

APPLICATION INSTRUCTIONS LEASE

DATE RECEIVED: _____

- You must submit your application at least **(3) weeks before** the lease agreement begins.
- The application must be completed thoroughly by **each** applicant over the age of 18;
- Husband and wife should complete a joint application and pay only **one** application fee.

The checklist below is provided for your convenience:

- Complete Occupancy Application
- Signed acknowledgement of receipt of Rules & Regulations
- Copy of Driver's License or Government Issued ID for all occupants
- Copy of Executed Lease
- Copies of Vehicle Registration and Insurance
- Last 2 months Bank Statements and Pay Stubs (encouraged but not required)
- Non-Refundable Cashier's Check or Money Order \$100 Application Fee per occupant made payable to **Windermere Condominium, Inc.** (exception: one fee of \$100 for husband/wife).

Drop off address (mailed or hand-delivered):

Renaissance Management Group, Inc.
1773 N State Road 7- suite 200
Lauderhill, FL 33313

Office Phone Number: (954)693-9989 ext. 2

Office Email: info@rmgsouthflorida.com

- Incomplete applications will delay the process.
- If you have a pet, please complete and the "Pet Registration Form and Pet Rules Acknowledgement".
- **Occupancy prior to board approval is strictly prohibited.**
- Current owner is responsible for giving keys to the tenants.
- Current owner is responsible for providing the management company lease renewals.

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COMPLETE ALL QUESTION AND FILL IN ALL BLANKS, SUBMIT ALL FEES, AND ANY SUPPLEMENTAL INFORMATION REQUIRED. ALL INFORMATION SUPPLIED IS SUBJECT TO VERIFICATION. MISSING INFORMATION WILL CAUSE DELAYS. IF A QUESTION IS NOT ANSWERED ADEQUATELY OR LEFT BLANK, THIS APPLICATION MAY BE RETURNED, NOT PROCESSED, AND/OR NOT APPROVED.

DATE: _____

ADDRESS: _____ UNIT: _____

CITY, STATE, ZIP: _____

PRESENT OWNER(S): _____

PART 1 - PROSPECTIVE OCCUPANT(S)

APPLICANT'S NAME: _____

SINGLE MARRIED SEPARATED DIVORCED WIDOWED

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY #: _____ - _____ - _____

PHONE NUMBER: (____) ____ - ____ EMAIL: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

DATE(S): _____ COUNTY/STATE CONVICTED IN: _____

CHARGE(S): _____

SPOUSE'S NAME: _____

DATE OF BIRTH: ____/____/____ SOCIAL SECURITY #: _____ - _____ - _____

PHONE NUMBER: (____) ____ - ____ EMAIL: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

DATE(S): _____ COUNTY/STATE CONVICTED IN: _____

CHARGE(S): _____

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PART 2 – RESIDENCE HISTORY

PRESENT ADDRESS: _____

CITY, STATE, ZIP: _____

APARTMENT OR CONDO NAME: _____

DATE OF RESIDENCY: FROM _____ TO _____ [] OWNED [] RENTED \$ _____/month

PRESENT LANDLORD: _____ PHONE NUMBER: _____

PRESENT ADDRESS: _____

CITY, STATE, ZIP: _____

APARTMENT OR CONDO NAME: _____

DATE OF RESIDENCY: FROM _____ TO _____ [] OWNED [] RENTED \$ _____/month

PRESENT LANDLORD: _____ PHONE NUMBER: _____

PART 3 – EMPLOYMENT REFERENCES

EMPLOYER: _____ HOW LONG? _____ Years _____ Months

ADDRESS: _____

CITY, STATE, ZIP: _____

POSITION/TITLE: _____

PHONE NUMBER: _____ APPROX. MONTHLY INCOME: \$ _____

SPOUSE'S EMPLOYER: _____ HOW LONG? _____ Years _____ Months

ADDRESS: _____

CITY, STATE, ZIP: _____

POSITION/TITLE: _____

PHONE NUMBER: _____ APPROX. MONTHLY INCOME: \$ _____

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IF RETIRED, STATE LAST PLACE OF EMPLOYMENT: _____

ADDRESS: _____

SOCIAL SECURITY: SELF MONTHLY INCOME: \$ _____ SPOUSE'S MONTHLY INCOME: \$ _____

PENSION: SELF MONTHLY INCOME: \$ _____ SPOUSE'S MONTHLY INCOME: \$ _____

OTHER SOURCES: SELF MONTHLY INCOME: \$ _____ SPOUSE'S MONTHLY INCOME: \$ _____

PART 4 – CHARACTER REFERENCES (No Family Members) – 2 REQUIRED!!

1) NAME: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

ADDRESS: _____

2) NAME: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

ADDRESS: _____

PART 5 – VEHICLE INFORMATION:

MAKE/MODEL: _____ YEAR: _____ LIC. PLATE: _____ COLOR: _____

MAKE/MODEL: _____ YEAR: _____ LIC. PLATE: _____ COLOR: _____

ARE YOU USING A REALTOR? [] YES [] NO

If yes:

NAME OF REAL ESTATE AGENT: _____

PHONE NUMBER: _____ EMAIL: _____

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WHO SHOULD BE CONTACTED IN THE EVENT OF AN EMERGENCY?

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ RELATIONSHIP: _____

COMPLETE THE FOLLOWING FOR ALL PERSONS, INCLUDING CHILDREN, THAT WILL BE LIVING IN THE UNIT.

FIRST NAME	LAST NAME	DATE OF BIRTH	SOCIAL SECURITY #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT'S SIGNATURE: _____ DATE: _____

SPOUSE'S SIGNATURE: _____ DATE: _____

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APPLICANT AUTHORIZATION I

(WE) FULLY AUTHORIZE INVESTIGATION OF ALL ANSWERS AND REFERENCES GIVEN;

(WE) ACKNOWLEDGE WE CANNOT OCCUPY THE PREMISES WITHOUT PROPER AUTHORIZATION FROM THE ASSOCIATION;

(WE) AGREE THAT FALSE OR INCOMPLETE APPLICATIONS WILL BE REJECTED;

(WE) ACKNOWLEDGE THE PROCESSING OF THIS APPLICATION MAY TAKE FROM 2-4 WEEKS;

(WE) AGREE THAT NO TRANSIENT OCCUPANCY IS ALLOWED AND COPY OF EACH AND EVERY LEASE AND RENEWAL LEASE AGREEMENTS MUST BE PROVIDED TO THE ASSOCIATION;

(WE) HEREBY ISSUE AUTHORITY AND PERMISSION, WHILE HOLDING HARMLESS THE CREDIT BUREAU AND RENAISSANCE MANAGEMENT GROUP, INC., RELEASING THEM AND THEIR AGENTS, EMPLOYEES AND MEMBERS FROM ANY LOSSES, EXPENSES OR DAMAGES SUSTAINED DIRECTLY OR INDIRECTLY BY ME OR OTHERS, FROM INFORMATION DISCLOSED IN THEIR INVESTIGATIVE REPORT WHETHER MADE ORALLY OR IN WRITING.

(WE) CERTIFY THE FOREGOING TO BE TRUE AND CORRECT:

The Association and its Agent, in the event of consent to a Sale, hereby authorizes to act as our agent with full power and authority to take such action as may be required, if necessary, to compel compliance by our Lessee(s) and/or their guests, with provisions of the Declaration of the Association. Its supportive exhibits, rules and regulations of the Associations, or in the instance of any violation of any of the above by the Lessee(s) and/or their guests, under appropriate circumstances, to terminate the Leasehold. The Lessor agrees to reimburse the Association for any attorney fees and costs incurred as Lessor's agent in such enforcement of Lease termination.

Applicant's Signature: _____ Date: _____

Print Name: _____

Spouse's Signature: _____ Date: _____

Print Name: _____

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APPLICANT AUTHORIZATION II

By physically or electronically signing your full name below, you declare that all your statements in this application are true and complete. If you fail to answer any question or give false information, the property may reject your application, retain all application fees and deposits as liquidated damages for its time and expense, and terminate your right of occupancy.

By submitting this application, you are directing and authorizing Renaissance Management Group, Inc. & Windermere Condominium Association, Inc. to verify the information you have provided and obtain additional background information about you through any means, including (i) using a third party consumer reporting agency such as AppFolio, Inc., 50 Castilian Dr. Goleta, CA 93117 - (866) 648-1536 to prepare a consumer report or an investigative consumer report and/or (ii) verifying information by contacting personal and professional references, employers, and other rental housing owners. You further direct and authorize Renaissance Management Group, Inc. & Windermere Condominium Association, Inc. to obtain from any law enforcement agency, present or past employer or supervisor, landlord, finance bureau/office, credit bureau, collection agency, college, university or other institute of learning or certification, private business, military branch or the national personnel records center, personal reference and/or other persons, and authorize the same to give records or information that any such entities may have concerning your status as a registered sex offender (as allowed by law), criminal history (as allowed by law), motor vehicle/driving history, earnings history, credit history, character, general reputation, personal characteristics, mode of living, employment records, record of attendance and earned degrees or certificates, or any other information requested, whether the said records are private or public, and including those which may be deemed to be privileged or confidential in nature. Preparation of all consumer reports and investigative consumer reports will follow federal, state and local laws and regulations.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any consumer report or investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regards to applicants is an investigation into your prior rental history, education, and employment.

- I am authorizing Renaissance Management Group, Inc. to conduct the background check(s) described above.
- I am consenting to use electronic means to (i) sign this form, (ii) receive the Applicant Authorization appearing above, and (iii) receive any legal notices electronically.

Applicant's Signature: _____ Date: _____

Print Name: _____

Spouse's Signature: _____ Date: _____

Print Name: _____

RULES AND REGULATIONS ACKNOWLEDGEMENT

I acknowledge that I have received a copy of the "Rules and Regulations", which have been approved by the Board of Directors of Windermere Condominium Association. Additionally, at no future date will any resident, guest or invitee of my unit indicate that they did not adhere to said Rules and Regulations of Windermere Condominium Association due to non-awareness of same.

I have read it in full and thoroughly understand its intent.

I furthermore agree to abide by these "Rules and Regulations".

Applicant's Signature

Printed Name

Date

Spouse's Signature

Printed Name

Date

ZERO TOLERANCE DRUG POLICY

Date: _____

Address: _____

Tenant 1: _____

Tenant 2: _____

This statement of Zero Tolerance Drug Policy is identified as an attachment to the Lease Agreement for the above property starting on ____/____/_____.

I understand and agree that this apartment complex is a drug-free environment and that Management has a policy of zero tolerance to illegal drugs on these premises.

I further understand and agree that this policy entitles Management to terminate rental agreements of any tenant who engages in any drug-related activity such as possession, sale, manufacture, distribution or use of a controlled substance on or about these premises, or engages in any other illegal activity which is detrimental to the complex or its residents.

I understand and agree that this policy is intended to ensure that the owners and tenants' safety and peaceful enjoyment of this apartment complex is protected, and that owners, tenants, and their guests or invitee do not use or sell illegal drugs on these premises.

Applicant's Signature

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PET REGISTRATION FORM AND PET RULES ACKNOWLEDGEMENT

Pet Owner's Name: _____

Unit #: _____ Tenant Owner Phone Number: _____

- A SEPARATE REGISTRATION FORM IS REQUIRED FOR EACH PET;
- **THE FORM MUST BE SIGNED BY A VETERINARIAN;**
- A RECENT PHOTO OF THE PET MUST BE ATTACHED.

Type of pet: Cat Dog Other: _____

Pet's Name: _____ Breed or mixture: _____

Gender: _____ Color: _____ Weight: _____ lb Age: _____

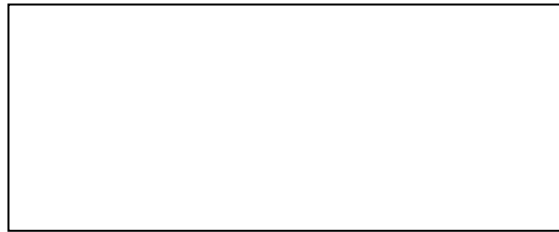
County Tag ID#: _____ Neutered/Spayed: Yes No

Veterinarian's Name: _____

Phone Number: _____ Email: _____

Veterinarian's Signature: _____

Veterinarian's Stamp:



I/We hereby certify that the above information is true and correct. I/We understand that I/we am/are fully responsible for the actions of my/our pet(s) and I/We acknowledge and agree to abide by the Pet Rules as it relates to control of the pet(s) so as not to cause a nuisance, to have it on a leash while outside, and I/we agree to clean-up after the pet(s). By signing below, I/we acknowledge that I/we have read and understand the pet rules and regulations. I/We understand that violations of the Rules and Regulations and Governing Documents regarding pets can lead to fines and restriction of my/our rights to have a pet and the expulsion of my/our pet from the Association property.

Pet Owner Signature: _____ Date: _____