

# *Seagrape Property Owners Association*

## **REQUEST FOR APPROVAL - LEASE**

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

- ☐ A **\$75.00 non-refundable screening fee PER APPLICANT** (husband and wife shall be considered to be one applicant) from the prospective Tenant or Owner in the form of a Money Order or Cashier's Check only. Please make payable to "**Seagrape Property Owners Association**". Personal checks or cash will not be accepted.
- ☐ **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
- ☐ **A copy of the Authorization for Release of Banking, Residence, Employment, Credit, and Police Information** (included in this packet)
- ☐ **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 and occupants over 16 years of age.**
- ☐ **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 or any Violations are not cured.**
- ☐ **All Keys, gate cards, 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 delivered or mailed to:  
Alton Madison Property Management  
381 N. Krome Avenue, Suite 205  
Homestead, FL 33030

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

**Please note that Alton Madison Property Management 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 Seagrape Property Owners Association Governing Documents. If you should have any questions or concerns, please feel free to call Alton Madison Property Management at 305-247-5085 or you may email your questions or concerns to [seagrape@altonmadison.com](mailto:seagrape@altonmadison.com).

# *Seagrape Property Owners Association*

## **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: \_\_\_\_\_ (Cutler Bay, FL 33189)

Property Owners Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Seagrape 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 \_\_\_\_\_

# Seagrape Property Owners Association

## APPLICATION FOR LEASE / RESIDENCY

**Applicant:** \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

**Personal Description:** \_\_\_\_\_  
Ht. Wt. Hair Color 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) (Since)

**Previous Address** \_\_\_\_\_  
(Street) (Apt)

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

**Landlord/Mortgage Co.:** \_\_\_\_\_  
(Name) (Address)

\_\_\_\_\_  
(City) (State) (Zip Code) (Telephone) (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)

\_\_\_\_\_  
(City) (State) (Zip Code) (Telephone) (Supervisor) (Monthly Income) (Since)

**Previous Employer:** \_\_\_\_\_  
(Name) (Business Address)

\_\_\_\_\_  
(City) (State) (Zip Code) (Telephone) (Supervisor) (Monthly Income) (Since)

# Seagrape Property Owners Association

**Co-Applicant:** \_\_\_\_\_  
(Last) (First) (Middle)

**Date of Birth:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_

**Co-Applicant's Description:** \_\_\_\_\_  
Ht. Wt. Hair Color 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)

**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 Seagrape Property Owners Association the sum of \$50.00 as a non refundable 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 of time 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 on the basis of 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

# *Seagrape Property Owners Association*

## **AUTHORIZATION FOR RELEASE OF BANKING, RESIDENCE, EMPLOYMENT, CREDIT AND POLICE INFORMATION**

I (we) \_\_\_\_\_  
Hereby authorize the release of information to the Credit Agency and their Attorneys or Representatives, and Application Processing Service, Inc, as Agents, concerning my banking, credit, residence, employment or police records in reference to this application for housing at Seagrape Property Owners Association Association.

I/we understand that the Board of Directors may cause to be instituted such an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors of the Seagrape Property Owners Association, or Application Screening Processing, Inc, as agents to make such investigation and agree that the information contained in the attached application may be used in such investigation.

Furthermore, I / we release the Board of Directors and Officers of Seagrape Property Owners Association, Alton Madison Property Management, Application Processing Service, Inc, as Agent (to include: Employees, Officers, Directors, Brokers, Agents, and representatives of the foregoing) and all persons and firms providing or receiving information in this report, from any and all claims or liability which might arise from the release transmission, assembly, interpretation of information, denial or application or other adverse action.

I / we are also authorizing the Management Agent / Company to furnish the Leaser with a copy of the Credit and Police Reports.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

# *Seagrape Property Owners Association*

## **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

Seagrape Property Owners Association, Inc  
C/o Alton Madison Property Management  
381 N. Krome Avenue, Suite 205  
Homestead, FL 33030

I / we \_\_\_\_\_, am (are) in receipt of the Rules and Regulations of Seagrape Property Owners Association, Inc and agree to abide by them or any future changes or additions to them.

I (we) will also familiarize myself (ourselves) with the Seagrape Property Owners Association 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): \_\_\_\_\_