

WATER BRIDGE WEST ASSOCIATION, INC.

C/O LOYALTY MANAGEMENT GROUP

P.O. Box 122290 Fort Lauderdale, FL 33312 Phone: (954)363-1824 Email: Info@Loyaltymgmtgroup.com

RENTAL APPLICATION

Today's Date: _____

Lease Starting Date: _____

Address Applying for: _____

APPLICATION FEE IS \$150.00 per Applicant or Per Married Couple, PAYABLE TO: **LOYALTY MANAGEMENT GROUP**
This is a **NON-REFUNDABLE FEE** CASH, MONEY ORDERS, CREDIT CARDS, CASHIER OR CERTIFIED CHECKS ONLY – NON-REFUNDABLE

SECURITY DEPOSIT IS \$500.00 Applicant or Per Married Couple, PAYABLE TO: **WATER BRIDGE WEST CONDOMINIUM, ASSOC.**
This is a **REFUNDABLE FEE** MONEY ORDERS, CASHIER, OR CERTIFIED CHECKS ONLY.

RETURN ORIGINAL APPLICATION PACKAGE, COMPLETELY FILLED OUT, WITH PAGES IN THE FOLLOWING ORDER: (PHOTOCOPIES, SCANNED/E-MAILED COPIES, OR FAXED COPIES ARE NOT ACCEPTED.)

APPLICATION CAN TAKE UP TO 30 DAYS TO PROCESS, MILITARY PERSONNEL WILL BE PROCESSED IN 7 DAYS

___ MILITARY PERSONEL YES ___ OR NO ___ (NEED MILITARY ID FOR FASTER PROCESSING)

___ FRONTPAGE (PAGE 2) WAS FILLED OUT COMPLETELY. NO BLANKS.

___ RENTAL CRITERIA SIGNED.

___ PAGES 4,5 AND 6 COMPLETELY FILLED OUT. NO BLANKS.

___ PAGE 6 SIGNED BY ALL APPLICANTS.

___ AUTHORIZATION BACKGROUND SHEET FILLED OUT AND SIGNED BY ALL APPLICANTS.

___ BASIC RULES AND REGULATIONS WITH LEASE AGREEMENT

BASIC ACKNOWLEDGMENT SIGNED.

LOYALTY MANAGEMENT GROUP REP GIVEN COPY OF RULES AND REGULATIONS.

___ UNIFORM LEASE ADDENDUM

___ NO PET FORM FILLED OUT AND SIGNED.

___ OWNER CAR INFORMATION SHEET

___ COPY OF PICTURE ID

___ COPY OF LEASE AGREEMENT CONTRACT

___ **INTERNATIONALS- PLEASE PROVIDE CREDIT AND BACKGROUND HISTORY. IF International Background Check is required, the cost of the background check will vary from country to country, as well as the time to process it.**

For Office Use Only:

___ INTERVIEW REQUIRED =YES – AT THE PROPERTY WITH THE BOARD MEMBERS

YOU MAY NOT MOVE INTO THE UNIT UNTIL APPROVED BY THE BOARD OF DIRECTORS

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IMPORTANT

If your application is incomplete, it will be returned to you by mail along with any fee you may have submitted, as well as a list of missing items.

You may then complete the application and re-submit it together with the required fee(s).

Please provide the name and address which you would like us to use if the application is incomplete and must be returned to you.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alt. #: _____

E-Mail: _____

If you do not fill out the information above, we will use the best address available on the application that was submitted.

All fees must be in the form of cash, money orders, credit cards, or cashier's checks.

Please Note: The application process takes up to 30 days. The 30-day time period **does not** start until the application is **complete**. Incomplete paperwork will result in a delay in the application process.

LOYALTY MANAGEMENT GROUP, LLC. does business in accordance with the Fair Housing Act and does not discriminate based on race, creed, color, sex, religion, national origin, age, disability, marital status, familial status, sexual orientation, or any other protected basis.

Applicant Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

PLEASE TELL US ABOUT YOURSELF:

WATER BRIDGE WEST ASSOCIATION, INC.

C/O LOYALTY MANAGEMENT GROUP

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Applicant

Full Name: _____

Relationship to Applicant: _____

Current Address: _____ City/State: _____ Zip: _____

Phone #: _____ Cellphone #: _____

Driver License #: _____

Date of Birth: _____

Email: _____

Dates at Residence: _____

Reason for leaving: _____

Occupation: _____

Nature of Business: _____

Employer: _____

Address of employer: _____

Period of employment: _____ to _____

Position Held: _____

Prior employer and position if less than 3 years: _____

Estimated income for this year: _____

Actual income last year: _____

Educational Background: _____

Co-Applicant

Full Name: _____

Relationship to Applicant: _____

Current Address: _____ City/State: _____ Zip: _____

Phone #: _____ Cellphone #: _____

Driver License #: _____

Date of Birth: _____

Email: _____

Dates at Residence: _____

Reason for leaving: _____

Occupation: _____

Nature of Business: _____

Employer: _____

Address of employer: _____

Period of employment: _____ to _____

Position Held: _____

Prior employer and position if less than 3 years: _____

Estimated income for this year: _____

Actual income last year: _____

Educational Background: _____

Educational Background: _____

ADDITIONAL INFORMATION

WATER BRIDGE WEST ASSOCIATION, INC.

C/O LOYALTY MANAGEMENT GROUP

P.O. Box 122290 Fort Lauderdale, FL 33312 Phone: (954)363-1824 Email: Info@Loyaltymgmtgroup.com

Names of persons who will reside in Apartment:

Name: _____ Relationship: _____ AGE: _____
Name: _____ Relationship: _____ AGE: _____
Name: _____ Relationship: _____ AGE: _____
Name: _____ Relationship: _____ AGE: _____

Names of anyone in the building known to Applicant: _____

Personal References

Applicant

- 1) Name: _____
Address: _____
Phone #: _____ Cell # _____ Work # _____
- 2) Name: _____
Address: _____
Phone #: _____ Cell # _____ Work # _____

Co-Applicant

- 1) Name: _____
Address: _____
Phone #: _____ Cell # _____ Work # _____
- 2) Name: _____
Address: _____
Phone #: _____ Cell # _____ Work # _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____ City/State _____ Zip _____

Do they have Keys? YES ___ NO ___

Phone #: _____ Cell # _____ Work # _____

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BUSINESS AND PROFESSIONAL REFERENCES

Applicant

1) Name: _____
Address: _____
Phone #: _____ Cell # _____ Work # _____

2) Name: _____
Address: _____
Phone #: _____ Cell # _____ Work # _____

Co-Applicant

1) Name: _____
Address: _____
Phone #: _____ Cell # _____ Work # _____

2) Name: _____
Address: _____
Phone #: _____ Cell # _____ Work # _____

Name of Realtor, Title Company, or Attorney who is handling this transaction:

Name: _____
Address: _____
Phone #: _____ Cell # _____ Email _____

I DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. APPLICANT AGREES TO OBTAIN THE HOA ASSOCIATION DOCUMENTS BOOK FROM THE OWNER / SELLER, REVIEW IT AND AGREE TO COMPLY WITH ALL THE TERMS OF IT. SUBLEASING IS NOT PERMITTED/LEASING WITH 'OPTION TO RENTAL' IS NOT PERMITTED. LEASE RENEWALS MUST BE MADE BEFORE THE CURRENT LEASE EXPIRES TO AVOID ADDITIONAL APPLICATION FEES. THE BUYER BECOMES RESPONSIBLE FOR ANY AND ALL OUTSTANDING BALANCES AFTER THE CLOSING.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

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LOYALTY MANAGEMENT GROUP - Internal use ONLY

Owner Currently Owes: Amount \$ _____ as of ___/___/_____ By _____

Days past due: _____ Approved _____ Disapproved _____

Reason of Disapproval: _____

Print Name and Position _____ Signature

Print Name and Position _____ Signature

**COPY OF A UNIT LEDGER
TO
FOLLOW THIS PAGE**

P.O. Box 122015
Fort Lauderdale, Florida 33312
Phone (954) 585-0228 Fax (954) 368-4252
info@Loyalty Management Groupsunshine.com www.Loyalty Management Groupsunshine.com

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Authorization to Order Credit and Background Report

I (We), _____ and _____, authorize LOYALTY MANAGEMENT GROUP to order a consumer report and verify all credit and background information through credit reporting agencies.

I further understand that LOYALTY MANAGEMENT GROUP, LLC is not a credit rating agency, and therefore I will not hold LOYALTY MANAGEMENT GROUP, LLC liable for any of the information contained in the reports or for the accuracy of the reports.

Applicant

Co-Applicant

Signature

Signature

Social Security Number

Social Security Number

Date of Birth

Date of Birth

Address

Address

City, State & Zip Code

City, State & Zip Code

Basic Rules & Regulations Acknowledgement

Property Address: _____

I / WE HAVE REVIEWED THE CONDOMINIUM DOCUMENTS AND FULLY UNDERSTAND EACH OF THE RULES AND REGULATIONS AND WILL ABIDE BY THEM WHILE LIVING OR VISITING _____.

WATER BRIDGE WEST ASSOCIATION, INC.

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I / WE FURTHER UNDERSTAND THAT VIOLATING THE RULES AND REGULATIONS COULD RESULT IN RECEIVING A LETTER OR A FINE FROM THE HOA ASSOCIATION.

SIGNATURE

PRINT NAME

SIGNED ON THIS DATE: _____

SIGNATURE

PRINT NAME

SIGNED ON THIS DATE: _____

A COPY OF THE RULES AND REGULATIONS WAS PROVIDED TO APPLICANTS

LOYALTY MANAGEMENT GROUPSUNSHINE REP.
NAME

PRINT

SIGNED ON THIS DATE: _____

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UNIFORM LEASE ADDENDUM

In consideration for the approval of my lease application by **WATER BRIDGE WEST** (“Association”), I, _____ (“tenant”), hereby acknowledge that the proposed lease of unit _____ (“unit”) in the Association, hereby acknowledge that the Chapter 718, Florida Statutes (the “Condominium Act”), the Declaration of Condominium of 14 Street Section II Association. (“Declaration”), the Association’s Articles of Incorporation, the Association’s By-Laws, and the Association’s Rules and Regulations shall be deemed expressly incorporated into the lease of the unit, in accordance with a copy of the aforementioned documents, or has notified me that such documents shall be made reasonably available upon written request and payment for same.

Additionally, in the event I am notified by the Association, or one of its authorized representatives, to discontinue the payment of rent due under the lease to the Unit Owner due to delinquency in assessments and instead direct said payment, in the same amount and frequency, to the Association, I hereby agree and recognize that I am obligated to comply, until such time as I am directed to redirect my recurring payments to the Unit Owner. In the event I fail to honor this obligation or otherwise violate any of the terms and provisions of the Association’s governing documents, I shall be subject to all remedies available to the Association including injunctive relief, money damages, or both in addition to the other remedies provided by law. Also, all Lease renewals need to be approved by the Board of Directors prior to being renewed.

Tenant’s Signature

Date

Tenant’s Signature

Date

Unit owner’s Signature

Date

*****DO NOT TURN IN THE APPLICATION FORM WITHOUT BOTH SIGNATURES*****

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NO PET FORM

Unit owners and/or unit lessees may not keep pets or animals on the premises.

No unit owner or lessee shall be permitted to acquire or permit any animal to reside within or about the condominium property.

Sign below to acknowledge that you agree to the terms above.

Signature: _____ Date: _____

Signature: _____ Date: _____

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CAR INFORMATION

Applicant: _____

Make of the car: _____ **model of Car:** _____

Year: _____ **Color:** _____ **Tag/Plate#:** _____

Co-Applicant: _____

Make of the car: _____ **model of Car:** _____

Year: _____ **Color:** _____ **Tag/Plate#:** _____

**COPY OF CAR REGISTRATION
TO
FOLLOW THIS PAGE**

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**COPY OF
TWO (2) MONTHS PAYSTUBS
TO FOLLOW THIS PAGE**

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**COPY OF LEASE CONTRACT
AGREEMENT TO
FOLLOW THIS PAGE**