



# Harbor Management Services, Inc.

PO Box 924176, Homestead, FL 33092-4176

(305) 246-5867 Fax (305) 245-8020

## Re: KENDALE LAKES VILLAS APPLICATION PACKAGE

Dear Applicant,

In accordance with the Association, any prospective applicant of any residence located within the community is required to complete the application package prior to taking occupancy. Only original will be accepted. Do not fax or mail signature copies.

In an effort to update our records and conform to the new resident approval process, the Association requests that you include all the information requested below, do not turn in incomplete applications.

- ☐ Application package (Information must be provided in detail on every occupant & person listed on the contract)
- ☐ Copy of Lease / Purchase Agreement
- ☐ Copies of Driver's License for every occupant, State ID
- ☐ Signed Rules and Regulations Forms (Pages 4 and 5)
- ☐ Miami-Dade, Section 8, etc., housing agreements. (*if applicable*)
- ☐ All applicants 18 years of age and older must provide a Miami Dade Police Background check report.
- ☐ Copies of Registrations for every vehicle.

If you are, a prospective owner/tenant this approval process is mandatory, failure to obtain prior approval will result in legal action to enforce rules and regulations. Application should be delivered to the Harbor Management offices at:

15600 SW 288 Street #406. Homestead, FL 33033.

This application may take up to 10-15 business days (not including holidays) to process.

For Board of Directors,  
Harbor Management Services, Inc.

### DO NOT WRITE FOR MANAGEMENT USE ONLY

Paid: \_\_\_\_\_ Posted: \_\_\_\_\_ *Tops* \_\_\_\_\_ *Logs* \_\_\_\_\_ Initials: \_\_\_\_\_

TNT Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

H/O Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Property Address: \_\_\_\_\_ # of TNT \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION

Date of Application: \_\_\_\_\_

### PERSONAL INFORMATION

1) Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_  
Contact Tel#: \_\_\_\_\_ Other #: \_\_\_\_\_

2) Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_  
Contact Tel#: \_\_\_\_\_ Other #: \_\_\_\_\_

**List Other Occupant(s)** For additional occupants attach a separate sheet of paper with the required information.

1)	Name	Age	Relationship	2)	Name	Age	Relationship
3)	Name	Age	Relationship	4)	Name	Age	Relationship
5)	Name	Age	Relationship	6)	Name	Age	Relationship

### RESIDENT HISTORY

Present Address: \_\_\_\_\_  
*Address City State Zip Code*  
Landlord Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Rent Amt. \_\_\_\_\_ How Long: \_\_\_\_\_  
Prior Address: \_\_\_\_\_  
*Address City State Zip Code*  
Landlord Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Rent Amt. \_\_\_\_\_ How Long: \_\_\_\_\_

### EMPLOYMENT

1) Applicant's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Income: \_\_\_\_\_ Per Year ☐ Per Month ☐  
2) Applicant's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Income: \_\_\_\_\_ Per Year ☐ Per Month ☐

### AUTOMOBILE INFORMATION: See Association's documents pertaining to vehicle regulations.

1) Make/Model: _____	Year: _____	Color: _____	Tag #: _____
Insurance Carrier: _____	Policy # _____	Exp. Date: _____	
2) Make/Model: _____	Year: _____	Color: _____	Tag #: _____
Insurance Carrier: _____	Policy # _____	Exp. Date: _____	
3) Make/Model: _____	Year: _____	Color: _____	Tag #: _____
Insurance Carrier: _____	Policy # _____	Exp. Date: _____	
4) Make/Model: _____	Year: _____	Color: _____	Tag #: _____
Insurance Carrier: _____	Policy # _____	Exp. Date: _____	

### ANIMAL REGISTRATION: See Association's documents pertaining to pet regulations

Pet: cat, dog, breed, etc. 1) \_\_\_\_\_ 2) \_\_\_\_\_

**OWNER(S) INFORMATION**

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address City State Zip Code

Property Address: \_\_\_\_\_ Community: \_\_\_\_\_

**HOMEOWNER INSURANCE INFORMATION**

Homeowners Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Windstorm Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Agents Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**REFERENCES** Give below names of three persons not related to you, whom you have known at least one year.

Name	Telephone	Years Known
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby authorize Harbor Management Services, Inc. to obtain a consumer report, and any other information it deems necessary, for evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which this application was made. I hereby expressly release Harbor Management Services, Inc., and any procurer or furnisher of information, from any liability what so ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies including without limitation, various law enforcement agencies.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

This Application:		Approved: _____	Not Approved: _____
Approved By: _____	Designated Board Member		Date: _____
Approved By: _____	Designated Board Member		Date: _____

**Applicant Acknowledgements:**

1. The undersigned agree and on behalf of all persons who may reside in the unit, to abide by all the restrictions now or in the future contained in the **RULES AND REGULATIONS, DOCUMENTS OF CONDOMINIUM AND BY-LAWS OF KENDALE LAKES VILLAS HOMES ASSOCIATION, INC.** (hereafter referred to as “Association”)
2. The undersigned understands that any violation of the terms, provisions, conditions, and Covenants of the Association will call for immediate corrective action and penalty as therein provided.
3. The undersigned understand that the approval of this application by **Kendale Lakes Villas Homes** is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. The undersigned further understand that the closing/settlement and/or occupancy is prohibited until approval is received from the Association and that unauthorized closing/settlement and/or occupancy may lead to immediate legal action to void the sale of the property and to remove unauthorized occupants.
4. The undersigned understands that the Association may cause to be instituted such an investigation of our individual backgrounds as the Association may deem necessary. Accordingly, we specifically authorize the Association or their agent to make such an investigation. We further agree that the information contained in this application may be used in such an investigation and we agree that the Association, its Board of Directors and its Officers and agents shall be held harmless from any action or claim to the undersigned in connection with the use of the information contained herein or any investigation conducted by the Association.
5. The undersigned hereby authorizes the release of information to **Kendale Lakes Villas Homes** or its agents by credit agencies, financial institutions, employers, police agencies, their attorneys, or representatives concerning the undersigned’s banking, credit, residence, employment, or police records in reference to the application. The undersigned understands that this information is to be used as part of an investigation consumer report and/or credit report. Furthermore, the undersigned waives any privileges that we may have with respect to the disclosure of said information to the aforesaid parties.

Signatures:

---

Applicant Printed Name

---

Applicant Signature

---

Applicant Printed Name

---

Applicant Signature

---

Date

**KENDALE LAKES VILLAS**

**UNIT ADDRESS:** \_\_\_\_\_

1. Owner(s) promise to abide by all the **Kendale Lakes Villas** rules, as established in the **Kendale Lakes Villas** By-Laws and documents, and also to abide by Florida Laws.
2. Owner(s) affirm total ownership of no more than 2 vehicles to be parked inside the community. Both vehicles are to be parked in your driveway.
3. Owner(s) may not sublet the unit or any portion thereof.
4. Prior to rental or sale of your unit, the prospective tenant(s) or buyer(s) must complete the rental or owner application (as applicable), and be subjected through the management company to an interview process and screening. Occupancy of tenants or prospective owners prior to obtaining Board approval is prohibited. Any owner whose tenants move into a unit without obtaining prior Board approval will be subjected to immediate legal action, which could result in the eviction of the tenants. Prospective buyers occupying the unit prior to Board approval will be subjected to legal action.
5. Prospective buyers of your unit must be provided by seller(s) with a copy of the **Kendale Lakes Villas** By-Laws and Documents, along with the most current Rules and Regulations booklet.

By signing this affidavit, we acknowledge understanding of the **Kendale Lakes Villas** established rules, and will abide by them. Failure to abide by such rules or to Florida laws may subject owners to probable legal action.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date