



# Harbor Management Services, Inc.

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

Revised July 2010

## RE: RIDGEVIEW GARDENS 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 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)
- Five hundred (\$500) dollar security deposit, payable to:  
Ridgeview Gardens Condominium

The Association will respond in writing within 7-14 business days on COMPLETE applications. 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			
	Posted: _____	_____	Initials: _____
	<i>Yard</i>	<i>Logs</i>	
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**

This Application: Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
*Designated Board Member*

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
*Designated Board Member*

**LEASE/HOMEOWNER ADDENDUM**

In accordance with the rules and regulations of the RIDGEVIEW GARDENS HOMEOWNER 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 \_\_\_\_\_ on \_\_\_\_\_. 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 RIDGEVIEW GARDENS 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 requires a **Five hundred (\$500) dollar lease deposit made payable to the RIDGVIEW GARDENS CONDOMINIUM** which must be included with the application. The Association also 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 RIDGEVIEW GARDENS HOMEOWNER ASSOCIATION 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 RIDGEVIEW GARDENS HOMEOWNER 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)