

Kendall Acres West Condominium Assoc., Inc.

8401 SW 107TH Avenue

Miami, Florida, 33173

Tel. (305)- 271- 1753

Date: _____

Unit Number: 31- _____

APPLICATION FOR LEASE/ OCCUPANT

MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

1. This application, an application for approval, and authorization forms must be completed in detail by each proposed adult occupant(s) (Anyone 18 years and older, other than husband/ wife or parent/dependent child which is considered one applicant) must fill out an application and be screened. Failure to do so will result in automatic rejection or application.
2. If any question is not answered or left blank, this application will be returned, not processed and not approved.
3. Please attach a copy of the sale contract as it must be submitted with this application.
4. Please attach a non-refundable Notary Fee, MONEY ORDER ONLY, in the amount of \$100.00, made payable to: Kendall Acres West Condominium Assoc., Inc. for each applicant, other than husband/ wife or parent / child (which is considered one applicant). Please allow 20 business days prior to the date of occupancy. (NO CHECKS OR CASH ACCEPTED). Please attach a copy of the Social Security and Driver's License for each applicant.
5. Please attach a non-refundable Notary Fee, MONEY ORDER ONLY, in the amount of \$40.00 (No Personal Checks), made payable to: Courtesy Property Management.
6. The completed application must be submitted to the Association office at least 20 days for processing.
7. All applicants must take themselves available for a personal interview prior to final Board of Directors approval. Occupancy prior to Board approval is prohibited.
8. **No** dogs allowed at any time.
9. **No** Leasing or Renting of a unit permitted during the first year of ownership.
10. **No** commercial vehicles, trucks, boats, trailers, motor homes, campers, recreational vehicles, etc. permitted to park on the premises overnight.
Disabled, expired tag, unlicensed, derelict or abandoned motor vehicles may not be parked, stored or kept upon the Condominium Property without the prior written consent of the Board of Directors.
Only 1 assigned parking space available per unit.
11. The seller (current owner) must provide purchaser with a copy of all Association Documents and Rules and Regulations otherwise, you must purchase them from the Association for \$75.00, money order payable to: Kendall Acres West.
12. Purchaser must notify the Association office with the exact date of their closing.
13. Occupancy regulations:
One bedroom unit- no more than 2 occupants **only**.
Two-bedroom unit- no more than 4 occupants **only**.
Three-bedroom unit- no more than 6 occupants **only**.
14. Moving of furniture in or out of a unit must be completed **by 9:00PM**.

*****Applicants are prohibited to move-in until approval from the Board is received.*****

PLEASE BE ADVISED SUBMITTAL OF THE APPLICATION DOES NOT CONSTITUTE AUTOMATIC APPROVAL

For further rules and restrictions, please read the Rules & Regulations and the By-Laws of the Association, before completing this application.

Current Owner's Name: _____ Telephone Number: _____

Owner's New Mailing Address: _____

Property Address: _____ Zip Code: _____

Cellular: _____ Work: _____

Name of Realtor Handling Sale: _____ Cellular: _____

Realtor's Office #: _____

INSTRUCTIONS:

1. Applicants that are not married must complete the following form individually.
2. Write legibly or type all information. Account and telephone numbers and address are required.
3. If any question is not answered or left blank, this application may be returned, not processed or not approved.
4. Missing information will cause delays in processing your application.
5. Only the applicants are authorized to sign this form.
6. Any misrepresentation or falsification of information may result in disqualification.

Application for Occupancy/ Approval

Tenant
Print or Type

Date _____

Apt. No. _____ Bldg. No _____

Desired Date of Occupancy _____

Name _____

Date of Birth _____

SSN _____

Phone _____

Spouse _____

Date of Birth _____

SSN _____

Phone _____

[] Single [] Married [] Widov(er) [] Div. _____

Maiden Name _____

(How Long)

Number of people who will occupy, Adults (over age 18) _____ Children (over 18) _____ Children (under 18) _____

Names & Age of children who will occupy _____

Email _____

In case of emergency (specify) _____

(Name)

(Relation)

(Telephone)

Residence History

A. Present Address _____

Name of Apt./ Condo _____

Phone _____

Date of Residency _____

Name of Landlord or Mortgage Co. _____

Address _____

Phone _____

Employment & Bank Reference

A. Employed by (Business Name) _____ Phone _____

Date of Employment _____ Dept. or Position _____

Mo. Income _____ Address _____

B. Spouse Employment (Business Name) _____ Phone _____

Date of Employment _____ Dept. or Position _____

Mo. Income _____ Address _____

C. Bank Reference _____ Phone _____

How Long _____ Ck. Acct. No _____ Sav. Acct. No _____

Address _____

If the application is NOT tangible or is not completely and accurately filled out, Renters Reference of Florida, Inc. (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or legibility. By signing, the applicant recognizes that the Association or their agent, Renter Reference of Florida, Inc. may investigate the information supplied by the applicant and a full enclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature _____

(Applicant)

Signature _____

(Applicants Spouse)



Western Reporting
1787 E. Fort Union Blvd Suite 107
Salt Lake City, UT 84121

Phone: 801-308-0005 Fax: 801-308-0015

Toll-free phn: 800-466-1996 Toll-free fax: 800-351-4558

**PERSONAL RELEASE FORM
COMBINED DISCLOSURE NOTICE AND AUTHORIZATION
REGARDING BACKGROUND CONSUMER REPORTS - TENANT**

Account Name with Western Reporting: KENDALL ACRES WEST CONDOMINIUM

Requestor's Name: RAFAEL REVILLA Phone #: (305)-271-1753

IMPORTANT: Please read carefully before signing.

A consumer report and/or investigative 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 an investigative consumer report may be obtained at any time during the application process. If adverse action is taken, based in whole or in part on the information contained in the consumer report, you are entitled 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

You hereby authorize and request, without any reservation, any present or 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:

READ, ACKNOWLEDGED AND AUTHORIZED

Signature of Applicant

Date

For California applicants only, if you would like to receive a copy of the report, if one is obtained, please check this box.
For Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.