



Harbor Management Services, Inc.

P.O. Box 924176, Homestead, FL 33092-4176
(305) 246-5867 Fax (305) 245-8020

Revised Dec. 2008

RE: COCOWALK ESTATES APPLICATION PACKAGE (RENTALS ONLY)

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 tenant approval process, the Association request that you include all the information requested below, do not turn in incomplete applications.

- Application package (4 pages)
- Copy of Lease
- Bring **ORIGINAL** State ID and Social Security card to the office for every person over the legal age.
- Miami-Dade, Section 8, etc., housing agreements.(if applicable)

If you are, a prospective tenant this approval process is mandatory, failure to obtain prior approval will result in legal action to enforce eviction.

For the Association,
Harbor Management Services, Inc.

DO NOT WRITE FOR MANAGEMENT USE ONLY

Paid: _____ Posted: _____ *Yardi* _____ *Logs* _____ Initials: _____

TNT Name: _____ Phone Number: _____

H/O Name: _____ Phone Number: _____

Property Address: _____ # of TNT _____ Date: _____

APPLICATION

PERSONAL INFORMATION

1) Applicant Name: _____ Date of Birth: _____
 Drivers License #: _____ Social Security # _____
 Contact #: _____ Other #: _____

2) Applicant Name: _____ Date of Birth: _____
 Drivers License #: _____ Social Security # _____
 Contact #: _____ Other #: _____

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

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

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: _____

KEYS RECEIVED BY APPLICANT(S) If applies per Association

Gate Card/Remote Number 1) _____ 2) _____ 3) _____ 5) _____
 Keys Received: Home: _____ Mailbox: _____ Recreation: Pool Tennis Bathroom

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

Approved By: _____	This Application: Approved: _____ Not Approved: _____
	_____ Date: _____ <small>Designated Board Member</small>
Approved By: _____	_____ Date: _____ <small>Designated Board Member</small>

LEASE/HOMEOWNER ADDENDUM

In accordance with the rules and regulations of the _____, ASSOCIATION, I/WE hereby serve notice that I/WE desire to accept a Bona Fide offer made to ME/US by _____, (owner's name) and by _____, (lessee's name) to lease the home located at _____, The LEASE term shall commence on _____ and end on _____. In order for you to facilitate consideration of MY/OUR application for LEASE of the above designated home in the _____ community, I/WE represent that the following information is factual and true. I/WE are aware that any falsification will result in automatic rejection of this application. I/WE consent that you may make further inquiries concerning this application, particularly of the referenced information given. I am aware of the fact that Association has a period of seven to fourteen (7-14) business days from the receipt of this notice together with such other information as the Board of Directors may request in which to approve or disapprove this application.

The Declaration, By-Laws, Articles of Incorporation, and the Rules and Regulations of the Association will bind us, if I/WE are leasing. Lessee agrees to lease the premises subject to the terms and conditions as recorded in the Declaration of Protective Covenants, Conditions and Restrictions and exhibits thereto records in, Official Records Book of the Public Records Dade County, Florida.

I/WE acknowledge that monthly maintenance payments are to be made payable to the association. In the event maintenance payments are not received the association shall have the right to collect any past due maintenance directly from the lessee. Failure to make maintenance payments shall breach this lease agreement. The addendum shall become a tenant sufferance, and the Association will terminate the lease.

In the event lessee or guests of the lessee violate the terms and conditions of the Declarations, Protective Covenants, Conditions and Restrictions I/WE acknowledge the Association shall have the right to terminate this lease. If lessee fails to comply with any of the Association's rules and regulations, the Association shall send written notice specifying the noncompliance indicating the intention of Association to terminate the lease by reason thereof, if lessee fails to correct the violation within five (5) days of the notice the Association may terminate the lease.

I/WE agree to provide the LEASER(S) with a copy of the _____ Association's By-Laws, Articles of Incorporation, rules and regulations, prior to the first occupancy of the unit by the LESSEE. In order for you to facilitate consideration of MY/OUR application for LEASE of the above-designated unit, I/WE have the proposed LESSEE to complete the attached application by the proposed LESSEE. I/WE AM/ARE aware that any falsification or misrepresentation of the facts in the attached application will result in the automatic rejection of the application to lease. I/WE consent that you may make further inquiry concerning this application, particularly of the information given in the application package.

THE ASSOCIATION AND/OR ITS AGENT, IN THE EVENT IT CONSENTS TO A LEASE, IS HERE-BY AUTHORIZED TO ACT AS OUR AGENT WITH FULL POWER AND AUTHORITY TO TAKE LEGAL ACTION AS MAY BE REQUIRED, TO COMPEL COMPLIANCE BY OUR LESSEE(S) AND/OR THEIR GUESTS, WITH PROVISIONS OF THE DECLARATION OF _____, ASSOCIATION. ITS SUPPORTIVE EXHIBITS, APPLICABLE FLORIDA STATUTES, AND THE RULES AND REGULATIONS OF THE ASSOCIATION, OR UNCORRECTED VIOLATIONS OF ANY OF THE ABOVE BY THE LESSEE(S) AND/OR THEIR GUESTS, UNDER APPROPRIATE CIRCUMSTANCES, TO TERMINATE THE LEASE. THE LESSOR AGREES TO REIMBURSE THE ASSOCIATION FOR ANY REASONABLE ATTORNEY'S FEES AND COSTS INCURRED AS OWNER(S) AGENT IN SUCH ENFORCEMENT OR LEASE TERMINATION, WHETHER PRE-LITIGATION OR PRE-ARBITRATION OR IN CONNECTION WITH LITIGATION OR ARBITRATION, OR ANY APPELLATE PROCEEDINGS.

SIGNED: _____ SIGNED _____ DATE _____
(Leaser) (Leaser)

SIGNED: _____ SIGNED _____ DATE _____
(Owner) (Owner)