

Portofino Bay POA

MILITARY APPLICANT

☐ YES

☐ NO

REQUEST FOR APPROVAL – LEASE

ALL the following information must be submitted to the Board of Directors for consideration **BEFORE APPROVAL IS GRANTED** for the lease of your property.

- ☐ Request for Approval Cover Page (included in this packet)
- ☐ A copy of the fully executed “Application for Lease / Residency” (included in this packet. Please note that if there are any questions not answered or left blank on the application, the application will be returned and not processed.
- ☐ All Applicants 18 years of age and older must provide a Miami Dade Police Background check report, report must be within 30 days of application.
- ☐ A copy of Receipt for Rules and Regulations (included in this packet)
- ☐ A complete copy of the fully executed Lease (which shall be expressly subject to the approval of the Association).
- ☐ Driver’s License or Picture ID of ALL applicants & occupants over 16 years of age. Please include a copy of Vehicle Registration.
- ☐ Please note that all Association dues must be paid when leasing the unit and all Violations cured. Approval will not be granted if any money is owed at the time of approval and / or any violations are not cured.
- ☐ All Keys and “Rules and Regulations” are the responsibility of the landlord.

Applications must be submitted to the Board of Directors not less than **thirty (30) days** before the lease term. Please note that **Occupancy prior to Approval is prohibited.**

Applications along with the above requested information must be mailed to:

Harbor Management Services
15600 sw 288 st, #406
Homestead, FL 33033

INCOMPLETE APPLICATION PACKAGES WILL NOT BE ACCEPTED NO FAXES WILL BE ACCEPTED AND / OR PROCESSED

Please note that Harbor Management Services will not be able to RUSH the process. We ask that you not call us to request that the process be “rushed”. We will reply to you via U.S. Postal Service, and we may also contact you via telephone when the application has been processed by the Board of Directors.

We appreciate your cooperation in complying with Portofino Bay POA Governing Documents. If you should have any questions or concerns, please feel free to call Harbor Management Services at 305-246-5867 or you may email your questions or concerns to frontdesk@harborms.com.

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REQUEST FOR APPROVAL OF LEASE COVER PAGE

The following information should be filled out by the Property Owner. Please complete all parts of this page. Please mark "N/A" for all parts that are Non-Applicable.

Property Owner's Information

Name of Property Owner: _____

Property Address: _____ (Homestead, FL 33033)

Property Owners Mailing Address: _____

Portofino Bay POA Account #: _____ (if unknown, leave blank)

Property Owner's Phone #: _____

Realtor's Information (if applicable)

Name of Realtor: _____

Company Name: _____

Realtor's Phone #: _____

Prospective Tenant's Information

Prospective Tenant's Name(s): _____

Prospective Tenant's Phone No: _____

Lease Term: _____ to _____

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APPLICATION FOR LEASE / RESIDENCY

Applicant: _____
(Last) (First) (Middle)

Date of Birth: _____ Social Security No: _____

Driver's License # : _____ State: _____

Present Address (NOT the address you are moving to): _____
(Street) (Apt)

(City) (State) (Zip Code) (Home telephone) ☐ Own ☐ Rent (Since)

Landlord/Mortgage Co.: _____
(Name) (Address)

(City) (State) (Zip Code) (Telephone) ☐ Own ☐ Rent (Since)

Previous Address _____
(Street) (Apt)

(City) (State) (Zip Code) (Telephone) ☐ Own ☐ Rent (Since)

Landlord/Mortgage Co.: _____
(Name) (Address)

(City) (State) (Zip Code) (Telephone) ☐ Own ☐ Rent (Since)

Total Number of people
to occupy premises: _____

Have you ever been evicted? from any leased premises? Yes / No

Rent Amount: _____

In case of Emergency, notify: _____ Telephone: _____

Vehicle 1: _____ Tag Number: _____
Year Make Model Color

Vehicle 2: _____ Tag Number: _____
Year Make Model Color

Present Employer: _____
(Name) (Business Address)

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(City) (State) (Zip Code) (Telephone) (Supervisor)

(Monthly Income) (Since)

Previous Employer: _____
(Name) (Business Address)

(City) (State) (Zip Code) (Telephone) (Supervisor)

(Monthly Income) (Since)

Co-Applicant: _____
(Last) (First) (Middle)

Date of Birth: _____ Social Security No.: _____

Driver's License # State:

Is Co-Applicant spouse? ☐ Yes ☐ No Specify Relationship: _____

Co-Applicant's Present Employer: _____
(Name) (Business Address)

(City) (State) (Zip Code) (Telephone) (Supervisor)

(Monthly Income) (Since)

Co-Applicant's Previous Employer: _____
(Name) (Business Address)

(City) (State) (Zip Code) (Telephone) (Supervisor)

(Monthly Income) (Since)

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Children: _____ Pets: _____
(How many and their ages) (Description and approximate weight)

Bank

Reference: _____
(Name) (Acct. # - Last 4 Numbers) (Phone #)

(Location) (City) (State)

Credit Card

Reference: _____
(Name) (Acct. # - Last 4 Numbers) (Phone #)

(Location) (City) (State)

Have you ever been arrested for a misdemeanor or felony? **Applicant** **Co-Applicant**

Explain: _____ ☐ Yes ☐ No ☐ Yes ☐ No

Have you ever been convicted for a misdemeanor or felony? **Applicant** **Co-Applicant**

Explain: _____ ☐ Yes ☐ No ☐ Yes ☐ No

CORRECTION INFORMATION – Applicant represents that all of the above statements are true and complete, and hereby, authorizes verification of the above information, references and credit records in addition to the foregoing, applicant(s) has paid to Portofino Bay POA the sum of \$100.00 as a nonrefundable fee for Association's costs and right of occupancy and or forfeiture of deposits and may constitute a criminal offense under the laws of this State. Furthermore, I understand that an investigative consumer report including information about my character, general reputation, personal characteristics, mode of living, and all public record information including criminal records may be made. I understand that a written request for the nature and scope of the investigation if made within a reasonable period may be made. I understand that misrepresentation of the above information will void my lease/rental agreement and be grounds for immediate eviction with loss of all deposits. I authorize verification of this information by the Landlord or his agent

EQUAL CREDIT OPPORTUNITY ACT - The Federal ECOA prohibits from discriminating against credit applicants based on sex or marital status. The Federal Agency which administers compliance with this law concerning this apartment community is Federal Trade Commission. 1718 Peachtree St. N.W. Room 10000, Atlanta, Georgia 30308

I HAVE READ AND AGREED TO THE PROVISIONS AS STATED.

Applicant's Signature

Date

Co-Applicant's Signature

Date

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Receipt for Governing Documents, Rules, and Regulations

All new residents (Purchasers & Lessees) must receive a copy of the Rules and Regulations of the Association and sign the following receipt, acknowledging that they will abide by them. This receipt must be returned to

Portofino Bay POA, Inc
c/o Harbor Management Services
15600 sw 288 st, #406
Homestead, FL 33033

I / we _____, am (are) in receipt of the Rules and Regulations of Portofino Bay POA, Inc and agree to abide by them or any future changes or additions to them.

I (we) will also familiarize myself (ourselves) with the Portofino Bay POA documents, and agree to be bound by them as well, including any future amendments.

I (we) agree that the Rules and regulations will be shared with all members of our household.

I (we) understand that parents will be responsible for minor children, and that host families will be responsible for all guests.

Property address: _____

Date: _____

Name(s) Printed: _____

Signature(s): _____