SUNRISE POINT CONDOMINIUM ASSOCIATION

Harbor Management Services, Inc
15600 SW 288th Street, Suite. 406
Homestead, FL 33033
305-246-5867

All fees are non-refundable.
All applications take 14 business days to process. No rush. One sided only application must be brought to the office directly to the address above or the on-site office 8265 SW 128 Street, inside the clubhouse during operating business hours.

PAYMENT INFORMATION (All fees are per applicant):

1. A **$50.00** screening fee **(payable to Sunrise Point Condominium)**, payable with Cashier's Check or Money Order.
2. A **$50.00** processing fee **(payable to Harbor Management Services)** per applicant, payable with Cashier's Check or Money Order.

ASSOCIATION REQUIREMENTS & INSTRUCTIONS (READ CAREFULLY):

1. The application must be completed entirely before submission is approved.
2. Any person over 18 years old MUST submit an individual application. Fees are per applicant unless married.
3. Applicants Must provide their marriage certificate, if married.
4. A full copy of lease/sales contract must be enclosed. Please note only the names on the contract will appear on the actual approval if granted.
5. Each applicant MUST submit a copy of the driver's license & social security. Without these documents we WILL NOT accept the application. If applicant lives in another country, a copy of VALID Visa/Passport is a MUST.
6. All applicants must submit their vehicle registration and insurance.

PLEASE NOTE THE FOLLOWING:

1. NO PETS are allowed within Sunrise Point Condominium Association
2. Application must be submitted to the association no less than twenty (20) business days before moving date or closing date.
3. Should a potential occupant move in without prior written approval, the association will impose a $100.00 FINE per day up to a thousand ($1,000.00) maximum in your account without any further notice. Occupancy prior to approval of the association is PROHIBITED.
4. Occupancy Regulations: NO more than two (2) occupants per room.
5. As prospective buyers and/or tenants will NOT be approved if the sellers and/or landlords are delinquent on their maintenance account and/or have any pending violations.

LEASE IS SUBJECT TO RENEWAL AT THE END OF THE LEASE TERM

APPLICATION

PERSONAL INFORMATION

1) Applicant Name: _____ Date of Birth: _____
Drivers License #: _____ Social Security # _____
Contact #: _____ Other #: _____

2) Applicant Name: _____ Date of Birth: _____
Drivers License #: _____ Social Security # _____
Contact # _____ Other #: _____

List Other Occupant(s) For additional occupants attach a separate sheet of paper with the required information.

	Name	Age	Relationship	SS#
1)				
2)				
3)				
4)				
5)				
6)				

RESIDENT HISTORY

Present Address: _____
Address *City* *State* *Zip Code*

Landlord Name _____ Phone #: _____ Rent Amt. _____ How Long: _____

Prior Address: _____
Address *City* *State* *Zip Code*

Landlord Name _____ Phone #: _____ Rent Amt: _____ How Long: _____

EMPLOYMENT

1) Applicant's Employer: _____ Phone: _____
Position: _____ How Long: _____ Gross Income: _____ Per Year ☐ Per Month ☐
2) Applicant's Employer: _____ Phone: _____
Position: _____ How Long: _____ Gross Income: _____ Per Year ☐ Per Month ☐

AUTOMOBILE INFORMATION: See Association's documents pertaining to vehicle regulations.

1) Make/Model: _____ Year: _____ Color: _____ Tag #: _____
Insurance Carrier: _____ Policy # _____ Exp. Date: _____
2) Make/Model: _____ Year: _____ Color: _____ Tag #: _____
Insurance Carrier: _____ Policy # _____ Exp. Date: _____
3) Make/Model: _____ Year: _____ Color: _____ Tag #: _____
Insurance Carrier: _____ Policy # _____ Exp. Date: _____
4) Make/Model: _____ Year: _____ Color: _____ Tag #: _____
Insurance Carrier: _____ Policy # _____ Exp. Date: _____

ANIMAL REGISTRATION: Provide proof of current shots & licenses. See Association's documents pertaining to pet regulations

Pet: cat, dog, breed, etc. 1) _____ 2) _____

OWNER(S) INFORMATION

Name: _____ Contact #: _____

Mailing Address: _____
Address *City* *State* *Zip Code*

Property Address: _____ Community: _____

HOMEOWNER INSURANCE INFORMATION

Homeowners Insurance Carrier: _____ Policy #: _____

Windstorm Insurance Carrier: _____ Policy #: _____

Agents Name: _____ Phone: _____

KEYS RECEIVED BY APPLICANT(S) If applies per Association

Gate Card/Remote Number 1) _____ 2) _____ 3) _____ 5) _____

Keys Received: Home: _____ Mailbox: _____ Recreation: Pool Tennis Bathroom

REFERENCES Give below names of three persons not related to you, whom you have known at least one year.

Name	Telephone	Years Known

I hereby authorize Harbor Management Services, Inc. to obtain a consumer report, and any other information it deems necessary, for evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which this application was made. I hereby expressly release Harbor Management Services, Inc., and any procuror or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies including without limitation, various law enforcement agencies.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

This Application: Approved: _____ Not Approved: _____

Approved By: _____ Date: _____
Designated Board Member

Approved By: _____ Date _____
Designated Board Member

LEASE/HOMEOWNER ADDENDUM
(Required if the Home will be Leased)

In accordance with the rules and regulations of the Sunrise Point I/WE hereby serve notice that I/WE desire to accept a Bona Fide offer made to ME/US by _____, *(owner's name)* and by _____, *(lessee's name)* to lease the home located at _____. The LEASE term shall commence on_____ and end on _____. In order for you to facilitate consideration of MY/OUR application for LEASE of the above designated home in the SUNRISE POINT, Community, I/WE represent that the following information is factual and true. I/WE are aware that any falsification will result in automatic rejection of this application. I/WE consent that you may make further inquiries concerning this application, particularly of the referenced information given. I am aware of the fact that Association has a period of seven to fourteen (7-14) business days from the receipt of this notice together with such other information as the Board of Directors may request in which to approve or disapprove this application.

The Declaration, By-Laws, Articles of Incorporation, and the Rules and Regulations of the Association will bind us, if I/WE are leasing. Lessee agrees to lease the premises subject to the terms and conditions as recorded in the Declaration of Protective Covenants, Conditions and Restrictions and exhibits thereto records in, Official Records Book of the Public Records Dade County, Florida.

I/WE acknowledge that monthly maintenance payments are to be made payable to the association. In the event maintenance payments are not received the association shall have the right to collect any past due maintenance directly from the lessee. Failure to make maintenance payments shall breach this lease agreement. The addendum shall become a tenant sufferance, and the Association will terminate the lease.

In the event lessee or guests of the lessee violate the terms and conditions of the Declarations, Protective Covenants, Conditions and Restrictions I/WE acknowledge the Association shall have the right to terminate this lease. If lessee fails to comply with any of the Association's rules and regulations, the Association shall send written notice specifying the noncompliance indicating the intention of Association to terminate the lease by reason thereof, if lessee fails to correct the violation within five (5) days of the notice the Association may terminate the lease.

I/WE agree to provide the LEASER(S) with a copy of the SUNRISE POINT By-Laws and Articles of Incorporation, rules and regulations, prior to the first occupancy of the unit by the LESSEE. In order for you to facilitate consideration of MY/OUR application for LEASE of the above-designated unit, I/WE have the proposed LESSEE to complete the attached application by the proposed LESSEE. I/WE AM/ARE aware that any falsification or misrepresentation of the facts in the attached application will result in the automatic rejection of the application to lease. I/WE consent that you may make further inquiry concerning this application, particularly of the information given in the application package.

THE ASSOCIATION AND/OR ITS AGENT, IN THE EVENT IT CONSENTS TO A LEASE, IS HERE-BY AUTHORIZED TO ACT AS OUR AGENT WITH FULL POWER AND AUTHORITY TO TAKE LEGAL ACTION AS MAY BE REQUIRED, TO COMPEL COMPLIANCE BY OUR LESSEE(S) AND/OR THEIR GUESTS, WITH PROVISIONS OF THE DECLARATION OF SUNRISE POINT, HOA. ITS SUPPORTIVE EXHIBITS, APPLICABLE FLORIDA STATUTES, AND THE RULES AND REGULATIONS OF THE ASSOCIATION, OR UNCORRECTED VIOLATIONS OF ANY OF THE ABOVE BY THE LESSEE(S) AND/OR THEIR GUESTS, UNDER APPROPRIATE CIRCUMSTANCES, TO TERMINATE THE LEASE. THE LESSOR AGREES TO REIMBURSE THE ASSOCIATION FOR ANY REASONABLE ATTORNEY'S FEES AND COSTS INCURRED AS OWNER(S) AGENT IN SUCH ENFORCEMENT OR LEASE TERMINATION, WHETHER PRE-LITIGATION OR PRE-ARBITRATION OR IN CONNECTION WITH LITIGATION OR ARBITRATION, OR ANY APPELLATE PROCEEDINGS.

SIGNED: _____ *SIGNED* _____ DATE _____
(Leaser) *(Leaser)*

SIGNED: _____ *SIGNED* _____ DATE _____
(Owner) *(Owner)*

APPLICANTS THERE ARE NON US RESIDENTS, MUST COMPLY AS FOLLOWS

Applicants without social security numbers must provide some pages on the passport. (Original passport must be provided for copies)

-The picture ID page. (Required)

- Applicants must fill out form where they disclose they do not have a social security number

We also require at least one of the following:

-The page where INS stamps approval for entering the United States

-Current Visa

-Current I-94

-Permanent resident card.

Please remember that applications without this information will not be processed.

Thank you for your cooperation.

Harbor Management Services, Inc.
P.O. Box 924176, Homestead, Fl 33092-4176
(305) 246-5867 www.HarborManagement.us

MEDECO KEY

A MEDECO key is a security key, the key cannot be duplicated. Your Medeco key gives you access to the property's tennis court, swimming pool (pool gates) and also, men and woman bathrooms.

If you have lost the key, you may purchase a replacement for $25.00 by check or money order payable to Sunrise Point Condo. Association.

Name of Owner(s): .....

Email Address:.....Mobile/Contact #.....

Name of lessee:.....

Building # ..... Unit # .....

I .....Hereby and confirm that I will provide the Medeco key to the lessee
(Print Name of owner)
once approved by the association.

Signature of owner.....Dated.....

MEDECO KEY received by lessee .....Dated.....
Signature of lessee

Lessee Email address.....

Sunrise Point Condominium Association

CONTACT INFORMATION

***THIS FORM IS TO BE COMPLETED BY THE UNIT OWNER FOR USE BY THE MANAGEMENT COMPANY:

UNIT OWNER: _____

PROPERTY ADDRESS: _____

_____

MAILING ADDRESS: _____

_____

EMERGENCY PHONE:

HOME: _____

WORK: _____

CELL: _____

EMAIL: _____

By signing this form , you acknowledge that we will use this contact information to inform you of any application changes or concerns. It is your responsibility to answer phone calls and check your emails from Harbor Management Services, Inc regarding your application.

_____ _____

Tenant/ Buyer signature **Date**

_____ _____

Tenant/ Buyer signature **Date**

SUNRISE POINT CONDOMINIUM ASSOCIATION

Acknowledgement of Rules and Regulations

I, _____and _____who reside at _____ Unit _____at Sunrise Point Condominium Association acknowledge that I have read and understand the Rules and Regulations given by Sunrise Point Condominium. I understand that any and all persons living in my home over the age of 18 will be screened and approved by the association and any unapproved tenants will be evicted at the homeowners' expense.

_____ _____
Tenant/Buyer's Signature Date

_____
Print Name:

_____ _____
Tenant/Buyer's Signature Date

_____
Print Name:

_____ _____
Landlord/Seller's Signature Date

_____
Print Name: