

CATALINA LAKES HOA, INC

APPLICATION FOR RESIDENCY (LEASE)

The Governing Documents for Catalina Lakes **require written approval prior** to any person residing in any unit. All prospective tenants must receive a Certificate of Approval by the Association prior to the lease taking effect. Please carefully read the following:

Any guest(s) occupying a unit for 30 days or more must complete and submit an occupancy application to be approved by the Board of Directors.

In accordance with the amended Declaration of Covenants, Restrictions and Easements for the Catalina Lakes Association and any applicable rules duly adopted by the Board of Directors of Catalina Lakes the following procedures are to be followed when leasing a home.

1. The lease must be signed and include the following language:

“The Association shall have the right to terminate the lease upon default by tenant in observing any of the provisions of the Declaration, Documents or Rules & Regulations, and any applicable rules duly adopted in the future by the Board of Directors of Catalina Lakes.”

“In the event that the homeowner (landlord) defaults with the association’s assessments, the Homeowners Association shall have the right to collect all rental payments due to the homeowner (landlord) and apply the same against unpaid assessments and any other fees due. Eviction for non-compliance to the above and Rules & Regulations will be applied to tenant.” Pursuant to Florida Statutes.

2. **Any homeowner submitting a rental application must be current with all assessments prior to the lease application being considered for approval.**
3. The lease term must be for a minimum of four (4) months.
4. Subleasing is prohibited. Individual room rentals are prohibited.
5. The home may not be leased more than three (3) times in any twelve (12) month period.
6. The proposed tenants shall consist of no more than two persons per bedroom.
7. During the term of the lease, all assessments will continue to be paid directly by the homeowners.
8. No month to month is permitted. Lease extensions must be submitted to Capital Realty Advisors for review.
9. The homeowner **must** also sign this Application. See pg. 5 - Rental agent’s signature is not acceptable.

Please read the Rules & Regulations and the Declaration of Covenants, Restrictions for Catalina Lakes.

ALL ITEMS BELOW MUST BE SUBMITTED TOGETHER TO BE CONSIDERED TO:

**Capital Realty Advisors, Inc.,
600 Sandtree Drive, Suite 109, Palm Beach Gardens, FL 33403
561-624-5888 / 561-624-5827~fax**

1. Completed "Application for Residency" form. ATTACHED
2. A copy of the lease contract which includes the language on page 1 written into the lease.
3. Pet(s) registration form if applicable.
4. The Homeowners Association can disapprove a lease agreement if:
 - The homeowner (landlord) is in default with assessments or other fees.
 - An unsatisfactory background check is found regarding the tenant or guest.
5. Attach a **\$150.00 non-refundable check** for the application fee made payable to Catalina Lakes HOA, this includes one background and credit check. An additional check for \$75.00 is required for each additional family member over the age of 18, such as brother or sister of the husband or wife or children listed on the lease or unrelated adult(s) over the age of 18 who will be residing in the unit to cover the background check and credit check for each of them.

APPLICATION FOR RESIDENCY (LEASE)

PLEASE PRINT

DATE: _____ **ADDRESS:** _____

OWNER INFORMATION

Owner Name: _____ Phone #: _____

Address: _____ Email Address: _____

APPLICANT(S) INFORMATION:

Name(s): _____ Social Security#: _____ DOB: _____

Name(s): _____ Social Security#: _____ DOB: _____

Telephone #'s: _____ Work Phone: _____ Cell Phone #: _____

Tenant Lease Term: _____ Email: _____

Please name all occupants and relationship to Lessee (provide age of children and DOB for anyone over 18):

Name(s)	Age(s)	Relationship	Social Security number(s)	Date of Birth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

RESIDENCE HISTORY:

Previous Address: _____ City: _____ State: _____ Zip: _____

If rented, Name of Landlord and Phone no _____

VEHICLES:

Make of Vehicle	Model	License Plate #	Color	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LICENSED DRIVERS:Name: **1.** _____ License #: _____ State: _____Name: **2.** _____ License #: _____ State: _____Name: **3.** _____ License #: _____ State: _____Name: **4.** _____ License #: _____ State: _____**PETS:** YES _____ NO _____ (If yes, please complete the attached pet registration form)**WORK HISTORY:** *Applicants 1. and 2.*

Employer: 1. _____ 2. _____

Phone: 1. _____ 2. _____

Address: 1. _____ 2. _____

EMERGENCY CONTACT INFO: _____**CRIMINAL BACKGROUND:**

Have you [or other applicant] ever been convicted of a state or federal offense? YES () NO ()

Have you [or other applicant] ever been convicted of a felony in the past 7 years? YES () NO ()

Are you [or other applicant] presently awaiting trial on any criminal offense? YES () NO ()

*If Yes to any of the above, give Applicant's name, dates, name of court, and details of conviction on a separate sheet of paper.***APPLICANT ACKNOWLEDGEMENT****By my/our signature(s) below, I/we *hereby* certify:**

1. That I/we have received, read, understand and agree to abide by all the Rules & Regulations and the Governing Documents of Catalina Lakes HOA.
2. That all of the information contained in this application is true and complete and that I/we understand and agree that False or Misleading information given in this application constitutes grounds for rejection of this application and revocation of my right to reside on this property.
3. I/we give my/our permission for a nationwide Law Enforcement Background investigation and credit history verification; and understand that the HOA may deny the lease based on reasonable evidence that any occupant may pose a risk to the community or be unlikely to comply with the financial requirements of the lease.

- 4. That I/we understand and agree the unit cannot be sub-leased by either the owner or the leaseholder. That no persons other than those shown on this application will reside in the unit and I/we agree that anyone moving into the unit at a later date will be registered with the Association.
- 5. **That pursuant to Florida Statutes, I/we understand and agree upon receipt of notice from the Association that my monthly rent payments will be sent directly to the Association, made payable to the Association, until any assessments, charges, late fees and attorney fees, due and owing to the Association by the owner/landlord are paid in full. I also understand that failure to do so will result in my eviction from the unit as prescribed by the State of Florida.**

Applicant Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

ACKNOWLEDGEMENT OF OWNER(S)

- 1. That I/We hereby authorize the association to evict a tenant at my/our (owners) expense in any case where the tenant fails to abide by the Florida Statutes and the Association's Documents and Rules & Regulations, which were provided to the applicant. I agree to provide an Application and Investigation Fee for anyone moving in under this lease or anyone visiting as a guest in the unit for longer than 30 days.
- 2. **That I/We as Owner(s) are responsible for the tenant and/or guests of such tenant, in regard to unpaid violation fines, any costs related to damages to community property and/or fees paid to the Association's attorney relating to tenant and/or guests of tenant.**
- 3. **I/We agree that upon receipt of Notice that all monthly rent payments will be sent directly to the Association by the tenant until any assessments, charges, late fees and/or attorney fees, due and owing the Association by me, the owner/landlord, are paid in full, pursuant to Florida Statues.**

Signature of Owner: _____ **Date:** _____

Signature of Owner: _____ **Date:** _____

NOTE: Owner's true signature is required on this Lease Application, leasing agent's signature is not acceptable.

OFFICE USE ONLY: APPROVED [] DENIED [] DATE: _____

Reason denied/comments: _____

Board of Directors Signature: _____ **Date:** _____

PET REGISTRATION FORM

Owner or Resident: _____

Address: _____

Type of Pet (please circle one): DOG CAT BIRD OTHER _____

Pet's Name: _____ Pet's Age: _____

Pet's Weight: _____ Pet's License/Tag Number: _____

Breed (*Be specific – give complete description, color, etc.*): List all below and provide photo of all.

PLEASE ATTACH PHOTO(S) HERE