



Office (305) 914-2851 • 24/7 EMERGENCY (561) 685-5535 • Fax (954) 688-9100

PO Box 970162, Boca Raton, FL 33497

PO Box 268222, Weston, FL 33326

Website [www.jnemanagement.com](http://www.jnemanagement.com) ■ E-mail [jne@jnemanagement.com](mailto:jne@jnemanagement.com)

## HOA Rental Registration Form

- All pages of this application must be completed in detail by the applicant(s).
- If any question is not answered or left blank, this application may be returned, which will result in a delay in approval.
- A copy of the signed lease must be attached to this completed application
- All leases will be for a term of not less than six months, there shall be no subleases. All leases must be for a single family residence.
- A legible copy of driver license for all persons 18 years and older must be attached
- All applicants over 18 must send in National background report and credit check with score
- A non-refundable processing fee for the amount of \$ 100.00 must accompany the application per person over 18 (If married couple, only \$100 is required) No personal checks accepted.
- Application must be signed and dated by the Applicant(s).
- An appointment for a telephone or in person interview may be scheduled once the association received your application
- No applications will be received by fax or E-mail
- Please return completed application to:
  - JNE Management
  - P.O. Box 970162
  - Boca Raton, Florida 33497
- ALLOW 5 - 7 BUSINESS DAYS FOR PROCESSING
- A \$50.00 additional fee can be attached for a rush application

**Homeowners who are delinquent may NOT rent their home.**

**It is responsibility of each Unit Owner to comply with the Association leasing procedures and to submit a rental application for approval.**

**Unit Owners and Tenants who do not comply with the rules and regulations of the Association will be subject to penalties and initiation of legal proceedings.**

**Applicant agrees to obtain from unit owner a copy of the “Rules and Regulations”**



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Association Name \_\_\_\_\_

Rental Unit Address \_\_\_\_\_

Name of current owner(s) \_\_\_\_\_

Permanent address of owner(s) \_\_\_\_\_

Owners Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Applicants Name \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Applicants address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Applicants employment annual income \$ \_\_\_\_\_

#### EMPLOYER INFORMATION

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Supervisors name \_\_\_\_\_

Co-applicant's Name \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Co-applicant's address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Co-applicant's employment annual income \$ \_\_\_\_\_

#### EMPLOYER INFORMATION

Company Name \_\_\_\_\_ Telephone \_\_\_\_\_

Supervisors name \_\_\_\_\_



**RENTAL APPLICATION - LEASE TERM** \_\_\_\_\_ **To** \_\_\_\_\_  
Start Date End Date

**PLEASE LIST ALL OCCUPANTS (ADULTS AND CHILDREN),  
WHO WILL RESIDE AT THE RESIDENCE IF APPROVED**

Name	Relationship to Applicant	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VEHICLE INFORMATION**

_____	_____	_____	_____	_____	_____
Make	Model	Year	Color	Tag	State
_____	_____	_____	_____	_____	_____
Make	Model	Year	Color	Tag	State
_____	_____	_____	_____	_____	_____
Make	Model	Year	Color	Tag	State
_____	_____	_____	_____	_____	_____
Make	Model	Year	Color	Tag	State

**PET INFORMATION**

Pet type \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ Name \_\_\_\_\_

Please complete pet registration form, picture of pet and pet records from veterinarian. Thank you.

## PREVIOUS ADDRESSES AND REFERENCES

Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Time period lived there \_\_\_\_\_ to \_\_\_\_\_ ☐ Own or ☐ Rent

Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Time period lived there \_\_\_\_\_ to \_\_\_\_\_ ☐ Own or ☐ Rent

## EMPLOYER INFORMATION

Company Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Supervisors Name \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_ Address \_\_\_\_\_

## **SOCIAL REFERENCES**

**List three (3) with complete addresses and phone numbers**

1) \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

2) \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

3) \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

## **BANK REFERENCES**

**List 1 or 2 Bank name and account number**

1) \_\_\_\_\_  
Bank Name \_\_\_\_\_ Account # \_\_\_\_\_

2) \_\_\_\_\_  
Bank Name \_\_\_\_\_ Account # \_\_\_\_\_

## **NATIONAL BACKGROUND CHECK (Must be included with all applications over 18+)**

Name of Agency: \_\_\_\_\_ Report Date: \_\_\_\_\_

## **CREDIT REPORT (Must be included with all applicants over 18+)**

Name of Agency: \_\_\_\_\_ Report Date: \_\_\_\_\_

## **NOTICE TO PAY RENT DIRECTLY TO ASSOCIATION**

Pursuant to the new Senate Bill effective July 1, 2010 the “ Association” is afforded the ability to collect monetary obligations/assesments related to delinquent unit(s) until your tenancy is discontinued on this unit.

### **Florida Statute 720.3085(8) states:**

“ If the parcel is occupied by a tenant and the parcel owner is delinquent in paying any monetary obligation due to the association, the association may demand that the tenant pay to the association the future monetary obligations related to the parcel. The demand is continuing in nature, and upon demand, the tenant must continue to pay the monetary obligations until the association releases the tenant or the tenant discontinues tenancy in the parcel. A tenant who acts in good faith in response to a written demand from an association is immune from any claim from the parcel owner.”

Should your landlord become delinquent during your tenancy you will be required to pay the Association the future monetary obligations related to the parcel on a monthly basis which at this time is \$\_\_\_\_\_ per month, on or before the 1<sup>st</sup> day of each month commencing July 1, 2010 and thereafter. Payments received after this date will be subject to a \$25.00 accruable late fee. An additional \$35.00 fee will be charged for a bounced check to cover the bank fees.

If this amount is less than the amount you are obligated to pay for rent, you must pay the difference to your landlord. In the event this monthly amount increases, you will receive additional written notice from the Association. If you have prepaid your rent to the landlord, you must provide written evidence of your pre-paid rents to the Association within 14 days after receiving this notice. **Payments should be made payable to the association**\_\_\_\_\_ **and mailed to JNE Management, P.O. Box 970162, Boca Raton, Florida 33497.**

**The new Florida law provides that the Association has the right to evict you from the parcel for failure to pay the above-referenced monetary obligations to the Association,**  
**The undersigned hereby acknowledges all the governing documents of the Association and the Rules and Regulation and State Statutes supersede and take precedence over landlord and management lease agreements.**

\_\_\_\_\_  
**Lessee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Lessee signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Lesser Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Lesser Signature**

\_\_\_\_\_  
**Date**

## **AUTHORIZATION FORM FOR CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS**

In connection with your leasing application of a dwelling and/or during tenancy it is understood that consumer reports or investigative consumer reports which may contain public information may be requested or made on you including consumer credit, criminal records, landlord-tenant court records, driving record, education, prior employer verification, workers compensation claims and others. These reports may include experience information along with reasons for termination of past employment. Further, understand that information from various Federal, State, local and other agencies which contain your past activities may be requested.

By signing below, you hereby authorize without reservation, any part or agency contacted by the Association or Management Company, to furnish the above-mentioned information. You further authorize ongoing procurement of the above-mentioned reports at any time during tenancy. By signing below you authorize without reservation JNE Management to provide an applicant's information to various government, law enforcement, and Consumer Reporting Agencies.

You hereby authorize, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish JNE Management with any and all background information in their possession regarding you, in order that your qualifications may be evaluated.

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Print your Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver License Number \_\_\_\_\_

License Plate Number \_\_\_\_\_

The following is for identification purposes only to perform the background check:

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Race \_\_\_\_\_ Gender (Male or Female) \_\_\_\_\_

### Acknowledgement of Association Rules and Regulations

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Association Name: \_\_\_\_\_

I, \_\_\_\_\_, understand and received all the rules and regulations of the association and agree to follow and adhere to them. I understand that if I do not I am subject to fines, violations, possible eviction and legal action against me for failing to comply with the Association Rules and Regulations.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_