

**PRINCETONIAN BY THE PARK ASSOCIATION, INC.
A/K/A BISCAYNE RUN**

C/O Harbor Management Services, Inc.
Community Plaza Building
15600 SW 288 Street, Suite 406
Homestead, Florida 33033

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

Lease Application

Listed below are the procedures and documents that will be required for **lease applications**:

1. A complete application along with a **MONEY ORDER/CASHIERS CHECK or PAY PAL**: ([www.Harbormanagement.us/Online_Services Tab/Pay Application Fees](http://www.Harbormanagement.us/Online_Services_Tab/Pay_Application_Fees)). Checks should be made payable to **Harbor Management Services, Inc.** in the amount of \$100.00 for the first two adults and \$50.00 for each additional adult 18 and over. The application fee is **non-refundable**.
2. It is the responsibility of the applicant(s) to obtain a **Criminal Record Report** from their local Miami-Dade Police Department. **Each applicant/resident 18 years of age and over** must comply with the guideline for screening purposes.
3. Management will obtain a **Civil Search and Credit Check** on all applicant(s)/residents 18 years of age and over for screening purposes.
4. Three (3) separate references letters which can be a **personal reference or a business /employment reference**. You must submit the last 2 pay-stubs and bank statements from each applicant along with this application **NO-EXEPTIONS**.
5. A copy of **lease agreement**.
6. **Driver License and Social Security** card for all occupants must be provided to the Association on the date the application is submitted, so that we may make copies and include in your file.
7. **Vehicle Registration Form** must be completed and submitted with application. A copy of vehicle registration for all vehicles listed must be included.
8. All prospective tenant(s) must sign acknowledgement confirming receipt of the Association Rules and Regulations. **NOTE: This form must be notarized and must be submitted along with completed application.**
9. Applications will not be accepted without original documents and fee(s). Review application checklist. **AS PER OUTLINED ABOVE NO-EXCEPTIONS**. Incomplete applications will be returned for consideration. **You must allow a maximum of ten (10) business days** from the time the **COMPLETED APPLICATION** is received with full payment to release an approval/disapproval from the Boards of Director.
10. A \$1000.00 Security deposit is required to be deposited in escrow with the Association with **COMPLETION** of this application.

Date: _____

Signature: _____

Approved

Disapproved

Approved w/ Stipulation

Notes: _____

APPLICATION FOR LEASE

NAME FOR COMMUNITY: _____

PROPERTY ADDRESS: _____

PRESENT OWNER(S): _____ PHONE: _____

I/WE SUBMIT THE FOLLOWING INFORMATION TO YOUR BOARD OF DIRECTORS REGARDING MY LEASE OF THE PROPERTY LISTED ABOVE.

IF LEASE: LEASE TERM IS FROM _____ TO _____

IF LEASED: OWNER ADDRESS FOR BILLING, OTHER THAN UNIT ADDRESS: _____

The following information must be completed by prospective lessee:

TRANSFER FEE MUST ACCOMPANY THIS APPLICATION.

***NOTE TO OWNER: ALL MAINTENANCE FEES MUST BE CURRENT OR APPLICATION WILL BE RETURNED FOR CONSIDERATION.**

FULL NAME DATE OF BIRTH SOCIAL SECURITY #

(Husband)

(Wife)

(If not husband and wife, each applicant must fill out separate application w/fee).
Person(s) other than the above who will normally occupy the unit:

FULL NAME DATE OF BIRTH SOCIAL SECURITY #

PRESENT ADDRESS: _____

LENGTH OF TIME AT PRESENT ADDRESS: _____ TELEPHONE: _____

FORMER LANDLORD NAME: _____ TELEPHONE: _____

FORMER ADDRESS: _____

LENGTH OF TIME AT FORMER ADDRESS: _____

IF PRESENTLY EMPLOYED:
HUSBAND'S OCCUPATION & EMPLOYER _____
Employer's address/phone _____

WIFE'S OCCUPATION & EMPLOYER _____
Employer's address/phone _____

2-8

NAME (S) OF FRATERNAL OR CIVIC ORGANIZATION OF WHICH YOU ARE A MEMBER:

MAKE & MODEL OF VEHICLE (S) YEAR LICENSE TAG # STATE

BANK REFERENCES

1. NAME OF BANK: _____ () CHECKING () SAVINGS

OFFICER TO CONTACT: _____ TELEPHONE: _____

2. NAME OF BANK: _____ () CHECKING () SAVINGS

OFFICER TO CONTACT: _____ TELEPHONE: _____

Personal references, local if possible, not relatives:

IN ADDITION TO THE NAMES LISTED BELOW, YOU MUST INCLUDE THREE (3) SEPARATE LETTERS OF REFERENCE: (Letters can be from Personal, Financial, or Employment references).

1. _____
- | | | | |
|------|---------|---------|-------------------|
| Name | Address | Phone # | Alternate Phone # |
|------|---------|---------|-------------------|
2. _____
- | | | | |
|------|---------|---------|-------------------|
| Name | Address | Phone # | Alternate Phone # |
|------|---------|---------|-------------------|
3. _____
- | | | | |
|------|---------|---------|-------------------|
| Name | Address | Phone # | Alternate Phone # |
|------|---------|---------|-------------------|

In making the foregoing application, I/We represent to the Board of Directors that the purpose for the lease of this property is as follows:

- () Permanent residence () winter residence

I/We understand that acceptance for lease at this community is conditioned upon approval of the Board of Directors. Accordingly, I/We hereby agree for myself and/on behalf of all persons listed to reside which I/We seek to lease that I/We will abide by all restrictions contained in the By-Laws and all other By-Laws, Rules and Regulations or restrictions which may in the future be imposed by the Board of Directors. I have received a copy of all Association Rules and Regulations:

- () yes () no

I/We understand that the Board of Directors may cause to be instituted an investigations of my/our background as the Board may deem necessary. Accordingly, I/We specifically authorize the Board of Directors and/or its Agents to make such investigation. I/We agree that the information contained herein may be used in such investigation and that the Board of Directors and/or its Agents shall be held harmless from any action or claim by me/us in connection with the use of the information contained herein or any investigation conducted by the Board of Directors and/or its Agents.

I/We understand that sub-leasing or occupancy of this property is not permitted.

In witness whereof, I/we have executed the foregoing application this _____ day of _____, 201_____

Owner

Applicant

Owner

Applicant

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I/We _____, hereby authorize the release of information to **Princetonian by The Park HOA, Inc. and Harbor Management Services, Inc. (As Agents)** Each applicant authorizes the ordering and conducting of the Tenant background research and verification, which may include, but is not limited to Credit, Mortgages, Banking, Employment, Business, Tenancy, Public Records (Criminal/Civil), Personal Character, General Reputation and Mode of Living. Each Applicant requests and authorizes all person and/or firms contacted **by the Association and/or its Agents**, to release and provide by any transmission means, including income. Applicants release/hold harmless the Association and/or its Agents providing or receiving information (to include employees, officers, directors, brokers, agents and/or representatives) from all claims or liability which might arise from the release, transmission, assemble or interpretation of information and/or documents received and/or the denial of this application due to same.

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

A photocopy and/or facsimile of this authorization may be accepted in lieu of Original.

Signature Applicant #1

201_

Signature Applicant #2

201_

Princetonian by the Park AUTOMOBILE REGISTRATION FORM

1. Resident Name: _____

2. Address: _____ Unit #: _____

3. Tel: Home: _____ Cell: _____ Wk: _____

4. Description of 1st. Vehicle:

5. Description of 2nd Vehicle:

Make: _____ Model: _____

Year: _____ Color: _____

License Tag: _____ State: _____

6. Description of 3rd Vehicle:

Make: _____ Model: _____

Year: _____ Color: _____

License Tag: _____ State: _____

PET REGISTRATION FORM

1. Resident Name: _____

2. Address: _____ Unit #: _____

3. Tel: Home: _____ Cell: _____ Wk: _____

4. Breed of Dog: _____ Color: _____

Weight of Dog: _____

Rabies Tag Number: _____ State: _____

X

SIGNATURE OF RESIDENT

FOR OFFICE USE ONLY

Approval Signature: _____ Print Name: _____

Issued By: _____ Date: _____

Princetonian by the Park Association, Inc / Biscayne Run

EMERGENCY CONTACT INFORMATION
“UNIT OWNER FORM”

*****THIS FORM IS TO BE COMPLETED BY THE UNIT OWNER FOR USE BY THE MANAGEMENT COMPANY:**

UNIT OWNER: _____

LEGAL DESCRIPTION/PROPERTY ADDRESS:

According to the Declaration of Condominium thereof, as recorded in Official Records Book _____, Page _____, of the Public Records of Miami-Dade County, Florida, as amended from time to time together with and undivided interest in the common elements appurtenant thereto.

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

EMERGENCY PHONE:

HOME: _____

WORK: _____

CELL: _____

EMAIL: _____

**Princetonian by the Park / Biscayne Run
Lease Application**

This signed document acknowledges that Tenant was provided a copy of Rules and Regulations of Biscayne Run Homeowners Association, and that Tenant has read said Rules and Regulations. Tenant must abide by these Rules and Regulations and if tenant fails to adhere, tenant will be subject to eviction.

This is to attest that all information provided on the attached information is true and correct and any false statements provided will result in disapproval and/or eviction.

Applicant must provide the Association driver's license and social security. Note that \$100.00 fee for screening is non-refundable.

Applicant Name: _____ Applicant Signature: _____
Print Name

Applicant Name: _____ Applicant Signature: _____
Print Name

State of Florida

Sworn to and subscribed before me this ____ day of _____ 201____, by

PLEASE PRINT APPLICANT'S NAME

() Personally Known to me. () Produced Identification

Type of Identification: _____

() Did Take Oath () Did not Take Oath

SIGNATURE OF NOTARY PUBLIC: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>