

**ISLAND POINTE CONDOMINIUM ASSOCIATION C/O:
Keys Property Management**

**470 Sail Ln
Merritt, Island, FL 32931
(321) 806-4908 – Phone
Rick@keysenterprise.com**

TO: ALL PROSPECTIVE TENANTS OR THEIR AGENTS

FROM: BOARD OF DIRECTORS

Attached you will find the lease application you have requested. Please complete all pages and return to the office by in person or mail. A background and credit check must be submitted within 30 days old or we can process the background check \$50.00 per applicant payable to Keys Property Management.

Include also the \$50.00 processing fee payable to Island Pointe Condominium, which may be dropped off at the office located in the clubhouse at Island Pointe. Please note that processing will not begin until the fee has been paid.

**A signed copy of your lease with the owner is required to be included with this package.
Please note that units may not be rented for less than 90 days.**

The submitted information will be reviewed by the Association, and you will receive a response with the results within 10 days (or less) of the original receipt of the complete packet.

IMPORTANT MOVING DAY INSTRUCTIONS

MOVE IN/MOVE OUT DAYS ARE MONDAY THROUGH FRIDAY ONLY!

HOURS ARE 8:00 A.M UNTIL 5:00 P.M.

**NO WEEKENDS, EVENINGS OR HOLIDAY MOVING IS PERMITTED YOU
MUST MAKE ARRANGEMENTS WITH THE OFFICE FOR THE ELEVATOR
KEY AND INSTALLATION OF ELEVATOR PADS.**

**THE MOVING TRUCK /VAN MUST BE PARKED AS TO ALLOW VEHICLE
TRAFFIC AROUND THE TRUCK.**

**YOU MUST HAVE A DOOR PERSON – FRONT LOBBY/SIDE DOORS MAY
NOT BE PROPPED OPEN.**

Should you have any questions regarding this information/request, please do not hesitate to contact me at the above number or the office located in the Island Pointe clubhouse at (321) 806-4908.

Regards,

Rick Alexander, CAM

ISLAND POINTE CONDOMINIUM ASSOCIATION, INC. LEASE APPLICATION

NAME OF OWNER(S): _____

PERMANENT MAILING ADDRESS: _____

BEST TELEPHONE NUMBER TO CONTACT OWNER: _____

BUILDING #: _____ UNIT #: _____

LEGAL NAME OF PROPOSED TENANT/S: (all who are 18 or older)

_____	SOCIAL SECURITY #: _____	DOB: _____
_____	DRIVERS LICENSE #: _____	
_____	SOCIAL SECURITY #: _____	DOB: _____
_____	DRIVERS LICENSE #: _____	

CURRENT ADDRESS: _____

CELLULAR TELEPHONE NUMBER OF TENANT/S:

CURRENT EMPLOYMENT: 1.) _____
_____ HOW MANY YEARS: _____

CURRENT EMPLOYMENT: 2.) _____
_____ HOW MANY YEARS: _____

REFERENCE FROM LAST LANDLORD:

NAME: _____ PHONE: _____

NAME, AGE AND RELATIONSHIP OF ALL **ADDITIONAL** INDIVIDUALS THAT WILL BE LIVING IN THE UNIT:

Brevard County zoning regulations limits the number of occupants in a single-family residence especially unrelated tenants. The lease terms and conditions must comply with County regulations and specify who will live in a unit and their relationship to the tenant.

NAME	AGE	RELATIONSHIP TO APPLICANT
_____	_____	_____
_____	_____	_____
_____	_____	_____

NUMBER OF PETS: _____ BREED: _____ SIZE IN LBS: _____
(Pets must be 35 pounds of less - maximum 2 pets per unit)

NUMBER OF VEHICLES: _____ MAKE: #1 _____ #2: _____ LICENSE PLATE:
#1: _____ #2: _____

IMPORTANT:

Only 2 vehicles are allowed to be parked at Island Pointe; 1 on the surface lot and 1 in the garage. (No boats, trailers, campers or recreational vehicles are allowed on Island Pointe property.)

**ISLAND POINTE CONDOMINIUM ASSOCIATION, INC.
LEASE APPLICATION**

ALL PROPOSED TENANT APPLICANTS MUST AGREE TO SUBMIT TO A BACKGROUND CHECK, CREDIT CHECK, VERIFICATION OF LANDLORD REFERENCE AND ALL OTHER INFORMATION ON THIS APPLICATION.

FALSE INFORMATION: Any lease or lease application containing false information is grounds for rejection and if discovered after the tenant moves into a unit, will invalidate the lease.

Both the owner of the unit at Island Pointe and the proposed tenant make this application jointly and represent that the information provided in this application is true to the best of their knowledge. Island Pointe Condominium Association and their designated property management company are authorized to verify the proposed tenant's background, credit, employment, and previous landlord references in connection with the processing of this application.

BACKGROUND CHECK: Public records will be checked for all proposed tenant applicants. If a check reports that there is a prior eviction, property damage lawsuit, violent crime, or controlled substance/substance abuse (felony) history, that the applicant is a registered sex offender or predator, the applicant will be rejected by the Association.

Both the owner of the unit at Island Pointe and the proposed tenant represent that the owner has provided copies of the current condominium declaration, by-laws, and resident handbook to the proposed tenant and the tenant has read them and agrees to abide by them while a tenant at Island Pointe.

Upon submittal of this application, the fee, and proposed lease form to the association's property management company, the Association has 10 days to process this application.

UNIT OWNER:

DATE:

PROPOSED TENANT APPLICANT:

DATE:

TENANT APPLICANT: DATE:

PROPOSED

RECOMMENDATION BY PROPERTY MGMT.: _____

DATE: _____

RECOMMENDATION OF THE ASSOCIATION: _____

DATE: _____

RENT PAYMENT ADDENDUM

Island Pointe Condominium Association
c/o Keys Property Management
470 Sail Ln
Merritt Island, FL 32931
321-806-4908

CONSENT TO PERFORM BACKGROUND

DATE: _____

First Name

Middle Name

Last Name

Maiden and/or Other Last Names Used

Social Security Number

Address

City, State, Zip Code

Check one*

☐

Male

or

☐

Female

Race

Date of Birth

Drivers License Number

Drivers License State

This authorization and consent for release of personal information acknowledges that _____ (hereafter referred to as "Company") and or its agent, TRAK-I Technology, may now, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; criminal history information of file in local, state or federal agencies; and motor vehicle records.

I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether occupancy was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from Trak-I Technology, Consumer Disputes, P.O. Box 52028, Tulsa, Oklahoma, 74152. After reading this document, I fully understand its contents and authorize the background verification.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE.

Date Signed

Applicant (Print Name):

Applicant Signature: