

IMPORTANT: Incomplete applications will not be accepted. The military lease application must be submitted to the Management Office at least seven (7) days prior to the commencement of lease.

A Complete Lease Application Package includes the following:

1. APPLICATION FEE:

- \$0 for the military applicant and \$25.00 for each additional adult (18yrs or Over) Living in Property
- NOTE: If the property is located in a Towngate Condo Association, a \$1,000.00 Security Deposit is required. Security Deposit must be paid at the time of the application in the form of a Money Order payable to the appropriate Towngate Condominium Association (Confirm the specific condo association with Office staff).
- For each the application fee and for the security deposit: Only Money Orders or Certified Checks Accepted

2. KEYS GATE MILITARY LEASE APPLICATION:

- Must provide: 1) Commander/1st Sergeant Contact Information and 2) a copy of Military ID, pay stub or military paperwork/orders confirming that applicant is an active member of the U.S. Military
- Accurately and clearly fill out all of the information in the Keys Gate Lease Application.
- Both Lessors and Lessee must sign the lease application and the Notice of Demand for Rents Pursuant to Florida Statutes, Section 720.3085(8)
- Lessors/Owners' information needs to be precise and submitted with the "Change of Address" form, along with a valid Driver's License.

3. STANDARD LEASE AGREEMENT:

- Leasing periods are required to be a minimum of six (6) months.
- Lease agreement signed by Lessors and Lessees.
- All family members that will be residing at the home must be listed in the lease agreement.

4. CRIMINAL BACKGROUND APPLICATION:

- Accurately and clearly fill out all of the information on the Background Check paperwork.
- All applicants 18 years of age or older must submit a Criminal Background Application and **a copy of their Driver's License ID is required.**
- Out of state background verification may take up to seven (7) business days to process.

Once the lease application is approved, the Management Office will contact the designated parties. The approved applicants **MUST** go to the Management office to receive the Orientation Package. Tenants may not move in until the mandatory Orientation paperwork has been completed and received by the Association.



MILITARY LEASE APPLICATION

1541 SE 12 Avenue, Suite 37, Homestead, Fl 33034 Phone: (305)247-9800 Fax: (305)247-9898

THIS LEASE APPLICATION WILL NOT BE ACCEPTED UNLESS COMPLETED IN ITS ENTIRETY AND SUBMITTED TO THE MANAGEMENT OFFICE AT LEAST FIFTEEN (15) DAYS PRIOR TO THE COMMENCEMENT OF LEASE.

TERM OF LEASE:	FROM: ___ / ___ / ___	TO: ___ / ___ / ___	Acct #: ___1585 - _____
PROPERTY ADDRESS: _____		NEIGHBORHOOD NAME: _____	
LESSORS (OWNERS): _____		CIRCLE ONE: NEW LEASE or RENEWAL	

LESSEES/RENTER(S): LIST ALL ADULT OCCUPANTS WHO WILL LIVE AT THE RESIDENCE: Primary Adult: _____ Contact Phone/Cell: _____ Email: _____ <u>Additional Adults:</u> 1- _____ 2- _____ <u>Commander/1st Sergeant Contact Info (Name/Rank/Contact):</u> _____	LESSOR or AGENT: NAME: _____ COMPANY: _____ PHONE/CELL #: _____ FAX NUMBER: _____ EMAIL ADDRESS: _____
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LIST ALL CHILDREN WHO WILL LIVE AT THE RESIDENCE & THEIR AGE:			
Child: _____	Age: _____	Child: _____	Age: _____
Child: _____	Age: _____	Child: _____	Age: _____

1. Association dues **MUST** be brought up to date, prior to leasing the unit. **Towngate Condo** units require a security deposit.
2. The term of the Lease for all units within the Keys Gate Community **MUST be a minimum of six (6) months**, in accordance with section 18.2 of the Declaration of Condominium.
3. The application fee(s) of seventy-five (\$75.00) dollars for the first adult and twenty-five (\$25.00) dollars for every additional adult is NON-REFUNDABLE.
4. The application fees in the form of a money order or certified check **MUST** be provided at the time of the application and made payable to Keys Gate Community Association.
5. The application **MUST** be submitted at least **fifteen (15) days prior to the commencement of lease**.
6. The Association shall have the right to terminate the lease, upon default by the tenant in observing any of the provision of said Declaration and/or the Master Covenants. Additionally, Lessee(s) are subject to the **Notice of Demand for Rents Pursuant to Florida Statutes, Section 720.3085(8)**
7. Each Lessee and other members of the household are subject to the same rules and regulations as the Keys Gate home/unit owner, as specified in; section 18 of the Declaration of Condominiums and/or Declarations of Master Covenants (Article IX).
8. Lessors **MUST** relinquish Royal Palm Clubhouse access to Lessees.
9. All approved Lessees **MUST** attend orientation prior to issuance of vehicle barcodes & decals.
10. **IMPORTANT:** Owners are responsible and encouraged to do their due diligence on prospective tenants by performing credit, background and reference checks. Association's background checks are for administrative use only.
11. If prospective tenants are approved, homeowners are responsible to inform the Association in writing of any vacancies or renewals.

LESSOR(S) OR AGENT'S SIGNATURE: _____ _____ DATE: _____ Circle Below: Mail to: Lessor or Agent BY: __FAX __EMAIL	LESSEE(S) OR AGENT'S SIGNATURE: _____ _____ DATE: _____ Circle Below: Mail to: Lessee or Agent BY: __FAX __EMAIL
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MASTER ASSOCIATION APPROVAL: _____	DATE: _____
CONDO ASSOCIATION APPROVAL: _____	DATE: _____



KEYS GATE COMMUNITY ASSOCIATION

NOTICE OF DEMAND FOR RENTS PURSUANT TO FLORIDA STATUES, SECTION 720.3085(8)

Attention: Owner and Tenant

Pursuant to Florida Statues, Section 720.3085(8), if the Parcel is occupied by a tenant and the Parcel Owner is delinquent in paying any monetary obligation due to the Association, the Association will make a written demand to the tenant to pay to the Association the future monetary obligations related to the Parcel, and the tenant must make such payment.

In accordance with the foregoing, the Association hereby would demand what is owed \$[full amount due by the Parcel Owner plus late fees] of your next rent payment to the Association (the "Required Payment"). To the extent that the Required Payment exceeds your monthly rent payment, the tenant will be required to remit the full amount of the rent payment. After the Required Payment has been paid in full, the amount \$[monthly assessment] is required to be paid to the Association each month thereafter. Please note that the tenant is still responsible to remit the remainder of the rent, if any, directly to the Parcel Owner.

This demand is continuing in nature, and upon this demand, the tenant must pay the monetary obligation described above to the Association until (i) the Association notifies in writing to pay a different amount, or (ii) the Association releases the obligation, or (iii) tenancy of the Parcel is discontinued, whichever occurs first.

Payments to the Association must be made payable to Keys Gate Community Association and mailed to the address below.

Section 8 Voucher Program Participants

You are required to stay current on the Association Assessments. If you are delinquent the Association will be advising Section 8 Customer Service of all delinquencies.

IF YOU FAIL TO MAKE ANY PAYMENTS TO THE ASSOCIATION AS SET FORTH ABOVE OR BY SUBSEQUEN NOTICE, YOUR RENTAL AGREEMENT MAY BE TERMINATED AND THE TENANT MAY BE EVICTED FROM THE PARCEL BY THE ASSOCIATION.

Parcel Owner's Signature

Tenant's Signature

Print Parcel Owner's Name

Print Tenant's Name

Date: _____

Date: _____



Investigations • Consulting • Polygraph • Pre-employment Screening



CONSENT FOR BACKGROUND CHECKS

**** NON-MILITARY ONLY ****

I, _____ agree in conformance to the rules and regulations of this company to consent to a complete Background Investigation. I hereby affirm and declare that all of the foregoing statements are true and correct and that I have not knowingly withheld any fact what would, if disclosed, affect my application unfavorably. I hereby authorize the company to conduct any investigation it deems necessary with respect to information set forth on this application. I also hereby authorize this company to release such information with their opinions on these matters without any liability for any damage whatsoever caused either directly or indirectly by giving or receiving such information or opinions. I hereby unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.

I am aware that this background investigation will include, but not be limited to, a criminal records check anywhere in the United States and/or foreign country in which I have resided.

Last Name _____ First _____ Middle _____

Present Address _____

City/State/Zip _____

Social Security Number _____

Driver's License/Other Identification Number _____

FOR IDENTIFICATION PURPOSES ONLY: Date of Birth ____/____/____

Signature



Investigations • Consulting • Polygraph • Pre-employment Screening



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I, _____ agree in conformance to the rules and regulations of this company to consent to a complete Background Investigation. I hereby affirm and declare that all of the foregoing statements are true and correct and that I have not knowingly withheld any fact what would, if disclosed, affect my application unfavorably. I hereby authorize the company to conduct any investigation it deems necessary with respect to information set forth on this application. I also hereby authorize this company to release such information with their opinions on these matters without any liability for any damage whatsoever caused either directly or indirectly by giving or receiving such information or opinions. I hereby unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.

I am aware that this background investigation will include, but not be limited to, a criminal records check anywhere in the United States and/or foreign country in which I have resided.

Last Name _____ First _____ Middle _____

Present Address _____

City/State/Zip _____

Social Security Number _____

Driver's License/Other Identification Number _____

FOR IDENTIFICATION PURPOSES ONLY: Date of Birth ____/____/____

Signature



KEYS GATE COMMUNITY ASSOCIATION

CHANGE OF ADDRESS FORM

Account #: _____

Homeowner(s) Name: _____

Unit Address: _____

City: _____ State: _____ Zip Code: _____

CHANGE OF ADDRESS REQUEST

Effective today, please accept this memo as my official change of address. Please forward all Association correspondence pertaining to my property to my attention to my alternate address.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Alt. Phone: _____

Email: _____

** If you are going to have a caretaker for your property and would prefer all Association correspondence be mailed to such person or persons, please attach a letter authorizing Miami Management to forward correspondence to such person and/or company.

Signature of Unit Owner

Date

**THIS FORM IS TO BE COMPLETED AND SUBMITTED BY THE HOMEOWNER
ONLY WITH A COPY OF A DRIVER'S LICENSE TO VERIFY HOMEOWNER
IDENTITY.**
