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Club La Costa Homeowners Association, Inc.

Lease Application

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

1. A completed application along with a processing fee, **MONEY ORDER ONLY** payable to *Innovative Property Management Services, Inc.* in the amount of **\$130.00**. The \$130.00 is **non-refundable**.
2. All applicant(s) will be prompted to run a background check as part of their application. A screening fee, **MONEY ORDER ONLY** of **\$25.00** payable to *Innovative Property Management* must be provided **per each applicant** 18 years and older. The \$25.00 is **non-refundable**. NO EXCEPTIONS.
3. A copy of **lease agreement**.
4. A copy of **Driver's License** for all occupants must be provided to the Association on the date the application is submitted.
5. **Vehicle Registration Form** must be completed, and a copy of valid **vehicle registration** and **car insurance** must be provided for each vehicle.
6. **Unit Owner Form** must be completed by the current owner and perspective tenants.
7. All prospective applicant(s) must sign acknowledgement confirming receipt of the Association Rules and Regulations. **NOTE:** The **(Addendum to Purchase)** must be **NOTARIZED**. (Page 7)
8. You must allow a maximum of ten (10) business days from the time the *completed application* is received in our office to receive an approval or a disapproval from the Board of Directors.

After application is completed, please contact our office in order to be reviewed.

APPLICATION FOR LEASE

ASSOCIATION: CLUB LA COSTA HOMEOWNERS ASSOCIATION, INC. ACCOUNT # 13- _____

PROPERTY ADDRESS: _____

CURRENT OWNER(S): _____

LEASE TERM IS FROM _____ TO _____

The following information must be completed by prospective lessee:

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

FULL NAME	DATE OF BIRTH	SOCIAL SECURITY #
_____	_____	_____
Applicant #1		
_____	_____	_____
Applicant #2		

Person(s) other than the above who will normally occupy the unit:

FULL NAME	DATE OF BIRTH	SOCIAL SECURITY #
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF PRESENTLY EMPLOYED:
HUSBAND'S OCCUPATION & EMPLOYER _____

WIFE'S OCCUPATION & EMPLOYER _____

Personal references, local if possible, not relatives:

NAME	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I/We understand that acceptance for purchase 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 purchase 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:

I/We understand that sub-leasing or occupancy of this property is not permitted. () Yes () No

In witness whereof, I/we have executed the foregoing application this _____ day of _____, 20_____

Applicant #1

Applicant #2

PERSONAL RELEASE FORM

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

IMPORTANT: Please read carefully before signing.

A consumer report and/or investigate consumer report including information concerning your character, employment history, rental history, personal characteristics, police record, credit and indebtedness may be obtained in connection with your rental application. **A consumer report and/ or investigate consumer report may be obtained at any time during application process.** If adverse action is taken, based in whole or in part on the information contained in the consumer report, you are intitled to receive a denial letter. The name, address and telephone number of Western Reporting, and a summary of your rights under the Fair Credit Reporting Act will be included. You may contact Western Reporting for a copy of the consumer report.

AUTHORIZATION

Your hereby authorize and request, without any reservation, any present of former employer, landlord, police department, financial institution, consumer reporting agencies, credit bureaus or other persons or agencies having knowledge about you to furnish Western Reporting with any and all background information in their possession regarding you, in order that your suitability as a potential tenant may be determined.

By signing below, you hereby authorize without reservation, any party or agency contacted by Western Reporting to furnish the above-mentioned information. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

Please print legibly to speed up processing time

APPLICANT'S FULL NAME: _____

APPLICANT'S SSN: _____ - _____ - _____

APPLICANT'S DOB: _____

APPLICANT'S FULL ADDRESS: _____

MONTHLY INCOME: _____ **MONTHLY RENT:** _____

READ, ACKNOWLEDGE AND AUTHORIZED

Signature Applicant #1

Date

APPLICANT'S FULL NAME: _____

APPLICANT'S SSN: _____ - _____ - _____

APPLICANT'S DOB: _____

APPLICANT'S FULL ADDRESS: _____

MONTHLY INCOME: _____ **MONTHLY RENT:** _____

READ, ACKNOWLEDGE AND AUTHORIZED

Signature Applicant #2

Date

Club La Costa Homeowners Association, Inc.

Section I: GENERAL INFORMATION

Homeowner's Name(s): _____

Property Address: _____

Account Number: _____

Cell phone number(s): _____

Home telephone number: _____ Work telephone number: _____

E-mail address: _____

Section II: VEHICLE INFORMATION

	Vehicle One (1)	Vehicle One (2)	Vehicle One (3)	Vehicle One (4)
Make:				
Model:				
Year:				
Color:				
Tag Number:				
State:				

Registration of vehicle and copy of driver's license are required to verify information.
Decals are to be placed on the outside window, in **rear left side** of the vehicle.
Decals will NOT be issued if your account shows a balance past due, no exceptions!

DO NOT FILL OUT THIS SECTION - FOR OFFICE USE ONLY

	Decal Number:	Date:	Issued By:	Initials:
Vehicle One (1)				
Vehicle One (2)				
Vehicle One (3)				
Vehicle One (4)				

Club La Costa Homeowners Association, Inc.

PET REGISTRATION FORM

1. Resident Name: _____

2. Address: _____ Unit #: _____

3. Breed of Dog: _____ Color: _____

Weight of Dog: _____

Rabies Tag Number: _____ State: _____

X

SIGNATURE OF RESIDENT

Club La Costa Homeowners Association, Inc.

UNIT OWNER FORM

FOR USE BY THE MANAGEMENT COMPANY:

CURRENT OWNER: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____
(OWNERS)

UNIT OWNER PHONE: _____

UNIT OWNER EMAIL: _____

TENANTS INFORMATION:

CELL: _____

HOME: _____

WORK: _____

EMAIL: _____

Club La Costa Homeowners Association, Inc.

Addendum to Lease

This signed document acknowledges that Tenant was provided a copy of Rules and Regulations of Waterside Club La Costa Homeowners Association, Inc., 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.

Name: _____ Signature: _____ Date: _____
Applicant #1

Name: _____ Signature: _____ Date: _____
Applicant #2

State of Florida

Sworn to and subscribed before me this _____ day of _____ 20____, 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: _____

PRINTED NAME OF NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____