APPLICATION FOR LEASE AT THE LEGENDS AT WESTON HILLS COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.

C/O EXCLUSIVE PROPERTY MANAGEMENT
ATTENTION: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

INSTRUCTIONS:

1. This application for occupancy and authorization forms must be completed in detail by each proposed tenant or occupant. (Please note there is a place for up to 2 applicants per packet, please make additional copies prior to completion)
2. The Association has **15** days to complete the review process from the date of receipt of the fully completed application, all fees and any supplemental information required. If a question is not answered completely or left blank, this application may be returned, not processed and not approved.
3. All applicants must make themselves available for a personal interview prior to final Board of Directors approval. (if it is required)
4. All maintenance fees and assessments must be up to date prior to submission of this application.
5. Please submit this application on one-sided, letter-sized paper. We do not accept electronic submissions of any application paperwork (for each applicant's protection) **please do not email**. Please submit a physical package for review to our office along with all additional documents for each applicant over 18 and all payments (under fees required below) for processing.

ADDITIONAL DOCUMENTS REQUIRED: (Please submit with your application):

1. A legible copy of the **executed lease contract**, signed by all parties.
2. A legible copy of valid and non-expired **Driver's License** (or state-issued ID) for all applicants, along with copies of **Vehicle Registrations** for any vehicles parked on the property.

FEES REQUIRED: **WE ONLY ACCEPT MONEY ORDERS FOR APPLICATION FEES**

1. **$185.00** non-refundable application fee per each applicant over 18 or married couple for processing of records, made payable to **EXCLUSIVE PROPERTY MANAGEMENT. (Married couples with different last names must provide a copy of the marriage certificate)**
2. **$1000.00** Common Area Security Damage Deposit from the current **"OWNER",** (separate payment) must be attached to this application packet, made payable to **THE LEGENDS AT WESTON HILLS COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.** The deposit will be kept in a non-interest-bearing account. Requests for return of the security deposit must be made in writing, and the deposit will be returned within 30 days. No deposit will be returned until after lease expiration date.

(ACCEPTANCE OF THE PROCESSING FEE DOES NOT CONSTITUTE APPROVAL OF THIS TRANSACTION.)

OCCUPANCY RESTRICTIONS:

1. **See attached Rules & Regulations**

MUST PRINT OR TYPE ALL THE INFORMATION ON THIS FORM

(Answer all questions. If all questions are not answered the application will be rejected and new fees will be required to be resubmitted as mentioned above. Place an "N/A" in any areas where an answer is not applicable)

LEASE: From _____ To _____

Property Address: _____

Current Owner's Name: _____ Tele No. _____

Name of Realtor Handling Lease: _____ Tele No. _____

Realtor's E-MAIL: _____

NAME OF LESSEE [As Lease will appear]:

a. _____

b. _____

AGREEMENT:

1. I hereby agree for myself and on behalf of all persons who may use the unit which I seek to lease that I will abide by all of the restrictions contained in the By-Laws, Rules and Regulations, Association Documents and restrictions which are or may in the future be imposed by **THE LEGENDS AT WESTON HILLS COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.** I have received a copy of all Association Rules & Regulations.
2. I understand that the acceptance for lease of a unit at **THE LEGENDS AT WESTON HILLS COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.** is conditioned upon and accuracy of this application and upon the approval of the Board of Directors of not only the buyer(s), but also all Occupants. Any misrepresentation or falsification of any information on these forms will result in the automatic disqualification of your application. Occupancy prior to Board of Directors approval is prohibited.
3. In making the foregoing application I am aware that the decision of **THE LEGENDS AT WESTON HILLS COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.,** will be final and a determination will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

If this application is incomplete or illegible, neither the Association nor the Management Company shall be liable for, or responsible for, any inaccurate, incomplete, or misleading information provided to the Association as a result of such omissions or illegibility. By signing below, the applicant certifies that all information provided in this application is true, complete, and accurate to the best of the applicant's knowledge and belief. The applicant further acknowledges and agrees that, in the event the application is denied or rejected for any reason, neither the Association, the Management Company, nor any of their agents, representatives, or affiliates shall be liable or responsible for such denial or rejection. In the event the applicant initiates any legal action or proceedings against the Association, the Management Company, or any related parties arising out of or relating to this application, the applicant agrees to be fully responsible for all attorneys' fees and costs fully incurred by such parties permitted by law.

I HEREBY CERTIFY THAT I HAVE RECEIVED AND READ THE RULES & REGULATIONS OF **THE LEGENDS AT WESTON HILLS COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.** AND I AGREE TO ABIDE BY THE RULES & REGULATIONS, THE DECLARATION AND THE BY-LAWS OF THE ASSOCIATION.

APPLICANT 1 SIGNATURE_____ DATE: _____

APPLICANT 2 SIGNATURE_____ DATE: _____

THE LEGENDS AT WESTON HILLS COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.

Property Address:_____

Applicant 1:_____ Date of Birth:_____

Phone Number:_____Email Address:_____

Applicant 2:_____ Date of Birth:_____

Phone Number:_____Email Address:_____

List others who will reside in unit: Name:_____DOB:_____ Relation:_____

Name:_____DOB:_____ Relation:_____

Applicant 1:

Vehicle Make: _____ Model: _____ Year: _____ Plate: _____

Present Address: _____City_____State_____Zip_____

Owner ( ) Renter ( ) How long? : _____ Landlord: _____Phone #: _____

Previous Address: _____City_____State_____Zip_____

Owner ( ) Renter ( ) How long? : _____ Landlord: _____Phone #: _____

Applicant 2:

Vehicle Make: _____ Model: _____ Year: _____ Plate: _____

Present Address: _____City_____State_____Zip_____

Owner ( ) Renter ( ) How long? : _____ Landlord: _____Phone #: _____

Previous Address: _____City_____State_____Zip_____

Owner ( ) Renter ( ) How long? : _____ Landlord: _____Phone #: _____

THE LEGENDS AT WESTON HILLS COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.
C/O Exclusive Property Management
2945 West Cypress Creek Road, Suite 201, **Tel: (954) 969-1330**
Fort Lauderdale, Florida 33309 **Fax: (954) 969-7622**

PET REGISTRATION FORM

☐ I/WE HEREBY CERTIFY THAT THERE WILL **NOT** BE ANY PETS RESIDING IN THIS PROPERTY

Signature:_____ Signature:_____

Applicant 1:_____ Applicant 2:_____

Property Address:_____

Phone No:_____Email Address:_____

ATTACH PHOTO OF PET HERE

Return all completed form to:

THE LEGENDS AT WESTON HILLS COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.
C/O Exclusive Property Management

2945 West Cypress Creek Road, Suite 201,

Fort Lauderdale, Florida 33309

Type of Pet: ( ) Dog ( ) Cat ( ) Other

Name of Pet:_____ Breed or Mixture:_____ Gender:_____ Weight:_____

Color:_____ Age:_____

Veterinarian's Name:_____ Phone#_____

Certificate # (Required: Attached Copy):_____ Tag ID#_____

I hereby certify that the above information is true and correct. I understand that I am fully responsible for the actions of my pet and I acknowledge and agree to abide by any pet rules and ordinances as it relates to the control of my pet so as not to cause a nuisance and I agree to clean-up after my pet(s).

Date:_____ Applicant 1:_____

Date:_____ Applicant 2:_____

THE LEGENDS AT WESTON HILLS COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.

MAILING ADDRESS UPDATE FOR LEASE

TO BE COMPLETED BY THE UNIT OWNER/LANDLORD

NAME OF OWNER(S):_____

ALTERNATE MAILING ADDRESS: _____

_____

Phone Number: _____ Cell Phone Number: _____

E-mail address: _____

ALL MAIL WILL BE SENT TO THE ADDRESS INDICATED ON THIS FORM. IF YOUR MAILING ADDRESS CHANGES YOU MUST SEND WRITTEN REQUEST TO THE MANAGEMENT OFFICE.

OWNER SIGNATURE_____ DATE: _____

OWNER SIGNATURE_____ DATE: _____