REOUEST FOR APPROVAL - LEASE

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

- □ A **\$100.00** (varies per country) non-refundable screening fee and Documents fee* <u>PER APPLICANT</u> (husband and wife shall be considered to be one applicant with proof of marriage at any time) (will vary by country) from the prospective Tenant or Owner in the form of a Money Order or Cashier's Check only. Please make payable to "<u>Pebblebrook HOA</u>". Personal checks or cash will not be accepted. <u>Call for details</u>
- **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 <u>not answered or left blank</u> on the application, the application will be <u>returned</u> and <u>not</u> 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 and Documents *included in the fee).
- □ A complete copy of the fully executed Lease (which shall be expressly subject to the approval of the Association). <u>Please note that only a 6 Month Lease is accepted initially and then a 12-month lease upon renewal</u>
- □ A Security Deposit in the amount of \$1,000.00 shall be <u>made by the Owner</u> not the Prospective Tenant. This security Deposit will be refundable upon the terms of Pebblebrook Homeowners' Association Documents to the owner.
- □ Driver's License, Passports or Picture ID of <u>ALL</u> applicants and occupants over 16 years of age. If Applicants reside outside of the United States, the complete address is also needed.
- □ 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 <u>thirty (30) days</u> before the lease term. Please note that **Occupancy prior to Approval is prohibited**.

Applications along with the above requested information must be 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 Pebblebrook Homeowners' 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 pebblebrook@altonmadison.com.

Pebblebrook Homeowners' Association

REOUEST 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, 2	FL 33035)
Property Owners Mailing Address:			
Pebblebrook Account #:	(if unknown, leave bl	lank)	
Property Owner's Phone #:			
Property Owner's email address:			
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:			
Prospective Tenant's Email address:			If yes, please provide ID copy

Lease Term:_____to __

Pebblebrook Homeowners' Association

APPLICATION FOR LEASE / RESIDENCY

Applicant:						
	(Last)		(First)	(Midd	(Middle)	
Date of Birth:	:		Social Secur	Social Security No:		
Email address:						
Personal Description:						
	Ht.	Wt. Hair Col	lor Driver's	s License #	State	
Present Address (1	NOT the address y	ou are moving to):				
				(Street)	(Apt)	
(City)	(State)	(Zip Code)	(Home telephone)	Own Rent	(Since)	
Landlord/Mortgag	ge Co.:					
		(Name)		(Add	lress)	
(City)	(State)	(Zip Code)	(Telephone)	Own Rent	(Since)	
Previous Address						
		(Street))	(Apt)		
(City)	(State)	(Zip Code)	(Telephone)	Own Rent	(Since)	
Landlord/Mortgag	ge Co.:		<u> </u>			
		(Name)	(Address)		lress)	
(City)	(State)	(Zip Code)	(Telephone)	Own Rent	(Since)	
Total Number of	people to o	ccupy prem	ises:			
Have you ever be				ES/NO		
Rent Amount:						
			r	Falanhana		
In case of Emerge	ency, noury:			Felephone:		
Vehicle 1:				Tag Number:		
Year	Make	Model	Color			
Vehicle 2:	Make	Model	Color	Tag Numb	er:	
Present Employer	:					
	(Nan	ne)		(Business Addre	ess)	
(City) (State)	(Zip Code)	(Telephone)	(Supervisor)	(Monthly Inc	ome) (Since)	
Previous Employe	er:					
1 9	(Nan	ne)		(Business Addre	ess)	
(City) (State)	(Zip Code)	(Telephone)	(Supervisor)	(Monthly Inco	ome) (Since)	

Pebblebrook Homeowners' Association

	(Last		(First)	(N	liddle)
Date of Birth:			Social Security	y No.:	
Email Address:					
Co-Applicant's Description:	Ht.		Color Driver's Lic		
Is Co-Applicant				onship:St	ate
	-			•	
Co-Applicant's	Present Empl	oyer:	ame)	(Business Address	3)
(City) (State)	(Zip Code)	(Telephone)	(Supervisor)	(Monthly Income)	(Since)
Co-Applicant's	Previous Emp	oloyer:	(Name)	(Business Addre	ss)
			(Supervisor)	(Monthly Income)	(0)
(City) (State)					(Since)
PPLICANT / CO Children:	D-APPLICAN	NT – Please	fill out section bel		
<u>PPLICANT / CC</u> Children: <u></u> Bank	O-APPLICAN (How many and	NT – Please	fill out section bel Pets:	OW jointly (Description and approx	imate weight)
<u>PPLICANT / CC</u> Children: <u></u> Bank	O-APPLICAN (How many and (Name)	NT – Please	fill out section bel Pets: (Acct. #)	ow jointly	imate weight)
<u>PPLICANT / CO</u> Children: Bank	O-APPLICAN (How many and	NT – Please	fill out section bel Pets:	OW jointly (Description and approx	imate weight)
PPLICANT / CO Children: Bank Reference: Credit Card	O-APPLICAN (How many and (Name) (Location)	NT – Please	fill out section bel Pets:	Ow jointly (Description and approx (Phone # (State)	imate weight)
PPLICANT / CO Children: Bank Reference: Credit Card	O-APPLICAN (How many and (Name) (Location) (Name)	NT — Please their ages)	fill out section bel Pets: (Acct. #) (City) (Acct. # - Last 4 Numbers)	OW jointly (Description and approx (Phone # (State) (Phone #	imate weight)
PPLICANT / CO Children: Bank Reference: Credit Card Reference:	C-APPLICAN (How many and (Name) (Location) (Name) (Loc	NT – Please their ages)	fill out section bel Pets:	Ow jointly (Description and approx (Phone # (State)	imate weight)
<u>PPLICANT / CO</u> Children: Bank Reference: Credit Card Reference:	C-APPLICAN (How many and (Name) (Location) (Name) (Location) (Location)	their ages)	fill out section bel Pets:	OW jointly (Description and approx (Phone # (State) (Phone # (Phone #	imate weight))

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 Pebblebrook HOA the sum of \$100.00 (Varies per Country) 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 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 AGRE	EED TO THE PR	OVISIONS AS S	STATED.	
Applicant's Signature	Date		Co-Applicant's Signature	Date
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Pebblebrook Homeowners' Association

EMPLOYMENT, CREDIT AND POLICE INFORMATION

I (we)

Hereby authorize the release of information to the Credit Agency and their Attorneys or Representatives, and United Screening Services Inc, as Agents, concerning my banking, credit, residence, employment or police records in reference to this application for housing with Pebblebrook Homeowners' Association, Inc., hereinafter referred to as "Pebblebrook".

I/we understand that the Board of Directors of Pebblebrook 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 Pebblebrook, or United Screening Services 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 Pebblebrook, United Screening Services 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.

Signature of Applicant

Date

Signature of Co-Applicant

Date

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:

Pebblebrook Homeowners' Association 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 Pebblebrook Homeowners' Association and agree to abide by them or any future changes or additions to them.

I (we) will also familiarize myself (ourselves) with Pebblebrook's 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

Unit address:
Date:
Applicant Signature:
Print Name:
Co-applicant Signature:
Print Name:
Owner's Signature:
Print Name: