

HARBOR ISLES TENANT APPLICATION FORM

INSTRUCTIONS:

Please print when filling out this application and use a blue or black ballpoint pen. Before submitting this completed and signed application, please do the following:

- 1) Include a copy of the proposed Owner-Tenant Lease Agreement.
- 2) Include a non-refundable \$50 Application Fee made payable to Harbor Isles Condominium Association.
- 3) Drop off the application package at the Clubhouse Office or drop slot in the office door, any weekday between 8:00am – 3:00pm (this would be the most expeditious way), email to prestigeofbrevard@att.net, or mail it to the following address:
Harbor Isles Condominium Association
600 South Brevard Avenue
Cocoa Beach, FL 32931
Attn: Rent/Lease Committee
- 4) This tenant application must be approved*, in advance, By the Harbor Isles Board before occupying the premises. *See below reasons for dis-approval.

To Board of Directors:

Date: _____

The undersigned applicant(s) seeks the approval of the Board of Directors of Harbor Isles to lease a Condominium Unit, including its assigned garage, located at the following address.

_____ South Brevard Avenue, Unit # _____ Garage # _____

For the period starting on _____ and ending _____
(The minimum lease term is 90 days)

I represent the following information is factual and true, and I am aware that any falsification or misrepresentation of the facts in this application can result in rejection of this application, or constitute grounds for the Association to void any approval that may be granted.

I also consent and acknowledge that the Association may make further inquiries concerning this application, particularly of the references given below. I also understand that the Association may, pursuant to Section 943.953, Florida Statutes, obtain criminal history information on the applicant(s) signing this application. By signing this application, the applicant(s) hereby consent to the Association obtaining criminal history information and considering it in connection with the application. Every effort shall be made by the Association to maintain the confidentiality of the report; however, by signing the application, you hereby waive and hold the Association harmless of any claim, action or suit regarding use of criminal history information.

Additionally, I understand that current illegal abuse or addiction to a controlled substance, or conviction of the illegal manufacture or distribution of a controlled substance (as "controlled substance" is defined in the Federal Controlled Substance Act), provides cause to the Association to reject this application.

If a problem or issue is brought to the attention of the Association and/or Management company which could impact other units or the Association, it is the responsibility of the Renter and/or Owner to correct the situation.

It is the responsibility of the Owner to enforce the Association rules for the tenant(s) a copy of which has been given to the prospective tenant(s) and acknowledged here: _____ Signature of Prospective Tenant

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*Items #1 through #5 must be completed by proposed tenant. Only eviction and criminal searches will be obtained.
Application will not be processed if not fully completed and signed.



NATIONAL TENANT NETWORK
THE NATION'S PREMIER SCREENING COMPANY
TELEPHONE 1.800.330.2930 or FAX 1.800.368.1241

SUBSCRIBER NAME:

ACCESS NUMBER.....PHONE NUMBER.....

FAX THIS REPORT BACK TO :

REQUESTING AGENT(PRINT NAME)

CHECK THE DESIRED REPORTS BELOW:

- Scored Credit Report
- Eviction/Tenant Performance
- Nationwide Criminal/Sex offender search
- Credit & Eviction (SSP)
- Credit & Eviction & Criminal (PSP)
- Canadian Credit
- Canadian Criminal

APPLICANT (PRINT NAME)

SOCIAL SECURITY # **DATE OF BIRTH**.....

CURRENT ADDRESS

CITY **STATE** **ZIP CODE**

PLEASE CAREFULLY FILL IN ALL OF THE ABOVE INFORMATION. I CERTIFY.

THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND HEREBY AUTHORIZE YOU TO MAKE ANY INQUIRIES YOU FEEL NECESSARY TO EVALUATE MY TENANCY. IF I RENT THE UNIT, I UNDERSTAND THAT THE INFORMATION GATHERED ON, AND FROM THIS FORM AND THE RENTAL AGREEMENT MAY BE MAINTAINED BY MANAGEMENT AND NATIONAL TENANT NETWORK FOR UP TO FIVE (5) YEARS AFTER I VACATE THE PREMISES.

TENANT'S SIGNATURE.....**DATE**.....

NTN CAN NOT RUN A BACKGROUND SEARCH WITHOUT
FULL NAME, DOB, SOCIAL SECURITY # & FULL ADDRESS