

APPLICATION FOR SHORT TERM LEASE
NO LONGER THAN SIX (6) MONTHS AND ONE (1) DAY

Name of Community: HAWAIIAN GARDENS PHASE VI, INC. BLDG.: _____ APT. #: _____ Date: _____
Unit Address: _____
City: _____ State: _____ Zip: _____
Present Owner(s): _____ Phone: _____

I/we submit the following information to your Board of Directors regarding my/our lease of the unit and listed above:
Lease Term is: From: _____ To: _____
Owner Address for billing, other than Unit Address: _____

City: _____ State/Province: _____ Zip: _____

The following information must be completed by prospective lessee:

A check for the transfer fee must accompany this application and all maintenance must be current
APPLICANT(S) MUST SUPPLY COPY OF PICTURE IDENTIFICATION AS PROOF OF AGE

Husband: _____ D.O.B. ___ / ___ / ___ SS#: _____
Wife: _____ D.O.B. ___ / ___ / ___ SS#: _____
Present Address: _____ City: _____ State: _____ Zip: _____
Contact Phone Number (while you are in Florida): _____ Email Address: _____

Vehicle Make and Model	Year	Lic. Tag #	State	Zip
_____	_____	_____	_____	_____

It is understood that no pets are allowed, and the community is for person 55 years of age and older.

I/we understand that acceptance for lease in this Community is conditioned upon the approval of the Board of Directors. Accordingly, I/we hereby agree for myself and on behalf of all persons who may use the unit which I/we seek to lease that I/we will abide by all restrictions contained in the By-Laws and all other By-Laws, Rules and Regulations or Restrictions which may in the future be imposed by the Board of Directors. I/we have read the Rules and Regulations and will abide by same.

I/we understand that sub-leasing or occupancy of this unit in my/our absence is not permitted.

I/we understand that I/we are not allowed to remain in this unit for more than six (6) months and one (1) day. Screening: Fee - \$ 100.00 - CHECK PAYABLE TO HAWAIIAN GARDENS PHASE 6 - NO CASH

I/we understand that payment of this \$ 100.00 Screening Fee does not in any way constitute approval for this transaction

In witness whereof, I/we executed the foregoing application this _____ day of _____, _____.

OWNER: _____ APPLICANT: _____
OWNER: _____ APPLICANT: _____
WITNESS: _____ APPLICANT: _____

RENTER MUST MEET WITH BUILDING ADMINISTRATOR UPON ARRIVAL.

THIS APPLICATION MUST BE MAILED TO AMBASSADOR MANAGEMENT AT THE ADDRESS BELOW ONE (1) MONTH PRIOR TO THE ARRIVAL OF THE TENANT.

Ambassador Management
7100 W. Commercial Boulevard
Suite 107
Lauderhill, Florida 33319

For Questions, Contact:
Barbara DaCosta
954-741-8811, ext. 204
barbara@ambassadormanagement.com



Active U.S. Service Members Only

Pursuant to (Fla.Stat. §83.683) of the Florida Residential Landlord and Tenant Act.

If you are a member of the U.S. Armed Forces "On active duty or state active duty", member of the Florida National Guard, or member of the U.S. Reserve Forces.

Please provide the following information as well as a copy of your Military ID upon submitting your application for Lease.

1. State what branch you are currently serving in

2. Sign and date _____ 20_____

By signing this form; you acknowledge that you are on Active duty in the U.S Armed Services and are submitting an application to Lease in the Association.