

WILTON EAST MANAGEMENT, INC.

c/o I&S Management, Inc. 2880 West Oakland Park Blvd, Suite 118, Fort Lauderdale, FL 33311
Telephone: (954) 485-3211, Fax: (954) 484-6772

INSTRUCTIONS FOR LEASE APPLICATION

Re: WILTON EAST MANAGEMENT, INC.

Property Address: _____

Landlord/Owner: _____

Prospective Tenant/Applicant: _____

Unit: _____

Listed below are procedures and documents that will be required to obtain a Certificate of Approval.

- 1 Completed Application for each occupant along with Cash or Money Order /Cashier's Check only, payable to I&S Management, Inc. in the amount of \$150.00 for each occupant for screening. Note, that once the completed application is received, it will be sent to a screening company.
- 2 Please attach copy of valid driver License or passport and Social Security Number.
- 3 A Copy of signed lease agreement together with an access key must be submitted to management.
- 4 All prospective tenants must sign acknowledgement confirming receipt of the Corporation's Rules and Regulations.

Should you have any questions, please contact our office at 954-485-3211.

APPLICATION FOR LEASE

NAME OF COMMUNITY: WILTON EAST MANAGEMENT

UNIT ADDRESS: _____

PRESENT OWNERS/LANDLORD: _____

I/WE SUBMIT THE FOLLOWING INFORMATION REGARDING MY/OUR LEASE OF THE UNIT AND COMMUNITY LISTED ABOVE.

LEASE TERM IS FROM _____ TO _____

OWNER ADDRESS FOR BILLING, OTHER THAN UNIT ADDRESS: _____

THE FOLLOWING INFORMATION MUST BE COMPLETED BY PROSPECTIVE LESSEE:

ALL MAINTENANCE ACCOUNTS MUST BE CURRENT!

FULL NAME	DATE OF BIRTH	SOCIAL SECURITY#
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Applicant #1	_____	_____
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Applicant #2	_____	_____
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(Person(s) other than the above who will normally occupy the unit)

FULL NAME	DATE OF BIRTH	SOCIAL SECURITY#
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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PETS ARE NOT ALLOWED ON PREMISES (see attached Rules & Regulations for details)

PRESENT ADDRESS: _____

LENGTH OF TIME AT PRESENT ADDRESS: _____ TELEPHONE: _____

FORMER LANDLORD NAME: _____ TELEPHONE: _____

FORMER ADDRESS: _____

LENGTH OF TIME AT FORMER ADDRESS: _____

IF PRESENTLY EMPLOYED:

APPLICANT #1: OCCUPATION & EMPLOYER: _____

EMPLOYER'S ADDRESS & PHONE: _____

APPLICANT #2: OCCUPATION & EMPLOYER: _____

EMPLOYER'S ADDRESS & PHONE: _____

I/We understand that acceptance for lease at the community is conditions upon approval of the Board of Directors. Accordingly, I/We hereby agree for myself and/on behalf of all persons who may use this unit which I/We seek to lease that I/We will abide by all restrictions contained in the By-Laws and all other By-Laws, Rules and Regulations or restrictions which may in the future be imposed by the Board of Directors. I have received a copy of all the association documents and Rules and Regulations: () yes () no

I/We understand that the Board of Directors may cause to be instituted an investigation of my/our background as the Board may deem necessary. Accordingly I/We specifically authorize the Board of Directors to make such investigation and agree that the information contained herein may be used in such investigation and that the Board of Directors and Officers shall be held harmless from any action or claim by me/us in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

I/We understand that sub-leasing or occupancy of this unit in my/our absence is not permitted.

In witness whereof, I/we have executed the foregoing application this _____ day of _____, 20_____

Applicant

Applicant

WILTON EAST MANAGEMENT, INC.
Addendum to Lease Application

This signed document acknowledges that Tenant was provided a copy of Rules and Regulations of WILTON EAST MANAGEMENT, INC. and that tenant has read said Rules and Regulations. Tenant must abide by these Rules and Regulations and if tenant fails to adhere, tenant will be subject to eviction.

This is to attest that all information provided on the attached information is true and correct and any false statements provided will result in disapproval and/or eviction.

Applicant must provide a copy of driver's license and social security number. Note that \$100.00 fee for screening is non-refundable.

Applicant Name: _____ Applicant Signature: _____
Print Name

Applicant Name: _____ Applicant Signature: _____
Print Name

Tenant Information Sheet

(Please Print)

Name (list all tenants names)

Note: All correspondence will be mailed to the Owner of Record and they are responsible for distribution to others.

Home Address:

Name _____ Street Address _____ Unit _____

City _____ State _____ Zip _____

Phone Number (_____) _____ Facsimile _____

Cellular Phone _____ Business Phone (optional) _____

EMAIL _____

Please provide an emergency contact.

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip Code _____ Phone Number _____

Cellular Phone _____ Business Phone _____

Facsimile _____ EMAIL Address _____

Additional Information:

➤ **PLEASE ATTACH COPY OF SIGNED LEASE AGREEMENT!**

➤ **PLEASE ATTACH COPY OF ACCESS KEY!**

Signature/ Print Name: _____ Date _____

WILTON EAST MANAGEMENT, INC.

Vehicle Registration Form

WILTON EAST MANAGEMENT, INC.
is not responsible for any damages or loss.

UNIT ADDRESS: _____

UNIT #: _____ DATE: _____

NAME(S): _____

ADD/REMOVE THE FOLLOWING FROM FILE ADD _____ REMOVE _____

Vehicle #1

VIN: _____ License Tag _____

Make: _____ Model: _____

Color(s): _____ Year: _____

Vehicle #2

VIN: _____ License Tag _____

Make: _____ Model: _____

Color(s): _____ Year: _____

I&S MANAGEMENT, INC.

Fax Number 954 484 9772

Date _____

Authorization for Release of Information

I, the legal undersigned, having been duly sworn under oath, state that this is my voluntary, lawful AFFIDAVIT and REQUEST FOR RELEASE of information. In connection with any employment opportunity (including contract for services), I authorize Premium Credit Bureau and its respective agent(s), to solicit information about my background including, but not limited to information regarding any criminal history, employment history and income, licenses, consumer credit history, driving record, and general public records history. I also authorize the procurement of an investigative consumer report. I understand that such an investigative consumer report may contain information about my background, mode of living, character and personal reputation; and I am entitled to be advised of the nature and scope of the investigation requested within a reasonable time after I ask for this information in writing.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Premium Credit Bureau or its agent(s), to release any information on record. Furthermore, I release Premium Credit Bureau, its respective employees and agents of said cities, municipalities, and the Division of Police thereof, and all persons agencies and entities providing information or reports about me from any and all liabilities arising out of the release of any such information.

If ordering Credit Report*, APPLICANT must sign this Release: **SIGNATURE:** _____

<u>LASTNAME</u>	<u>FIRSTNAME</u>	<u>MIDDLE</u>
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<u>SOCIALSECURITYNUMBER</u> -- --	<u>SEX</u>	<u>RACE</u> (OPTIONAL)	<u>DATEOFBIRTH</u> / /
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<u>DRIVER'SLICENSENUMBER</u>	<u>STATEOFISSUE</u>
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<u>CURRENTADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
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<u>PREVIOUSADDRESSIFAVAILABLE</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
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COMMENTS:

☐ Statewide Criminal Search: State _____ ☐ Countywide Criminal Search: County _____ ☐ Nationwide Criminal Search ☐ Civil Records Search ☐ Bankruptcy Search ☐ Motor Vehicle Report: State _____ ☐ Social Security Number Search	☐ Worker's Comp. Search ☐ Eviction Search ☐ Education Verification ☐ Employment Verification ☐ Personal Reference Verification ☐ Professional License Verification ☐ *Credit Report (*Qualified Co.'s Only)	PLEASE SELECT DESIRED SEARCH REPORTS AND FAX THIS REQUEST TO: (305) 468-1565
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NOTICE- if you are requesting a <u>Georgia Statewide Criminal Search</u> , you must have this form signed and notarized in space provided.	Notary Signature: _____ My Commission Expires: _____	Date: _____
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2414 NW 87TH Place, Doral, Florida 33172
Ph: (305) 468-1560/fax: (305)468-1565
www.PremiumCreditBureau.com

WILTON EAST MANAGEMENT, INC.

715 NW 30th Court, Wilton Manors, FL 33311

Wilton East Association Resident Agreement

To Our Residents at Wilton East,

- Garbage needs to be placed inside the dumpster. Items left on the ground will not be picked up. Please break down large boxes to save room for others. Furniture and other large items are your responsibility for disposal.
- Recycling: There are two recycling cans by the dumpster. One is for newspaper/cardboard and one for bottles, cans and other marked recyclables. Please do not use these for garbage
- No pets
- Quiet hours are from 10:00PM to 8:00AM daily
- Laundry machines need to be cleaned after each use. The small waste basket is for small items and lint only. Please dispose of bottles and boxes in the appropriate recycling or garbage bin. Thank you.
- Laundry may be hung to dry during daylight hours. Please use the wash props in the laundry room for heavy loads on the laundry lines. Hanging laundry on the handrails is not permitted.
- Please watch your speed and be aware of blind spots when driving through the parking lot, we don't want any injuries.
- Parking is in designated parking spots only or in guest spots out front.
- Items need to be put in the storage units and not kept outside on a daily basis.
- Guests staying longer than two weeks need to be approved by the Board of Directors. They will also need to file an application, submit the application fee and be interviewed.
- Subleasing is not permitted in our bylaws and will not be tolerated.
- These are the most frequently violated rules. You are living under condominium by-laws. Please be respectful of others around you.

This application is subject to acceptance by the owner and Board of Directors.

We here at Wilton East appreciate and thank you for your cooperation.

Wilton East Board of Directors

Applicant

Date