

## **Leeward Point Condominium, Inc. Rent/Sales Application Check List**

Once you have completed the application make sure you have:

Answered and filled in all questions of the application making sure you list everyone that will be living with you including children, spouses and other relatives.

Make sure that you have filled in car and pet information.

Your lease contract attached to the application.

**Sign at the bottom of the first page understanding that this process takes time and that your credit and criminal history will be obtained.**

A copy of your Driver's License

A copy of your car's registration

**Leeward Point Condominium Inc.**

**THIS IS TO INFORM YOU OF OUR PRECEDURE TO  
HANDLE APPLICANTS FOR RENT/PURCHASE  
APPROVALS.**

**Please sign and return this form with your application.**

1. Your credit history is checked through a credit reporting company.
2. Your references are thoroughly checked by telephone if your information is not the same as in your application.
3. If required by the community you are applying for a Police report may be obtained.
4. We forward your application to be approved by the Board of Directors of the Community you are applying to, which is solely responsible for the period of time they take to approve it.

**THE APPLICATION WILL NOT BE PROCESSED UNLESS THE  
FOLLOWING ITEMS ARE INCLUDED:**

1. Rent/Sale Contract
2. Your signature on this page understanding the above.
3. Check or money order payable to the association if security deposit if required.

**Screening your application takes some time and follow up is vital. Status on applications will ONLY be given to the prospective buyer/tenants, not Realtors, Title Companies or any third parties involved.**

**Thank you for your cooperation and understanding.**

**I have read and understand all the above information and have received a copy of this form upon signing.**

**Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Leeward Point Condominium Inc.**

**APPLICATION FOR RENT/PURCHASE**

This application and the attached Application for Occupancy must be completed in detail by the proposed lessee.

Please attach a copy of the lease contract to this application.

Usually, no unit may be leased for less than one (1) year. Please consult your condominium documents for specific information.

Processing of this application will begin after all required forms have been completed, signed and in the Management's office.

Occupancy prior to final approval is prohibited.

Address \_\_\_\_\_

Lease Start Date \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Telephone \_\_\_\_\_

Realtor's Name and  
Telephone \_\_\_\_\_

Email address \_\_\_\_\_

**Leeward Point Condominium Inc.**

**RENTERS/BUYERS INFORMATION**

NAME(S) of proposed Buyer (as will appear on title)

\_\_\_\_\_

NAME, AGE and RELATIONSHIP of ALL proposed occupants of the unit:

NAME \_\_\_\_\_ AGE \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

Driver's License # \_\_\_\_\_ D.O.B \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

Driver's License # \_\_\_\_\_ D.O.B \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

Driver's License # \_\_\_\_\_ D.O.B \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

Driver's License # \_\_\_\_\_ D.O.B \_\_\_\_\_

## Leeward Point Condominium Inc.

In making the foregoing application I represent to the Board of Directors that the purpose for the purchase or lease of this unit is:

AS PERMANENT RESIDENT \_\_\_\_ AS SEASONAL RESIDENT \_\_\_\_ FOR RENTAL \_\_\_\_  
OTHER EXPLAIN \_\_\_\_\_

- I hereby agree that on my behalf and on the behalfs of all persons who may use the unit which I seek to lease that we will abide by all of the restrictions contained in the By-laws, Rules and Regulations, Condominium Documents and restrictions which are or may in the future be imposed by the Board of Directors of Leeward Point Condo Association.
- I understand that I will be present when guests, relatives or children who are not residents occupy the unit.
- I have \_\_\_\_, have not \_\_\_\_ received from the current owner a copy of all the condominium documents and Rules and Regulations.
- I understand that the acceptance of lease of a unit is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. **Occupancy prior to final approval is prohibited.**
- I understand that the Board of Directors of the Community Association may cause to institute such an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors or their agents to make such investigation and agree that the information contained in this and the attached application may be used in such investigation. And that the Board of Directors and Officers of the Community Association itself, or Community Association Screenings, as Agent shall be held harmless from any action or claim by me in connection with use of the information contained herein or any investigation conducted by the Board.

Applicant \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

**Leeward Point Condominium Inc.**

**APPLICATION FOR OCCUPANCY**

Applicant Name: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Applicant e-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Co-Applicant Phone: \_\_\_\_\_ Co-Applicant e-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current address:

\_\_\_\_\_  
\_\_\_\_\_

Current Mortgage Company:

\_\_\_\_\_  
\_\_\_\_\_

Social Security # \_\_\_\_\_

Pets: \_\_\_\_\_  
How many and ages                      Description and weight

Total Number of people to occupy premises: \_\_\_\_\_

Is Co-Applicant spouse \_\_\_ Yes \_\_\_ No. If not, specify relationship:

\_\_\_\_\_

Emergency contact:

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Telephone:

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Has the applicant or co-applicant been convicted of a felony?

Check one: YES ☐ NO ☐

EMPLOYMENT INFORMATION

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Applicant's Employer

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Employer's Address

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Position

Date of Employment

Employer's telephone

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Co-Applicant's Employer

---

Employer's address

---

Position

Date of Employment

Employer's telephone

NAME, ADDRESS & PHONE OF RELATIVE:

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## Leeward Point Condominium Inc.

### Vehicle Registration Form

Please refer to your community's documents for a more precise description on how many vehicles are allowed per home. The most common rules pertaining to residents' vehicles and their parking are the following:

1. No commercial vehicles or trucks allowed.
2. The time allowed for any guest to stay parked in a visitors parking is between 24 thru 48 hours.
3. No abandoned vehicles (Example: expired tag, flat tires, not in moving condition.)

Vehicle 1:

Make: \_\_\_\_\_ Model \_\_\_\_\_

Color: \_\_\_\_\_ Tag Number \_\_\_\_\_

Vehicle 2:

Make: \_\_\_\_\_ Model \_\_\_\_\_

Color: \_\_\_\_\_ Tag Number \_\_\_\_\_

A copy of each registration for every vehicle being registered must be sent to the Management Company before this application may be processed.

\_\_\_\_\_  
Signature of tenant

\_\_\_\_\_  
Print Name

## Leeward Point Condominium Inc.

### **PET REGISTRATION FORM**

Please refer to your community's documents for a more precise description on how many pets are allowed per home if any. The most common rules pertaining to tenants' pets and their behavior are the following:

1. All pets and their actions are the responsibility of the owner.
2. Dogs must be walked on a leash and it is the owner's responsibility to pick up the waste after the pet. (No Exceptions). This is Miami-Dade County law.
3. Pets must not be a nuisance to any neighbor (E.g., Excessive barking, barking loud enough to wake up neighbors will not be tolerated.)

Any tenant not following the rules and regulations may cause a fine to be issued to the owner and they may be reevaluated and evicted without further discussion.

Please list the types of pets that will be residing in your home

Pet 1:

Type \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Pet 2:

Type \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

**All vaccine records for each pet must be kept up to date at the management office.**

## Leeward Point Condominium Inc.

BANK REFERENCE: (Optional)

|                 |                |           |
|-----------------|----------------|-----------|
| Name            | Location       |           |
| Type of Account | Account Number | Telephone |

PERSONAL REFERENCES OTHER THAN RELATIVES:

|      |         |           |
|------|---------|-----------|
| Name | Address | Telephone |
|------|---------|-----------|

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

|      |         |           |
|------|---------|-----------|
| Name | Address | Telephone |
|------|---------|-----------|

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Approval is hereby granted to Leeward Point Condo Association, (hereinafter referred to as the "Condominium Association" to investigate all information supplied on this application and a full disclosure of pertinent facts may be made to the Condominium Association.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

## Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION FROM AND RETURN TO US.

All information will remain confidential

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Phone / email: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Credit Identification Number (last 3 digits located on the back of the card): \_\_\_\_\_

Amount to Charge: \$\_\_\_\_\_ (USD)

I authorize Leeward Point Condominium Association to charge the agreed amount listed above to my credit card list herein. I agree that I will pay for the purchase in accordance with the issuing bank cardholder agreement.

Cardholder - Print Name, Sign and Date below:

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_