IPM INTEGRITY PROPERTY MANAGEMENT

5665 CORAL RIDGE DRIVE,
CORAL SPRINGS, FL 33076

PH: 954.346.0677
FAX: 954.340.8844

GOVERNORS WALK HOA

***IMPORTANT APPLICATION INFORMATION**

$100.00 CASHIERS CHECK OR MONEY ORDER ONLY
PAYABLE TO: INTEGRITY PROPERTY MANAGEMENT

$100.00 CASHIERS CHECK OR MONEY ORDER ONLY
PAYABLE TO: OMEGA RISK MANAGEMENT

MUST OWN FOR 1 YEAR BEFORE LEASING HOUSE.

A $500.00 REFUNDABLE SECURITY DEPOSIT (LEASE ONLY) MUST BE PAID AT THE TIME THE APPLICATION IS SUBMITTED.

ANYONE OVER 18 WHO WILL BE LIVING IN THE UNIT MUST FILL OUT A SEPARATE APPLICATION AND PAY THE ABOVE LISTED FEES.

A COPY OF DRIVER LICENSE OR STATE I.D. IS REQUIRED WITH APPLICATION.
(COLOR COPY)

A COPY OF SOCIAL SECURITY CARD OR PASSPORT IS REQUIRED WITH APPLICATION.

650 CREDIT SCORE REQUIRED.

A COPY OF SALES CONTRACT OR LEASE AGREEMENT MUST ACCOMPANY APPLICATION.

COPY OF VEHICLE REGISTRATIONS ARE REQUIRED.

ALL APPLICATIONS MUST BE ORIGINAL, FAXES AND COPIES ARE NOT PERMITTED.

ANY APPLICATION THAT IS NOT COMPLETELY FILLED OUT WILL CAUSE A DELAY IN PROCESSING.

AN INTERVIEW IS REQUIRED BEFORE APPROVAL.
THE APPLICATION AND APPROVAL PROCESS MAY TAKE UP TO 30 DAYS.

Application for OMEGA RISK MANAGEMENT, *Inc. c/o Integrity Property Management (954)346-0677*
Unmarried Co-Applicants Fill Out A Separate Application. Do not leave any blank spaces. Please use black ink

Name _____ SS# ___-___-____ DOB ___/___/___
Last First MI Jr. Sr., Prior

Spouse _____ SS# ___-___-____ DOB ___/___/___
Last First MI Maiden

Drivers License #_____ ST _____ Spouse's Drivers License # _____ ST _____

Other _____ _____
Name Relationship Age SS# Name Relationship Age SS#

Occupants _____ _____
Name Relationship Age SS# Name Relationship Age SS#

Pets: Number _____ Type _____ Breed _____ Weight _____ Age_____

Cell Phone (_____)_____ Why Moving? _____

Present Address _____
Street Apt. # City State Zip Code

Present Landlord/
Mortgage Holder _____ Phone (_____)_____

Length of Residence: ___/___ To ___/___ Monthly Rent/Mortgage $_____ Mortgage Acct. # _____
Mo. Yr. Mo. Yr.

Previous Address _____
Street Apt. # City State Zip Code

Previous Landlord/
Mortgage Holder _____ Phone (_____)_____

Length of Residence: ___/___ To ___/___ Monthly Rent/Mortgage $_____ Mortgage Acct. # _____
Mo. Yr. Mo. Yr.

Present
Employer _____ City & St. _____ Phone (_____)_____

Position _____ Dates Employed ___/___ To ___/___ Income _____ Per _____ Mgr. _____
Mo. Yr. Mo. Yr.

Previous
Employer _____ City & St. _____ Phone (_____)_____

Position _____ Dates Employed ___/___ To ___/___ Income _____ Per _____ Mgr. _____
Mo. Yr. Mo. Yr.

Spouse Present
Employer _____ City & St. _____ Phone (_____)_____

Position _____ Dates Employed ___/___ To ___/___ Income _____ Per _____ Mgr. _____
Mo. Yr. Mo. Yr.

In Case of
Emergency Notify _____ (____)_____
Name Relationship Address Phone Number

Have you ever had an eviction filed or left owing money to an owner or landlord? Applicant: Yes __ No __ Spouse: Yes _ No ____
Have you applied for residency in the past 2 years, but did not move in? Applicant: Yes __ No __ Spouse: Yes _ No _____
Have you ever had adjudication withheld or been convicted of crime? Applicant: Yes __ No __ Spouse: Yes _ No _____

If you have answered yes to any of the above questions please explain the circumstances regarding the situation on back of this sheet.

AUTHORIZATION OF RELEASE OF INFORMATION Applicant(s) represents that all of the above information and statements on the application for rental are true and complete, and hereby authorizes an investigative consumer report including, but not limited to, residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. This application must be signed before it can be processed by management Applicant acknowledges 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.

NON-REFUNDABLE APPLICATION FEE - Applicant(s) agree to pay $_____ for a non-refundable application processing fee.

_____ _____ _____ _____
Applicant's Signature Date Spouse's Signature Date

ΩMEGA RISK
MANAGEMENT

Applicants: Most banks, financial institutions, mortgage companies and employers require your signature and name printed to verify information. Please complete the form below.

AUTHORIZATION FORM

You are hereby authorized to release information to Omega Risk Management, Inc. any and all information they request with regards to verification of my/our bank accounts(s), credit history, residential history and employment verification to be used for my/our Application for Occupancy. I/We hereby waive and privileges I/We may have with respect to the said information in reference to its release to Omega Risk Management for reporting purposes.

_____	_____	_____
Applicants Signature	Applicants Name Printed	Date Signed

_____	_____	_____
Applicants Signature	Applicants Name Printed	Date Signed

GOVERNOR'S WALK HOMEOWNERS ASSOCIATION, INC. AUTHORIZATION AGREEMENT FOR ASSOCIATION TO COLLECT RENT UPON DELIQUENCY IN MAINTENANCE PAYMENTS

WHEREAS, _____herein "Owner"), is the record owner(s) of _____ located at Governor's Walk Homeowners Association, Coral Springs, FL (herein the "Association"), as described in the Declaration of Condominium, as amended, recorded in the Public Records of Broward County.

WHEREAS, the Association is the entity charged with the operation and management of the Condominium; and

WHEREAS, Owner desires to lease at _____ (herein "Lessee(s)") pursuant to a lease submitted herewith; and

WHEREAS, the parties desire the approval of the Association for this lease,

NOW, THEREFORE, in consideration of the mutual covenants contained herein and for other good and valuable consideration, the receipt and adequacy of which is expressly acknowledged, the parties hereto agree as follows:

1. Upon the execution and delivery of this Authority Agreement, and the submission of any other documentation required by the Association, the Association shall provide the necessary approval for the lease.

2. If, at any time during the pendency or term of the lease, Owner becomes delinquent in payment of assessments to the Association, Owner and Lessee(s) agree that Association shall have the power, right and authority to demand lease payments directly from the Lessee(s) and deduct such past-due assessments, costs and attorney fees, if any, as may be delinquent. Further, Owner and Lessee(s) agree that Lessee(s) will pay the full rental payment due, to the Association, upon written demand. Owner expressly absolves Lessee(s) from any liability to Owner for unpaid rent under the Lease Agreement if such payment is made directly to Association upon demand from Association. If any funds are left over after deduction of amounts owed, the Association shall immediately remit the balance to Owner at the address listed in the Association's records.

3. Should Lessee(s) fail to comply with the demand of the Association within three (3) days of the date of the next installment of rent is due following the receipt of a demand for payment hereunder, the Association is hereby granted the authority to obtain a termination of the tenancy, in the name of Owner, through eviction proceedings, or to seek injunctive relief or specific performance under this contract. Owner and Lessee(s) further agree that, if such legal action becomes necessary, the Association shall be entitled to recover reasonable attorney's fees and costs, including appeals, from Owner. Any such costs shall be deemed to be a special assessment against the apartment and collectable in the same manner as any special assessment, pursuant to the Declaration of Condominium.

(2)

GOVERNOR'S WALK HOMEOWNERS ASSOCIATION, INC. AUTHORIZATION AGREEMENT FOR ASSOCIATION TO COLLECT RENT UPON DELIQUENCY IN MAINTENANCE PAYMENTS

Agreed to this _____day of _____, 2011.

Governor's Walk Homeowners Association, Inc.

Owner

_____

BY: _____ _____

Registered Agent

Lessee(s)

_____

Attest: _____

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this _____day of _____, 2011, who is personally known to me or who has produced _____as identification and who did take an oath.

Notary Public:

Sign

_____

Print_____

Commission expires:
Governor's Walk Homeowners Association

GOVERNOR'S WALK HOMEOWNERS ASSOCIATION
APPLICATION FOR RESIDENCY

APPLICANT CERTIFICATION

By my signature below, I hereby certify:

1) That I have received, read and agree to abide by the Articles of Incorporation of the Governor's Walk Homeowners Association, Inc. as recorded in the public records of Broward County.

2) That I have received, read, and agree to abide by the by-laws of the Governor's Walk Homeowners Association , Inc. as recorded in the public records of Broward County.

3) That I have received, and read, and agree to abide by the Declaration of Covenants of the Governor's Walk Homeowners Association, Inc. as recorded in the public records of Broward County.

4) That I have received, read and agree to abide by the Rules and Regulations of the Governor's Walk Homeowners Association, Inc. as passed by it's Board of Directors.

5) That all of the information contained in this application is true and complete.

6) That I understand and agree that false or misleading information given in this application constitutes grounds for rejection of this application and revocation of my rights to reside on this property.

7) That I cannot occupy the premises without written authorization from the Association. In the event of unauthorized occupancy, this application will not be accepted for consideration until I vacate the unit completely and a Certificate of Approval for Residency is issued by the Association.

8) That the unit I occupy may not be leased or sub-leased without the express written approval of the Governor's Walk Homeowners Association.

9) That no person other than those shown on this application will reside in the unit.

10) That the application fee is not refundable or contingent upon approval of this application.

11) That the Association may not be able to provide an answer to this application for 2 to 4 weeks from the date that a completed application and all applicable fees are received by the Association.

Signature of Applicant	Date	Signature of Witness
Signature of Applicant	Date	Signature of Witness

Governor's Walk Homeowners Association
Application for Residency

Owner Certification

By my signature below, I hereby certify:

1) That I have provided these potential residents a true and complete copy of the documents and rules and regulations of the Governor's Walk Homeowner's Association.

2) That the potential residents may not occupy the unit until the Association issues a Certificate of Approval for Residency.

3) That the information contained in this application is true and accurate to the best of my knowledge.

4) That a copy of the actual lease, rental agreement, or purchase agreement is attached, and that there is no other agreements concerning this lease, rental, or potential purchase.

5) That the unit owner is responsible for any and all costs related to damages to community property and/or violation of the documents and/or rules and regulations of the Governor's Walk Homeowners Association and that these costs include actual damages, fines and all costs and fees paid the Association's attorney as may relate to the owner's tenant and/or the guests of such tenant.

I hereby authorize the Association to attach the rent due to me from any tenant in the event that I become delinquent in the payment of any assessment due to the Governor's Walk Homeowners Association.

I hereby authorize the Association to evict my tenant at my expense in any case where my tenant fails to abide by the documents and/or rules and regulations of the Governor's Walk Homeowners Association.

Signature of Owner	Date
Signature of Owner	Date
Signature of Witness	Date

GOVERNOR'S WALK HOA
C/O INTEGRITY PROPERTY MANAGEMENT, INC.
5665 CORAL RIDGE DRIVE
CORAL SPRINGS, FLORIDA 33076
(954) 346-0677 Fax (954) 346-0784

Dear Resident:

The State of Florida requires current contact information be on the premises for all owners and occupants of the Governor's Walk Homeowner's Association in case of any emergency. Please complete this form and return it to the above address. Thank you for your cooperation.

Unit # _____

Name: _____

Mailing Address:

_____

_____

Home No.: _____

Work No.: _____

Emergency Contact(s):

Name: _____

Home No.: _____

Work No.: _____

Name: _____

Home No.: _____

Work No.: _____

GOVERNOR'S WALK HOMEOWNERS ASSOCIATION
APPLICATION FOR RESIDENCY

Name of present owner:_____

Address of unit:_____

This application is regarding the _____lease or rental of this unit _____sale

Information regarding each person who requests approval for residency (include children if any)

Name	Phone #	Business #	Cell #

Information regarding any pet that may reside in the unit or on the property.

Type of pet:_____Name_____
Age_____Color_____Weight_____Breed_____

List any vehicles that will be kept on the property:

Make of Vehicle	Model	License #	Color

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Yes, in Florida, emotional support animals (ESAs) must be under the owner's control at all times. This includes when the owner is not present.

Explanation

- The owner is responsible for the care of their ESA.
- If the owner is not present, the ESA must be contained in a carrier, cage, or tank.
- ESAs cannot be left alone or with anyone else overnight.

Other rules for ESAs in Florida

- ESAs must be licensed and vaccinated.
- ESAs must not pose a threat to the health or safety of others.
- ESAs must not pose a threat to property.
- ESAs must have a prescription from a doctor or therapist.
- Landlords must accept ESAs if the tenant provides the appropriate documentation.
- Condo associations can create rules for ESAs, such as requiring the animal to be leashed.

ARTICLE 13
RENTAL RESTRICTION

. . .

13.03 Upon the effective date of this amendment, no Lot shall be leased during the first twelve (12) months following the acquisition of title. In the event title to the Lot is acquired with a tenant in possession under a previously approved lease, the lease may continue for the duration of the existing approved lease term. Upon the termination of that lease, the Lot shall not be leased for the next twelve (12) month period. This Section shall not apply to any Lot owned by the Association.

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