PRESIDENTIAL CORNERS CONDOMINIUM ASSOCIATION

C/O THE 12 TOWERS PROPERTY MGMT LLC
P.O. BOX 450176, MIAMI FL 33245
PH 305-603-7523 E-mail: 12towerpropmng@gmail.com

APPLICATION FOR LEASE (1-2 WEEKS FOR PROCESSING AFTER RECEIVING)

1. **SI UD NECESITA ESTAS INSTRUCCIONES EN ESPAÑOL POR FAVOR LLAMENOS**

2. Application **must be submitted ONLY BY REGULAR MAIL at least 2 (two) weeks prior to the moving date to: The 12 Towers Property Management, P.O. BOX 450176, Miami, Fl. 33245. DO NOT LEAVE ANY BLANK SPACES.**

3. The attached application **must** be filled completely. Any individual outside of the "Family Nucleus" comprised of Husband, Wife and Children must fill out an additional application.

4. A copy of the **Lease Agreement** between the actual owner(s) and the lessee(s) must be submitted along with the application. Section 8 contract required if applicable. Lease date should be at least 15 days in advance to de application mailing date

5. There is a non-refundable fee of **$125.00** for the processing of each application and a **$10.00** for notary fees. **A MONEY ORDER** for **$135.00** must be made payable to **THE 12 TOWERS PROPERTY MGMT**

6. Applications must be submitted with a legible copy of applicant(s) & all other adult occupant's driver's licenses or photo ID's.

7. A police background report is required from any applicant and/or occupant over 18 years of age from the city shown in your ID or driver license.

8. TWO (2) Letters of recommendations need it by applicants. With one (1) from PREVIOUS LANDLORD.

9. The acceptance of any processing fees does not stipulate an approval of the application(s).

10. Approval may be rightfully withheld until all maintenance, special assessments, late charges, fines or other fees owed by the current unit owner have been paid to the Association. An Electrical Panel Inspection is requiring. The attached form must be completed and dropped before sale approval.

11. No moving into the unit is allowed until the association approval has been given. There moving in and out restrictions, moving is only allowed from Monday through Friday from 8.00 am to 5 pm.

Name of ACTUAL Property Owner _____

Actual unit owner Address _____PH _____

Property Address to lease_____

E-mail: _____ Date: _____

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Unmarried Co-Applicants FILL OUT a separate Application. Do not leave any blank spaces. Please use black ink

Applicant:
LAST NAME _____FIRST _____ MID ___ SS # _____

DOB _____/_____/____ PH# _____ E-Mail _____

Co-Applicant RELATIONSHIP: _____
Co-Applicant:
LAST NAME _____ FIRST _____MID ___ SS #_____

DOB _____/_____/_____ PH: _____ E-Mail: _____

Other occupants:
NAME _____

RELATIONSHIP_____ SS # _____ DOB _____/_____/_____

NAME _____

RELATIONSHIP _____ SS # _____ DOB _____/_____/_____

NAME _____

RELATIONSHIP _____ SS # _____ DOB _____/_____/_____

PETS: # _____ TYPE _____ BREAD _____ WEIGHT_____ AGE_____

PRESENT ADDRESS _____

PH # _____ LENGTH OF RESIDENCE _____

MONTHLY RENT/MORTGAGE $_____ ACCT # _____

APPLICANT PRESENT EMPLOYER _____

ADDRESS _____

PH _____SUPERVISOR _____

POSITION_____ DATE EMPLOYED ___/___/___ SALARY_____

PREVIOUS EMPLOYER _____

ADDRESS _____

PH _____ SUPERVISOR _____

POSITION _____ DATE EMPLOYED ___/___/___ SALARY _____

CO APPLICANT PRESENT EMPLOYER _____

ADDRESS _____

PH _____ SUPERVISOR _____

POSITION _____ DATED EMPLOYED ___/___/___ SALARY _____

PRESIDENTIAL CORNERS CONDOMINIUM ASSOCIATION

PREVIOUS EMPLOYER _____

ADDRESS _____

PH _____ SUPERVISOR _____

POSITION _____ DATE EMPLOYED ___/___/___ SALARY _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME_____ RELATIONSHIP_____

ADDRESS_____PH _____

CHARACTER REFERENCE: (NO RELATIVES) (NO FAMILIARES)

NAME _____ RELATIONSHIP _____

ADDRESS _____

PH # WORK _____ HOME _____ Mobile _____

NAME _____ RELATIONSHIP _____

ADDRESS _____

PH # WORK _____ HOME _____ Mobile _____

AUTOMOBILE INFORMATION

MAKE _____ MODEL _____ TAG _____ YR_____ COLOR _____

MAKE _____ MODEL _____ TAG _____ YR _____ COLOR _____

Applicant(s) certify that all above information submitted is true and complete. Each applicant authorizes an investigative consumer report including, but no limited to residential history (rental or mortgage, employment history, criminal history, records, court records, and credit records). This application must be signed before management can process it. **Applicant(s) acknowledge that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State**.
I/WE understand that this information is to be used as part of an investigative report, consumer report and/or credit report if applicable. Further more, I/WE hereby waive any privileges I/WE may have with respect to the disclosure of said information to the aforesaid back ground check company, Management Company and the Association.
A photocopy and/or facsimile of this authorization may be accepted in lieu of Original

APPLICANT'S SIGNATURE _____ DATE _____

CO APPLICANT SIGNATURE _____ DATE _____

INCOMPLETE APPLICATION WILL BE REJECTED