



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

SADDLEWOOD HOMEOWNERS ASSOCIATION, INC.

APPLICATION FOR LEASE

- ***\$200.00 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.***
- ***A refundable lease security deposit in the amount equivalent to one (1) month's rent is payable to Saddlewood Homeowners Association in the form of a money order or cashier's check.***

INDIVIDUAL COMMUNITY REQUIREMENT CHECKLIST

- _____ A copy of purchase or lease contract is attached.
- _____ Copy of driver's license(s) and vehicle registration(s) are attached.
- _____ No unit may be occupied or used for any commercial or business purpose.
- _____ No more than three (3) household pets are permitted per unit – with owners' approval.
- _____ No lease term shall be for less than three (3) months and no more than twelve (12) months.
- _____ No unit shall be leased more than two (2) times within a twelve (12) month period.
- _____ 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 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 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 > **Saddlewood Homeowners Association, Inc.** > **Association Documents** for a comprehensive overview of the Rules and Regulations of the Associations.

SADDLEWOOD 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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EMPLOYMENT HISTORY – (For Lessees Only)

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

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

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

Saddlewood 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
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TENANT:

_____ Please Print Name	_____ Signature	_____ Date
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TENANT:

_____ Please Print Name	_____ Signature	_____ Date
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SADDLEWOOD HOMEOWNERS ASSOCIATION, INC.

PROSPECTIVE LESSEE ACKNOWLEDGEMENT

The undersigned being a prospective Lessee of the following Lot/Unit No.: _____ and Property Address: _____, in **Saddlewood 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, Conditions, and Restrictions
- 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: _____