

KENDALL BREEZE HOMEOWNERS ASSOCIATION

12300 SW 125 Court Miami, FL 33186
Tel: 305-259-3224 Fax: 305-259-3374

APPLICATION FOR OCCUPANCY

Screening fee: US\$ 250.00 (non refundable)
Checks payable to: Kendall Breeze HOA (cashier check or money order)
Applications to be tendered to Kendall Breeze Association Office (Clubhouse #1)
We do not process any applications without payment.

Please provide a current Police Report / Background check (for the State of Florida)
and copy of the proposed contract.
The proposed Lessee must complete this application in detail.

Association will approve or disapprove of Applicant within 5 business days.

Type of application: **LEASE**
Date: _____

Property Address / Unit Number: _____

OWNER(s) INFORMATION:

Current Property Owner's name: _____
Telephone # _____ Work# _____ Mobile# _____

LESSEE INFORMATION:

Name of Applicant(s): Name(s) of proposed lessee(s) (as will appear on Lease)

a) Full Name: _____
SS # _____
Date of Birth: _____
Present address (not the address you are moving to) _____
Telephone # _____ Work# _____ Mobile # _____

b) Full Name: _____
SS# _____
Date of Birth: _____
Present address (not the address you are moving to) _____
Telephone # _____ Work# _____ Mobile # _____

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List of ALL proposed occupants of the unit:

Name:	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment information:

Please name employment information (name, address, telephone , contact and salary) for the last 3 years

Rental History:

Please list landlords (name, address, telephone, contact) for the last 3 years.

1. I hereby agree for myself and on behalf all persons who may use the unit I seek to lease:
 - a) **I will abide by all 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 Kendall Breeze Homeowners Association, hereinafter referred to as "the Condominium Association"**
 - b) I understand that sub-leasing or occupancy of this unit in my absence is not permitted.
 - c) I understand that I will be present when guests , visitors, relatives or children who are not permanent residents occupy the unit.
 - d) **I understand that any violation of these terms, provisions, conditions and covenants of the Association 's documents provide cause for immediate action as therein provided or termination of the leasehold upon appropriate circumstances.**

2. I understand that the acceptance of Lease of a unit at the Condominium Association, is conditioned upon the truth and accuracy of this application and upon approval of the Board of Directors. Occupancy prior to approval is prohibited.
3. I understand that the Board of Directors of the Condominium Association may cause to be instituted such an investigation of my background as the Board may deem necessary. Accordingly I specifically authorize the Board of Directors or XXX, as Agent, to make such investigation and agree that the information contained in this and the attached application for occupancy may be used in such investigation, and that the Board of Directors and Officers of the Condominium Association or XXXXXX, as Agent, shall themselves be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board.
In making the foregoing application , I am aware that the decision of the Board of Directors will be final and that no reason will be given for any action taken by the Board . I agree to be governed by the determination of the Board. _

4. I hereby confirm that I have received a copy of Kendall Breeze Homeowners Association Rules & Regulations prior to the signing of the Lease Agreement , I have read and understood it.

Signature of Applicant

Signature of Co-Applicant