulations, Bylaws, and other governing documents for the Colonial Palms Condominium Association.

ALL ITEMS BELOW MUST BE SUBMITTED TOGETHER TO BE CONSIDERED TO:

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1. Completed "Application for Residency" form. ATTACHED
2. A copy of the lease contract which includes the language on page 1 written into the lease.
3. Pet registration form completed if applicable.
4. The Condominium Association can disapprove a lease agreement if:
 - The homeowner (landlord) is in default with assessments or other fees.
 - An unsatisfactory background check is found regarding the tenant or guest.
5. Attach a **\$100.00 non-refundable check** for the application fee made payable to Colonial Palms Condominium Association; this includes one background and credit check. **An additional check for \$75.00** is required for each person over the age of 18 who will be residing in the unit to cover the background and credit check for each of them.

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PLEASE PRINT

DATE: _____ **ADDRESS:** _____

OWNER INFORMATION

Owner Name: _____ Phone #: _____

Realtor: _____ Phone#: _____

APPLICANT(S) INFORMATION:

Name(s): _____

Telephone #'s: _____ Date of Birth: _____ Social Security#: _____

Tenant Lease Term: _____ Email: _____

Please name all occupants and relationship to Lessee (provide age of children): Please provide the social security # and date of birth for all applicants over 18.

RESIDENCE HISTORY:

Previous Address: _____ City: _____ State: _____ Zip: _____

If rented, Name of Landlord and Phone #: _____

VEHICLES:

Make of Vehicle	Model	License Plate #	Color	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LICENSED DRIVERS:

Name: 1. _____ License #: _____ State: _____

Name: 2. _____ License #: _____ State: _____

Name: 3. _____ License #: _____ State: _____

Name: 4. _____ License #: _____ State: _____

PETS: YES _____ NO _____ (If yes, please complete the attached pet registration form)**WORK HISTORY:** *Applicants 1 and 2.*

Employer: 1. _____ 2. _____

Phone: 1. _____ 2. _____

Address: 1. _____ 2. _____

Position: 1. _____ 2. _____

EMERGENCY CONTACT INFO: _____**CRIMINAL BACKGROUND:**

Have you [or other applicant] ever been convicted of a state or federal offense? YES () NO ()

Have you [or other applicant] ever been convicted of a felony in the past 7 years? YES () NO ()

Are you [or other applicant] presently awaiting trial on any criminal offense? YES () NO ()

If the answer is 'Yes' to any of the above, give applicant's name, dates, name of court and details of conviction on a separate sheet of paper.**APPLICANT ACKNOWLEDGEMENT****By my/our signature(s) below, I/we *hereby* certify:**

1. That I/we have received, read, understand and agree to abide by all the Rules & Regulations and the governing Documents of Colonial Palms Condominium Association.
2. That all of the information contained in this application is true and complete and that I/we understand and agree that False or Misleading information given in this application constitutes grounds for rejection of this application and revocation of my right to reside on this property.

APPLICANT ACKNOWLEDGEMENT continued

3. I/we give my/our permission for a nationwide Law Enforcement Background investigation and credit history verification and understand that the Colonial Palms Condominium Association may deny the lease based on reasonable evidence that any occupant may pose a risk to the community or be unlikely to comply with the financial requirements of the lease.

4. That I/we understand and agree the unit can not be sub-leased by either the owner or the leaseholder. That no persons other than those shown on this application will reside in the unit and I/we agree that anyone moving into the unit at a later date will be registered with the Association.

5. That **pursuant to Florida Statutes** I/we understand and agree upon receipt of notice from the Association that my monthly rent payments will be sent directly to the Association, made payable to the Association until any assessments, charges, late fees and attorney fees due and owing to the Association by the owner/landlord are paid in full. I also understand that failure to do so will result in my eviction from the unit as prescribed by the State of Florida.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

(Each applicant over 18 years of age must sign this section)

ACKNOWLEDGEMENT OF OWNER(S)

1. That I/We hereby authorize the Association to evict a tenant at my/our (owners) expense in any case where the tenant fails to abide by the Florida Statutes and the Association's Governing Legal Documents and Rules & Regulations, which were provided to the applicant. I agree to provide an Application and Investigation Fee for anyone moving in under this lease or anyone visiting as a guest in the unit for longer than three weeks.

2. That I/We as Owner(s) are responsible for the tenant and/or guests of such tenant, in regard to unpaid violation fines, any costs related to damages to community property and/or fees paid to the Association's attorney relating to tenant and/or guests of tenant.

3. I/We agree that upon receipt of Notice that all monthly rent payments will be sent directly to the Association by the tenant until any assessments, charges, late fees and/or attorney fees, due and owing to the Association by the owner/landlord are paid in full, pursuant to the Colonial Palms Condominium Association, Inc. governing documents and Florida Statutes.

Signature of Owner: _____ Date: _____

Signature of Owner: _____ Date: _____

OFFICE USE ONLY: APPROVED [☐] DENIED [☐] DATE: _____

Reason denied/comments: _____

Agent for the Board Signature: _____ Date: _____

PET REGISTRATION FORM

Owner or Resident: _____

Address: _____

Type of Pet(s) (please circle one): DOG CAT BIRD OTHER _____

Note: Limit 2 pets per unit and maximum weight 20 pounds each

Pet's Name: _____ Pet's Age: _____

Pet's Weight: _____ Pet's License/Tag Number: _____

Breed (*Be specific – give complete description, color, etc.*):

Pet's Name: _____ Pet's Age: _____

Pet's Weight: _____ Pet's License/Tag Number: _____

Breed (*Be specific – give complete description, color, etc.*):

PLEASE ATTACH PET PHOTO(S) HERE