

Farris Property Management

full service community management

Information Sheet

1. A certificate of approval is required before applicant may buy or lease a condominium.
2. All owners are ultimately responsible for their tenants and are required to furnish them with the association rules and regulations and use restrictions. Any fines brought about by the tenant's actions are ultimately responsible by the unit owner.
3. Before a condominium is rented or sold the prospective renter/buyer must pay a \$150 per person screening fee (**money order or bank check only**) payable to Farris Property Management. This fee must accompany a hard copy of the application and lease or sales contract (**Single sided only**). Please do not e-mail or fax application separately. Give 30 days for the application process to be completed.
4. No unit may be leased for less than 3 months OR more than twice per year.
5. Pets are restricted to no more than 2 per unit and must be common domesticated pets. Pigs, venomous snakes and "dangerous" breed dogs are not allowed.
6. The seller shall give all condominium governing documents, including by-laws and rules and regulations to the buyer.
7. Current month's maintenance payments and unpaid assessments must be paid in advance of leasing a unit. Current month's maintenance payments and unpaid assessments must be paid at or before closing.
8. All cars (residents and guest) must have a parking pass. Any car without a pass will be subject to being towed. Replacement passes are \$50 each.
9. 1 Residential Screening Authorization form and 1 Disclosure and Authorization Agreement is needed per person.

124 NE 3rd Street
Pompano Beach, FL 33060
Phone: 954 786 7414
Fax: 954 943 8677
E-mail: chris@farrisproperty.com

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Tenant Rules and Regulations and FAQs Cascades at Holly Heights

Welcome to the neighborhood! We are so glad you have decided to call Cascades home. All unit owners, in collaboration with Farris Property Management, strive to maintain a safe, clean and orderly living environment for each other and for our guests.

Please take a moment to familiarize yourself with this information.

1. Gate Code 3425 ENTER will work on all entry/exit gates and Laundry Room. Try not to allow gate to slam behind you, but do ensure that it closes completely and locks.
2. Please park in your assigned parking space only and make sure to let any guests know to park in a GUEST spot.
3. Enjoy use of the Laundry Room. Wash and Dry are \$1.25 each (quarters only). Please clean out your dryer lint after each use. Be respectful and don't allow your clothes to linger in a washer/dryer all day.
4. Enjoy use of the pool. Please clean up after yourself and do not leave any trash in the pool area. No personal items are to be kept/stored inside the pool area.
5. All refuse is to be deposited inside the large trash bin at the rear of the building. Please break down all boxes and place inside the blue receptacles.
6. There is no mixed recycling at Cascades.
7. DO NOT dump furniture or other large items in or near the trash area. You will be fined for doing so.
8. Please keep all pets on a leash while inside the building. Do not allow pets to wander in the building. Pets are not allowed in the pool area.
10. Keep noise to a minimum and be respectful of your neighbors.

When we work together to care for our community we all win. We are glad you are here!

Sincerely,

Cascades Board of Directors

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Applicant's name: _____
Applicant's phone number: _____
Unit Address: _____

Please provide the following personal information:

List all occupants

Name: _____ Phone number: _____

Name _____ Phone number: _____

Name _____ Phone number: _____

E-mail address: _____

Mailing address (if different than unit address):

Employer: _____

Phone number: _____

Emergency contact:

Name: _____

Phone number: _____

Please provide 2 references:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

By signing this document I am attesting to the fact I will obtain all condominium governing documents either from the owner/seller or the association (a charge will apply) and I agree to abide by all rules and regulations and governing documents. I further acknowledge that ignorance of any rule, regulation or governing document does not

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release me from obligation to abide by these rules. I also agree to allow the Association to perform appropriate background and credit checks.

Prospective buyer or lessee

Date

Prospective buyer or lessee

Date

I give my full authorization to disclose any credit or background information as a result of this application to the unit's owner.

Prospective lessee

Date

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The Cascades at Holly Heights / Ref# _____

RESIDENTIAL SCREENING REQUEST

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ DOB (MM/DD/YYYY): _____

Tel#: _____ Cel#: _____

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DISCLOSURE AND AUTHORIZATION AGREEMENT

REGARDING CONSUMER REPORTS

DISCLOSURE

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for and/or continued residence. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your residence.** Upon timely written request of the management, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheckUSA with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

Print Name

Signature

Date

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