



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463 | Phone (561) 641-8554

MILL CREEK AT COOPER CITY HOMEOWNERS' ASSOCIATION, INC.

APPLICATION FOR LEASE

- ***\$50.00 Non-refundable application processing fee for each applicant (unless married) and payable to GRS Community Management in the form of a money order or cashier's check.***

INDIVIDUAL COMMUNITY REQUIREMENT CHECKLIST

- _____ Copy of Purchase Contract must be attached.
- _____ Copy of driver's license(s), vehicle registration(s) and proof of insurance must be attached.
- _____ No trade, business, profession or commercial activity or any other non-residential use may be conducted by a unit owner.
- _____ Owners may not lease their units more than two (2) times within a twelve (12) month period, regardless of lease term.
- _____ No more than three (3) domestic dogs and/or cats are permitted per unit; each not to exceed 100 lbs. at maturity.

APPROVAL REQUIRED – Application, fees and all applicable documentation must be mailed, or hand delivered to GRS Community Management at the address indicated above or you may submit the application and fee online by visiting the Association's website indicated below.

A Certificate of Approval is required for all leases.

Please visit grsmgt.com > **Mill Creek at Cooper City HOA, > Association Documents** for a comprehensive overview of the Rules and Regulations of the Associations.

MILL CREEK AT COOPER CITY HOMEOWNERS' 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
MARITAL STATUS MARRIED () SINGLE ()	MARITAL STATUS MARRIED () SINGLE ()

OTHER APPLICANTS OR 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

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

VEHICLE INFORMATION

*(Please refer to the Association's Declaration of Covenants, Conditions & Restrictions
for Vehicle & Parking Restrictions.)*

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

PET INFORMATION

(Three (3) household pets are permitted per unit; each not exceeding 100 lbs. at maturity)

(Write NONE if no pets)

TYPE	BREED	RABIES LICENSE TAG #	COLOR	WEIGHT
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

Mill Creek at Cooper City Homeowners' 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

**MILL CREEK AT COOPER CITY HOMEOWNERS' ASSOCIATION, INC.
PROSPECTIVE LESSEE ACKNOWLEDGEMENT**

The undersigned being a prospective Lessee of the following Lot/Unit No.: _____ and Property Address: _____, in **Mill Creek at Cooper City Homeowners Association, Inc.** acknowledges that I/We have read, understand, and agree to follow and abide by all the terms and conditions of the following Documents for both the Association and Master Association.

- a. Declaration of Covenants, Restrictions and Easements
- b. Articles of Incorporation
- c. By-Laws
- d. Rules & Regulations
- e. Any and all Amendments to all Association Documents.

Dated: _____ Lessee Signature: _____
Lessee Print Name: _____

Dated: _____ Lessee Signature: _____
Lessee Print Name: _____

Dated: _____ Lessee Signature: _____
Lessee Print Name: _____