3725 South Ocean Drive, Hollywood, Florida 33019
TEL. (954) 455-3893
www.seaairtowers.org

Welcoming Procedures for Rentals Long-Term (12+ months)

Please submit your application at least **1 week** <u>before arrival</u> to process the documents.

- 1. Date Handed In:
- 2. Send / bring completed attached application form
- 3. Attach legible copy of rental agreement
- 4. Attach a copy of your Driver's License or Passport photo page

You may send clear forms via email to: hospitality@seaair.org

Owners:

- 1. Inspect your unit for leaks and other problems
- 2. Instruct your tenants about:
 - a. A/C & water heating issues being owners' responsibilities
 - b. Fire exits
 - c. Mailroom location
 - d. Use of laundry rooms
 - e. Internet options
 - f. Pets must be registered. Registration fee of \$150 required. (25 lb max)
 - g. Cable services, channel line up
 - h. Parking options
 - i. Contact numbers to report problems inside/outside your unit
 - j. Moving in/out 9 am 5 pm only and delivery regulations
 - k. No noise in unit after 10:00 pm
 - l. No tossing of cigarette butts from balconies

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Rental Package Interview / Approval Package & Checklist

U	nit#		

<u>Item</u>	<u>Check √</u>	<u>Provided or</u> <u>Completed by</u>
 Legible Copy of Lease Contract Driver's License/Passport From all adult residents 		Applicant Applicant
3. \$50.00 check for Processing Fee - Per applicant or married couple		Applicant
 4. Application for Occupancy 5. Authorization to Release Information For Each Adult Applicant 		Applicant Association
 6. Acknowledgment of Rules and Regulations 7. Permission to Receive Packages 8. Permission to Exterminate 9. Pet registration and vaccination records (If applicable) - (Pet fee \$150 / per pet - Non-refundable) 		Applicant Applicant Applicant Applicant
10. Lease Addendum 11. Quick Guide for Rules and Regulations 12. Water Leak & Access to Unit Verification Form 13. Move In and Out Rules and Fees 14. \$500.00 Common Areas Protection Fee (Paid once)		Applicant Applicant Association Applicant Owner

- Request additional forms if needed

An interview will be scheduled after all information and forms listed above have <u>completed and turned in to the management office.</u>

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Application For Rental Occupancy

Complete all questions. If any question is not answered or left blank this application may be returned, not processed and/or not approved. Print legibly. Missing information will cause delays. All information will be verified.

Unit No	Name of Owner	Date	
Lease Begin Date		Lease End Date	
Applicant Information	1		
Last Name:	First Name:	Middle Name:	
Social Security No:			
Driver License No:		State Issued:	
Passport #:		Country:	
Home Phone:		Work Phone:	
Cell #:	E-1	mail Address:	
<u>Current Residence</u>			
Address:			
City:	State/Zi	p: Country:	
How long at this addres	s?	Own Rent	
Landlord Name:		Phone#:	

Applicant Employer Name:		How Long:		_
Address:	City:	State/Z	ip:	_
Occupation / Position:		Supervisor Name: _		_
Telephone #:	Salary includ	ing commissions: \$		_
<u>Financial History</u>				
Savings Account #:		Checking Account #	:	_
Bank Name:		Address:		_
City:		State/Zip:		_
Phone #:	<u> </u>	Contact Name:		_
Have you ever filed for bankruptcy?		If so, when:		_
Have you ever been evicted from any	y tenancy?	_ If so, please expl	ain:	_
				_
<u>Pets</u>				
Do you have pets? If yes	s, please descri	ibe your pet:		_
Pet's Name:	Age:	Sex:	Weight:	_
Breed:	Spay	red / Neutered?		_

Name:	R	elationship:	
Home Phone #:	Ce	ell Phone #:	
Work Phone #:			
Name:	R	elationship:	
Home Phone #:	Ce	ell Phone #:	
Work Phone #:			
Vehicle/Motorcycle Informa	<u>tion</u>		
Vehicle Make:	Model:	Color:	
Year: License Plate #	#: State	e: Insured By:	
In Case of Emergency			
Name:	Phor	ne #:	
Address:	City:	State/Zip:	
<u>Convictions</u>			
Have you ever been arrested o any criminal charge now pend		e? Include: misdemeanors, DUI o	, etc.; or is
If yes: City:	State:	Date:	
Dlana Earlain			

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AUTHORIZATION TO RELEASE INFORMATION

Signature:		Date	e:	
Race/ National Origin:	Gender: Male	Female	Date of Birth:	
Maiden, Other and/or Former Name(s)				
IMPORTANT: The following information will be used as part of the dec			/ to perform a backgr	ound check.
Driver License Number:	Driver's Lic	eense State:		
Street Address:	City:	Stat	e:	Zip:
Print Name:	So	ocial Security Number	r:	
	Applicant Information	1		
By signing below, I acknowledge understanding of		tion Form and its inter	nded use.	
Upon proper identification and payment permissible in its file on you at the time of your request.	e by law, you have the right to	request from the Ass	sociation a copy of an	y information
A copy of the consumer report and/or investigative name, address, and telephone number of the agency <i>Association</i> based on information contained in the r	furnishing the information w			
The nature and scope of the consumer report and/or the agency providing the report will be disclosed to				one number of
I authorize the ongoing procurement of the above-n with the <i>Association</i> .	nentioned information / repor	ts by the Association a	at any times during m	y occupancy
This authorization and consent shall be valid in original	ginal, fax, or photocopy form.			
I hereby affirm that my answers to all questions on resumes are true and correct and that I have not kno application.				
I authorize the <i>Association</i> may contact others w general reputation and authorize without reserv mentioned information.				
contracts, driving record/license, validity of soci consumer credit report, and any information that	al security number, persona	l references, crimina	l records, credit hist	ory, through a
Association and/or its assigns to conduct a comp investigative consumer report to be generated for reporting agencies including but not limited to in	r occupancy. Said report ma	y contain informatio	on about me from co	nsumer
I hereby authorize,			herein referre	

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Application For Rental Occupancy

Complete all questions. If any question is not answered or left blank this application may be returned, not processed and/or not approved. Print legibly. Missing information will cause delays. All information will be verified.

Unit No	Name of Owner	Date	
Lease Begin Date		Lease End Date	
Applicant Information			
Last Name:	First Name:	Middle Name:	
Social Security No:		Date of Birth:/	
Driver License No:		State Issued:	
Passport #:		Country:	
Home Phone:		Work Phone:	
Cell #:	E-mai	E-mail Address:	
<u>Current Residence</u>			
Address:			
City:	State/Zip: _	Country:	
How long at this address	s?	Own Rent	
Landlord Name:		Phone#:	

Applicant Employer Name:		How Long:
Address:	_ City:	State/Zip:
Occupation / Position:		Supervisor Name:
Telephone #:	Salary includ	ling commissions: \$
Financial History		
Savings Account #:		Checking Account #:
Bank Name:		Address:
City:		State/Zip:
Phone #:		Contact Name:
Have you ever filed for bankruptcy	?	If so, when:
Have you ever been evicted from an	ny tenancy?	If so, please explain:
-		
<u>Pets</u>		
Do you have pets? If yo	es, please descr	ibe your pet:
Pet's Name:	Age:	Sex: Weight:
Breed:	Spa	ved / Neutered?

Name:	Relation	nship:
Home Phone #:	Cell Pho	one #:
Work Phone #:		
Name:	Relation	nship:
Home Phone #:	Cell Pho	one #:
Work Phone #:		
<u>Vehicle/Motorcycle Informatio</u>	<u>n</u> .	
Vehicle Make:	Model:	Color:
Year: License Plate #: _	State:	Insured By:
In Case of Emergency		
Name:	Phone #: _	
Address:	City:	State/Zip:
<u>Convictions</u>		
Have you ever been arrested or co any criminal charge now pending		clude: misdemeanors, DUI, etc; or is
If yes: City:	_ State:	Date:
ii yes. City.		

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AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize,			
Association and/or its assigns to condu investigative consumer report to be ger reporting agencies including but not lin	nerated for occupancy. Said report m mited to indebtedness, mode of living	ay contain information about 1 g, present and previous employ	me from consumer yers and/or employment
contracts, driving record/license, validic consumer credit report, and any inform			
I authorize the <i>Association</i> may contact general reputation and authorize withor mentioned information.			
I hereby affirm that my answers to all que resumes are true and correct and that I has application.			
This authorization and consent shall be va	alid in original, fax, or photocopy form	1.	
I authorize the ongoing procurement of the with the Association.	e above-mentioned information / repo	rts by the Association at any tim	es during my occupancy
The nature and scope of the consumer rep the agency providing the report will be di			
A copy of the consumer report and/or invename, address, and telephone number of t Association based on information contain	the agency furnishing the information		
Upon proper identification and payment prin its file on you at the time of your reque		to request from the Association a	a copy of any information
By signing below, I acknowledge underst		ation Form and its intended use.	
	Applicant Information	on	
Print Name:		Social Security Number:	
Street Address:			
Driver License Number:	Driver's L	icense State:	
<u>IMPORTANT:</u> The following information This information will not be used as part	n will be used by RealID Inc. for ident of the decision process of your prospec	tification purposes only to perforetive Association.	m a background check.
Maiden, Other and/or Former Name(s)			
Race/ National Origin:	Gender: Male	Female Dat	e of Birth:
Signature:		Date:	

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Acknowledgment of Rules and Regulation

All parties of this agreement confirm and agree to abide by **all Rules and Regulations** governing Sea Air Towers Condominium Association during their registered stay. You also agree to receive notifications of ongoing building notices (such as emergency water shut off and other advisory notices by providing your contact details below:

Tenant Name	Phone Number	Email Address
	nsible for all violations, fees and/or free ir unit tenants/occupants and guests.	
Unit Owner / Print Name		Unit Owner Signature
Unit Occupant / Print Name		Unit Occupant Signature
Unit Occupant / Print Name		Unit Occupant Signature
Date:	Unit: _	

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Permission to Receive Packages

Unit #		
Applicant is: Resident:		
I,	hereby request that Se	a Air Towers Condominium accept
delivery of any packages for me, t	that may be delivered to the b	uilding. I accept full responsibility
for these deliveries. Sea Air Towe	rs and/or its employees are r	not responsible for any damaged or
lost package.		
Resident Signature		Date
<u>Aut</u>	horizacion Para Recibir Pac	<u>quetes</u>
Unidad #		
El aplicante es: Residente:		
Yo,	solicito que el perso	nal de Sea Air Towers
Condominium acepte cualquier p	aquete que llegue para mi a ε	sta dirección. Yo acepto toda
responsabilidad por estas entreg	as y no hare responsable a Se	a Air Towers Condominium ni a sus
empleados, por perdida o daños o	de los mismos.	
Firma del Resident	e	Fecha

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Authorization for Pest Control Services

Name / Nombre:	
Unit /Unidad #:	
As Resident/Tenant:	
I authorize entry	
I do not authorize entry	
Into this unit for the purpose of pest control services	
Como Residente:	
Yo autorizo la entrada a esta unidad	
Yo no autorizo la entrada a esta unidad	
Con el propósito de ser exterminada contra insectos	
Signature / Firma del Propietario	Date / Fecha
Print Name / Imprimir Nombre	

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Pet Registration

Please complete this form in its entirety and submit along with supporting documents required. One form per pet. Maximum of three pets allowed in any unit.

Unit:		□ Owner	□ Lessee
Resident:			
Name of Pet:		Breed:	Color:
□ Female □ Male	Weight at Maturity:		Age:
License Tag Number:		-	
indicating that pet(s ✓ Photo of your pet(s) ✓ Required pet fee \$15 ○ (Checks, Mon In consideration of being pe specifically agreed to the fol 1. M 2. T 3. F 4. F a 5. F 6. F	o) is fully vaccinated *Incl of non – refundable ney Orders, or Cashiers (rmitted to continue to m lowing terms and condit lo exotic animals may be otal weight of all pets sh	Checks only / Payable to aintain the pet(s) registions: harbored at Sea Air To all not exceed 25 pounds in a stroller through the required to use the sea the lobby or on the person of the sea the se	owers Condominium ds areas he hallways and other common service elevator ool deck
Signa	ature		Date

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Lease Addendum

THIS ADDENDUM AGREEMENT is made and entered into this day of
, by and between(OWNER),
(ADDRESS) hereinafter referred to as "UNIT OWNER and
(TENANT), (hereinafter referred to as the "TENANT*).
WHEREAS the Sea Air Towers Condominium Association, Inc. (hereinafter "Association") is a Florida Corporation not-for -profit responsible for the operation and maintenance of Sea Air Towers Condominium.
WHEREAS OWNER and TENANT have entered into a Lease for Unit
WHEREAS OWNER and TENANT agree to modify such lease to include this Addendum.
NOW THEREFORE, in consideration of the following mutual covenants and promise:

OWNER and TENANT agree as follows:

- 1. If at any time during the pendency of the lease, OWNER shall become thirty (30) or more days delinquent in the payment of Assessments to the Association, OWNER and TENANT agree that the Association shall have the power right and authority to demand lease payments directly from the TENANT and deduct past due Assessments, costs and attorney fees, if any, as may be delinquent. OWNERS and TENANTS agree that TENANT shall pay full rental to the Association upon demand.
- 2. OWNER expressly absolves TENANT from any liability to OWNER for unpaid rent under the Lease Agreement if such payments are made directly to the Association upon demand from the Association.
- 3. The Association shall have the right to notify the OWNER of a default in the payment of assessments. In the event the assessments are not paid in full within ten (10) days of such notification, the Association shall have the right to collect the rent of the Unit from the Tenant.
- 4. Such notification of the election to collect rent shall be in written form addressed to the TENANT and copied to the OWNER. Such right to collect rent shall continue until the delinquency has been paid in full. At such time as there is no longer a delinquency, the Association shall instruct the TENANT to make future payments to the OWNER.

- 5. Should TENANT fall to comply with the Association's demand within three (3) days of receipt of the demand for payment, the Association is hereby granted the authority to obtain a termination of tenancy, in the name of the OWNER. through eviction proceedings or seek injunctive relief or specific performance under the Addendum.
- 6. OWNER and TENANT further agree that is such legal action becomes necessary, the Association shall be entitled to recover reasonable attorney's fee and costs, including appeals, from OWNER. Any costs shall be deemed a special assessment against the Unit and collectable in the same manner as any special assessment, pursuant-to the Declaration of Covenants and Restrictions.

IN WITNESS WHEREOF the undersigned have ex	day of	
Tenant Signature:	_	
Print Name:	-	
Date:	-	
Unit Owner Signature:		
Print Name:	-	
Data		

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Quick Guide for Rules and Regulations

- Association does not grant access to units or provide keys. You will need to make arrangements with owner/landlord or his managing agent to coordinate the receipt of a fob to enter the building.
- Maximum Occupancy Restrictions: 1 bedroom = 4 adults, 2 bedroom = 6 adults
- Please submit all concerns / complaints directly to your landlord
- ALL pets must be registered ahead of arrival along with non-refundable fee of \$150
- Trash must be disposed of within a tied trash bag via the trash chute, not to exceed the chute circumference
- Large cardboard boxes / recycling should be broken down and brought to the dumpster designated for recycling near the service elevator
- Do not dispose of any large / heavy items via the trash chute as this creates clogging and damages building equipment.
- FURNITURE AND LARGE BULK ITEMS CANNOT BE DISPOSED ANYWHERE ONSITE AND YOU MUST MAKE ALTERNATE ARRANGEMENTS. VIOLATORS WILL BE FINED
- Smoking is not permitted within the interior spaces of buildings, or enclosed common areas including the garage. *Please use designated smoking areas and dispose of all cigarettes within an ashtray. DO NOT flick them over the balcony as you will be responsible for any damages resulting from this action.
- No linens, beach towels, clothing or cleaning supplies can be left on, shaken from, or hung from individual balcony.
- Self Parking is not permitted in the front of the building.
- All vehicles parked within valet lot MUST provide keys failure to do so may result in towing at owner's expense.
- Pool swimming hours are from sunrise to sunset.
- No lifeguard on duty All children under the age of 12 **must** be accompanied by a responsible adult at all times.
- Only 2 guests are allowed in the pool area.
- Pool Parties must be requested in advance with the <u>- pool party registration form completed and a deposit submitted to cover any damages</u>. *10 guest MAXIMUM
- No drinking glasses, glass bottles or glass of any kind permitted in the pool area. Should broken glass fall inside the pool, state regulations require the pool to be emptied and all glass removed. The estimated cost of remediation from broken glass is \$6,500.

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Water Leak & Access to the Unit Verification Form

Unit #: Maintenance Supervisor:			Date:		
Name and Phone # of Prop	oerty Manager for t	ne unit:			
Obligatory Emergency/Pest Control Keys (2) in Office:			A/C Key:		A/C Condition:
Water Heater Condition: _	Water L	eak Detector:		Battery: _	
Master Bath Inspection:					
Toilet:	Deficier	ıсу:			
Shower/Bathtub:	Deficier	ıcy:			
Sink Plumbing:	Deficier	ncy:			
Second Bath Inspection					
Toilet:	Deficier	ıcy:			
Shower/Bathtub:	Deficier	ıcy:			
Sink Plumbing:	Deficier	лсу:			
Kitchen (Sink):					
Plumbing:		_ Deficiency:			
Dishwasher:		_ Deficiency:			
Refrigerator (Water Line):		_ Deficiency:			
Laundry (Washer /Dryer)	:	_ Deficiency:			
Legal:	Yes:			No:	
AC Closet					
Tankless Water Heater:		Yes:			No:
Electrical Box:	Compliant:	Yes:			No:
Unit Owner of Assigned Re					

Owner Authorization to do inspection Printed Name & Signature

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Moving Schedule

The hours for moving in or moving out are from 9 am to 5 pm, Mondays – Fridays.

5 pm is not the time to start moving, but the time to finish moving. The service elevator cannot be used for moving after 5 pm.

To prevent conflicts with the above schedule moving in and moving out must start **no later** than the time indicated below.

Please note, there will be no exceptions

Moving In:

2 bedroom units Must be here before 2 PM

1 bedroom and Lanai units Must be here before 3 PM

This schedule is intended to help you plan your move **early in the day** to avoid emergencies and the need for exceptions to this rule. You must notify the office to schedule the elevator before your move. The **only fee** required is a \$500.00 returnable deposit for damage security for the elevator and the common areas.

Security has the authority to stop you from moving in or out after the hours indicated. No member of the Board is authorized to allow changes to the above schedule.

Thank You

November 16, 2015

3725 South Ocean Drive, Hollywood, Florida 33019 TEL. (954) 455-3893 www.seaairtowers.org

Please, help us maintain a level of elegance and decorum in our beautiful building by adhering to the following rules:

- All the keys and means of access to the building, parking, and mailbox must be requested from agent or owner.
- Problems with your unit, except for emergencies, must be handled by your agent or owner.
- Self-parking is not permitted in front of the building. Please use assigned parking spot or valet and display parking decal to avoid towing
- Luggage, carts, boxes, laundry, etc, must use service entrance located on the north side of the building and use service elevator. For assistance speak to the valet personnel.
- Valet may assist you with packages or groceries for a nominal fee.
- Shoes and swimsuit covers <u>are required</u> as you enter the building and required in all common areas.
- All amenities are available until 11 p.m.
- Pool furniture is available on a first come first serve basis.
- Pool umbrellas and bases are handled only by pool employees.
- Passenger elevators are for persons properly attired only. Bathers must use service elevator.
- No towels or clothing hanging on the balconies.
- Trash bags must be tied before being thrown into chute.

The Board of Directors and the employees of this building appreciate your full cooperation.

If you have any questions regarding the content of this notice, please visit the management office.

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Pool Guidelines

- POOL SWIMMING HOURS FOR BATHERS ARE FROM SUNRISE TO SUNSET
 - NO SWIMMING AFTER HOURS
- The safety of your children is your responsibility:
 - Children who are not potty trained <u>must</u> wear <u>LITTLE</u> SWIMMER DIAPERS.
 - (\$500.00 Fine will be imposed on those responsible for any fecal incident)
- Please shower before entering the pool. Avoid bringing sand and/or debris into the pool
- Always wear shoes and clothing in building common areas
- No floating devices in the pool
- No ball playing on the pool deck
- Only paper and plastic containers allowed on the pool deck
- NO GLASS CONTAINERS IN POOL AREA AT ANYTIME

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Trash Removal

- Pease bag your household trash securely.
- Only household trash should be thrown down the chute.
- You may leave your newspapers out for recycling.
- All bulk waste must be removed offsite. Fines will be levied against violators.

BULK WASTE REMOVAL COMPANY: HSDO PROS

<u>WWW.HSDOPROS.COM</u>
786-651-1227

- Por favor embolsé su basura de hogar debidamente.
- Solamente debe tirar basura de hogar en la canal.
- Puede dejar el periódico afuera para reciclar.
- Muebles y basura grande debe sur botada fuera del edificio.
- Multas serán impuestas a los violadores.

COMPANIA QUE REMUEVE MUEBLES Y BASURA: HSDO PROS <u>WWW.HSDOPROS.COM</u> 786-651-1227