



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463  
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## CYPRESS POINTE AT CORAL SPRINGS CONDOMINIUM ASSOCIATION, INC.

### APPLICATION FOR LEASE

- ***\$150.00 Non-refundable application processing fee for each applicant (unless married) and payable to GRS Community Management in the form of money order or cashier's check.***

### INDIVIDUAL COMMUNITY REQUIREMENT CHECKLIST

- \_\_\_\_\_ Copy of purchase or lease contract is attached.
- \_\_\_\_\_ Copy of driver's license(s) and vehicle registration(s) are attached.
- \_\_\_\_\_ No more than two (2) domestic pets per unit are permitted.
- \_\_\_\_\_ Lease terms must not be for less than three (3) months.
- \_\_\_\_\_ No Unit may be leased more than twice in a twelve (12) month period.
- \_\_\_\_\_ Owner must obtain title for a minimum of two (2) years prior to leasing the unit.
- \_\_\_\_\_ A minimum credit score of 680 is required for all prospective tenants.
- \_\_\_\_\_ No unit may be occupied or used for any commercial or business purpose.
- \_\_\_\_\_ Any violations on the property must be cured prior to transfer.
- \_\_\_\_\_ At the time of the Lease application (whether it is a New Lease or Lease Renewal) the Lot Owner ***MUST NOT be delinquent in the payment of the Association dues and/or have any open and unresolved violations. The account must be brought current before any lease application can be considered for approval by the Association.***
- \_\_\_\_\_ The approval of a purchase and/or lease application may take up to thirty (30) days.

**APPROVAL REQUIRED** – Application, fees and all applicable documentation must be mailed, or hand delivered to GRS Community Management at the address indicated above. *Please note separate fees apply for additional documentation such as estoppels or questionnaires.*

Please visit [grsmgt.com](http://grsmgt.com) > *Cypress Pointe at Coral Springs Condominium Association, Inc.* > *Association Documents* > for a comprehensive overview of the Rules and Regulations of the Association.

# CYPRESS POINTE AT CORAL SPRINGS CONDOMINIUM ASSOCIATION, INC.

## Lease Application

Please print legibly and complete all the sections.

LEASE BEGIN DATE:	LEASE END DATE:
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### UNIT INFORMATION

PROPERTY ADDRESS	MOVE-IN DATE
CURRENT OWNER NAME	CONTACT #

### APPLICANT INFORMATION

APPLICANT NAME	CO-APPLICANT NAME
PRIMARY CONTACT #	PRIMARY CONTACT #
EMAIL	EMAIL
CURRENT MAILING ADDRESS	CURRENT MAILING ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP
EMERGENCY CONTACT NAME & TELEPHONE	EMERGENCY CONTACT NAME & TELEPHONE
MARTIAL STATUS      MARRIED ( )      SINGLE ( )	MARTIAL STATUS      MARRIED ( )      SINGLE ( )

### OTHER OCCUPANTS

NAME	RELATIONSHIP	DOB
NAME	RELATIONSHIP	DOB
NAME	RELATIONSHIP	DOB

### REALTOR INFORMATION

REALTOR'S NAME	PHONE #	EMAIL
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## ADDITIONAL INFORMATION

### EMPLOYMENT HISTORY (LESSEES ONLY)

**ARE YOU:** Self-Employed? Yes ( ) No ( ) Retired? Yes ( ) No ( )

EMPLOYER	CO-APPLICANT/SPOUSE EMPLOYER
CITY-STATE-ZIP	CITY-STATE-ZIP
PHONE #	PHONE #
EMPLOYED FROM: TO:	EMPLOYED FROM: TO:
DEPARTMENT OR POSITION	DEPARTMENT OR POSITION
SUPERVISOR	SUPERVISOR
MONTHLY INCOME	MONTHLY INCOME

### EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP	TELEPHONE NO.	ALTERNATE NO.
NAME	RELATIONSHIP	TELEPHONE NO.	ALTERNATE NO.
NAME	RELATIONSHIP	TELEPHONE NO.	ALTERNATE NO.

### VEHICLE INFORMATION

*(Please refer to the Association's Governing Documents and Rules & Regulations)  
(See attached Oversized Vehicle Regulations & Restrictions)*

MAKE	MODEL	COLOR	STATE	TAG #
MAKE	MODEL	COLOR	STATE	TAG #

### PET INFORMATION

*(Two (2) domestic/household pets are permitted per unit; breed restrictions apply –  
Please refer to the Association's Governing Documents and Rules & Regulations)*

*(Write none if no pets)*

TYPE	BREED	RABIES LICENSE TAG #	COLOR	WEIGHT
TYPE	BREED	RABIES LICENSE TAG#	COLOR	WEIGHT

# AUTHORIZATION FILE DISCLOSURE

## APPLICANT/TENANT CONSENT

I hereby consent to allow Verify Screening Solutions, Inc., through its designated agent/employee, to obtain and verify my consumer reports, including but not limited to, my credit report, criminal information, and eviction information for the purpose of determining my eligibility to lease/purchase an apartment. I further understand if I lease/purchase an apartment, I consent to allow Verify Screening Solution, Inc., and its designated agent /employee, for the duration of my lease, to review the following list of information to assess risk, for analytics, for process improvement and other uses: my consumer reports, including but not limited to my credit report, criminal information, eviction information, my rental payment history and occupancy history, and other information. The facts set forth in my application for residency are true and complete. False, fraudulent, or misleading information on an application may be grounds for denial of residency, or subsequent eviction.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver ' s License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
2nd Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver' s License Number

\_\_\_\_\_  
State

**ADDITIONAL OCCUPANTS OVER 18, AUTHORIZATION FORM IS REQUIRED**

# Cypress Pointe at Coral Springs Condominium Association, Inc.

## ADDENDUM TO LEASE APPLICATION

THIS ADDENDUM is made between \_\_\_\_\_ (“Landlord”) and \_\_\_\_\_ / \_\_\_\_\_ (“tenant(s)”) for unit: \_\_\_\_\_ effective this \_\_\_ day of \_\_\_\_\_ 20\_\_ and is intended to and shall supplement, amend, and modify that certain Lease dated \_\_\_\_\_, in the following respects:

1. Tenant(s) is subject to and shall abide by Florida Statutes: Assessments: Tenant Occupancy: Where an owner is delinquent in any monetary obligation to the Association, the Association can make a demand for the tenant to pay to the association the future monetary obligations related to the Association unit owed to the Association. The demand must be in writing. If the tenant fails to comply, the Association may have the tenant evicted in accordance with Florida Statutes. The unit owner shall give the tenant credit against rent due to the unit owner for any amounts paid by the tenant to the Association.
2. In the event the landlord/owner becomes delinquent in payment of assessments (regular, general, or special) or other charges to the Association, the Association may notify the tenant. Upon such notification, the tenant shall be obligated to pay the rent required under the lease to the Association, until all delinquent assessments and other charges have been paid in full. During the period of time the tenant is paying the rent to the Association, the landlord shall not seek to evict the tenant for non-payment of rent.

### **LANDLORD:**

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **TENANT:**

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **TENANT:**

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463

**CYPRESS POINTE AT CORAL SPRINGS CONDOMINIUM ASSOCIATION, INC.**

**PET REGISTRATION**

*(Please complete a registration form for each pet)*

Date: \_\_\_\_\_ Owner: \_\_\_\_\_ Tenant: \_\_\_\_\_

Name of Homeowner(s): \_\_\_\_\_

Name of Tenant(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

***Tenant(s) who are applying must attach a current executed copy of your lease agreement, stating specifically Landlord(s) permits pet(s)/animal(s) on the premises.***

**A.** Please indicate type of pet(s)/animal(s), including service animals. Attach a recent picture of your pet(s), taken within the last six (6) months, and accurately show the pet(s)/animal(s) as of the date of this registration.

**I. Type of Pet(s):** \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_

Breed: \_\_\_\_\_ Tag Number: \_\_\_\_\_

**II. Veterinarian Reference:** (Please attach a current certificate of vaccination/health certified by a licensed veterinarian within the past thirty (30) days.)

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

**B.** By submitting this registration application, Resident understands and agrees that the pet(s)/animal(s) is subject to the association’s governing documents, including but not limited to association’s Declaration and its Rules and Regulations and all state and local laws. Accordingly:

1. Two (2) domestic / household pets are permitted per unit; breed restrictions apply.
2. When outside the unit, all pet(s)/animal(s) must be on a leash which is attached to the pet/service animal and in direct physical control of a person capable of always controlling such pet and the pet(s)/animal(s) will not be left unattended at any time.
3. Residents agree to register the pet(s)/animal(s) in accordance with local laws and requirements, and to immunize pets in accordance with such local laws and requirements.
4. Resident shall be responsible for any damage created by a pet/animal to association property.
5. The pet(s)/animal(s) will not cause danger, threat to any person or other pet, nuisance, noise, health hazard, or soil the premises, grounds, common areas, walks, parking, landscaping, or gardens. Resident



**CYPRESS POINTE AT CORAL SPRINGS CONDOMINIUM ASSOCIATION, INC.**

**PROSPECTIVE LESSEE ACKNOWLEDGEMENT**

The undersigned being a prospective Lessee of the following Lot/Unit No.: \_\_\_\_\_ and Property Address: \_\_\_\_\_, in **Cypress Pointe at Coral Springs Condominium Association, Inc.** acknowledges that I/We have read, understand, and agree to follow and abide by all the terms and conditions of the following Association Documents:

- a. Declaration of Community Covenants
- b. Declaration of Condominium
- c. Articles of Incorporation
- d. By-Laws
- e. Rules & Regulations
- f. Any and all Amendments to the Declaration of Community Covenants, Declaration of Condominium, Articles of Incorporation, By-Laws and/or Rules & Regulations.

Dated: \_\_\_\_\_ Lessee Signature: \_\_\_\_\_  
Lessee Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_ Lessee Signature: \_\_\_\_\_  
Lessee Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_ Lessee Signature: \_\_\_\_\_  
Lessee Print Name: \_\_\_\_\_

**Vehicle Poicy: Cypress Pointe at Coral Springs**

All vehicles must fit within a parking space or a garage with the garage door closed.

Fitting is a parking space must meet the following criteria using the parking space in front of the clubhouse 2 from the handicapped parking space:

1. Vehicle must pull in front end in with front tires to the parking bumper
2. Vehicle must not extend PAST the plane lengthwise of the painted parking lines
3. Vehicle must not extend INTO the plane width wise of the painted parking lines
4. Vehicles that do NOT meet the above requirements (1-3) must fit in the garage with the garage door shut
5. Vehicles that do NOT meet the above requirements (1-4) will not be allowed to register their vehicle.

If vehicle meets these requirements, please be advised:

1. No vehicle will be allowed to park in front of a garage door at any time except where the unit has an extended driveway(s).
2. Vehicle must fit in the driveway, NOT to extend past the finger curb.
3. No vehicle shall extend over any part of a sidewalk.
4. Visitor vehicles must meet ALL the criteria of a residential vehicle
5. Commercial vehicles furnishing goods and services are allowed during daylight hours.

If your vehicle is found to be parked in any of the above situations, you will be towed at the owner’s expense.

**I/We have read and fully understand the restrictions of what is considered an Oversized Vehicle in this Community and agree to abide by those restrictions from this date and going forward during my Residency here.**

\_\_\_\_\_

Resident

Date

\_\_\_\_\_

Resident

Date