

Sea Air Towers Condominium Association, Inc.

3725 South Ocean Drive, Hollywood, Florida 33019

(954) 455-3893, FAX. (954) 455-3988

www.seairtowers.org

WELCOMING PROCEDURES FOR RENTALS

Long term (12+ months)

Please submit your application at least **1 WEEK** before arrival 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
- 5 – You may send clear forms via Email: receptionist@seairtowers.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. (25lb max)***
 - g) Cable Services, Channel line up
 - h) Parking Options
 - i) Contact nos.to report problems inside/outside your unit
 - j) Moving in/out 9-5pm only , and delivery regulations
 - k) No noise in unit after 10.00pm
 - l) No Tossing of cigarette butts from balconies

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RENTAL PACKAGE INTERVIEW/APPROVAL PACKAGE & CHECKLIST

ITEM	CHECK	Provided/Completed
▶ Copy of Lease Contract	_____	Applicant
▶ Driver's License/Passport	_____	Applicant
▶ Application for Occupancy	_____	Applicant
▶ Acknowledgement of Rules & Regulations	_____	Association
▶ Move In & Out Rules & Fees	_____	Applicant
▶ Permission to Receive Packages	_____	Applicant
▶ Permission to Exterminate	_____	Applicant
▶ \$ 50.00 Processing Fee *(per applicant excluding married couples)	_____	Applicant(s)
▶ \$500.00 Common Areas Protection Fee	_____	Owner (pays once)
Credit check (for all applicants)	_____	Association
Criminal background check (All applicants)	_____	Association

An interview will be scheduled after all the forms listed above have been completed and turned into the management office.

Sea Air Towers Condominium Association, Inc.

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 Current Owner _____ Date _____

Lease Begin Date _____ End Date _____

Applicant Information

Last Name: _____ First Name: _____ Middle: _____

Social Security No: _____ Date of Birth: ____/____/____

Driver License No: _____ State Issued: _____

Passport #: _____ Country: _____

Home Phone: _____ Work Phone: _____ Cell #: _____

Fax No. _____ E-mail Address: _____

Current Residence

Address: _____

City: _____ State/Zip: _____ Country: _____

How long at this address? _____ Own _____ Rent _____

Landlord Name: _____ Phone #: _____

Employment History

Applicant Employer Name: _____ How Long: _____
Address: _____ City: _____ State/Zip: _____
Occupation/ Position: _____ Supervisor Name: _____
Telephone: _____ Salary including commissions: \$ _____

Financial History

Savings Account #: _____ Checking Account #: _____
Bank Name: _____ Address: _____
City: _____ State/Zip: _____
Phone No.: _____ Contact Name: _____
Have you ever filed for Bankruptcy? _____ If so, when: _____
Have you ever been evicted from any tenancy?: _____ If so, please explain _____

Personal References (No Family Members)

Name: _____ Home Phone No.: _____

Work Phone No.: _____ Cell Phone No.: _____

Relationship: _____

Name: _____ Home Phone No.: _____

Work Phone No.: _____ Cell Phone No.: _____

Relationship: _____

Vehicle/ Motorcycle Information

Vehicle 1 Make : _____ Model: _____ Color: _____

Year: _____ License Plate #: _____ State: _____ Insured By: _____

In Case of Emergency

Name: _____ Phone No.: _____

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

Convictions

Have you ever been arrested or convicted of any crime? Include: misdemeanors, DUI, etc; or is any criminal charge now pending? Yes ___ No ___

If yes, City _____ State _____ Date _____

Please explain: _____



AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize, _____ herein referred to as *Association* and/or its assigns to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for occupancy. Said report may contain information about me from consumer reporting agencies including but not limited to indebtedness, mode of living, present and previous employers and/or employment contracts, driving record/license, validity of social security number, personal references, criminal records, credit history through a consumer credit report, and any information that I have disclosed on my applications and/or any attachments, exhibits.

I authorize the *Association* may contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by the *Association* to furnish the above mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and/or resumes are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed affect my application.

This authorization and consent shall be valid in original, fax or photocopy form.

I authorize the ongoing procurement of the above-mentioned information/reports by the *Association* at any time during my occupancy with the *Association*.

The nature and scope of the consumer report and/or investigative consumer report along with the name, address and telephone number of the agency providing the report will be disclosed to you upon timely written request, and within 5 days of the request.

A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your Rights Under FCRA along with the name, address and telephone number of the agency furnishing the information will be provided before any adverse action is taken by the *Association* based on information contained in the report.

Upon proper identification and payment permissible by law, you have the right to request from the *Association* a copy of any information in its file on you at the time of your request.

By signing below, I acknowledge understanding of the purpose of this Authorization Form and its intended use.

Applicant Information

Print Name: _____ Social Security Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Driver License Number: _____ Driver's License State _____

IMPORTANT: The following information will be used by United Screening Services Corporation for identification purposes only to perform a background check. This information will not be used as part of the decision process of your prospective Association.

Maiden, Other and/or Former Name(s) _____

Race/National Origin: _____ Gender: Male Female Date of Birth: _____

Signature: _____ Date: _____

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Applicant Information

Last Name: _____ First Name: _____ Middle: _____

Social Security No: _____ Date of Birth: _____ / _____ / _____

Driver License No: _____ State Issued: _____

Passport #: _____ Country: _____

Home Phone: _____ Work Phone: _____ Cell #: _____

Fax No. _____ E-mail Address: _____

Current Residence

Address: _____

City: _____ State/Zip: _____ Country: _____

How long at this address? _____ Own _____ Rent _____

Landlord Name: _____ Phone #: _____

Employment History

Applicant Employer Name: _____ How Long: _____
Address: _____ City: _____ State/Zip: _____
Occupation/ Position: _____ Supervisor Name: _____
Telephone: _____ Salary including commissions: \$ _____

Financial History

Savings Account #: _____ Checking Account #: _____
Bank Name: _____ Address: _____
City: _____ State/Zip: _____
Phoe No.: _____ Contact Name: _____
Have you ever filed for Bankruptcy? _____ If so, when: _____
Have you ever been evicted from any tenancy?: _____ If so, please explain _____

Personal References (No Family Members)

Name: _____ Home Phone No.: _____

Work Phone No.: _____ Cell Phone No.: _____

Relationship: _____

Name: _____ Home Phone No.: _____

Work Phone No.: _____ Cell Phone No.: _____

Relationship: _____

Vehicle/ Motorcycle Information

Vehicle 1 Make : _____ Model: _____ Color: _____

Year: _____ License Plate #: _____ State: _____ Insured By: _____

In Case of Emergency

Name: _____ Phone No.: _____

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

Convictions

Have you ever been arrested or convicted of any crime? Include: misdemeanors, DUI, etc; or is any criminal charge now pending? Yes ___ No ___

If yes, City _____ State _____ Date _____

Please explain: _____

Sea Air Towers Condominium Association, Inc.

3725 South Ocean Drive, Hollywood, FL. 33019.

All parties of this agreement confirm and agree to abide by **all Rules & 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:

Tenants Name	Phone Number	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Unit owner agrees to be held responsible for all violations, fees and/or fines, resulting from the actions of their 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: _____

Sea Air Towers Condominium Association, Inc.

PERMISSION TO RECEIVE PACKAGES

Unit # _____

Applicant is: Owner _____ Resident _____ Tenant _____

I _____ hereby request that Sea Air Towers Condominium accept delivery of any packages for me, that may be delivered to the building. I accept full responsibility for these deliveries. Sea Air Towers and/or its employees are not responsible for any damaged or lost packages.

DATE SIGNATURE

AUTORIZACION PARA RECIBIR PAQUETES

Unidad# _____

El aplicante es: Propietario _____ Residente _____

Inquilino _____

Yo, _____ solicito que el personal de Sea Air Towers Condominium acepte cualquier paquete que llegue para mi a esta dirección. Yo acepto toda responsabilidad por estas entregas y no hare responsable a Sea Air Towers Condominium ni a sus empleados por perdida o daños de los mismos.

FECHA FIRMA

Sea Air Towers Condominium Association, Inc.

AUTHORIZATION FOR PEST CONTROL SERVICES

Name: _____

Unit #: _____

As Resident/ Tenant:

_____ I authorize entry

_____ I do not authorize entry

Into this unit for the purpose of pest control services

Lessee Signature: _____

Print Name: _____

Sea Air Towers Condominium Association, Inc.

3725 South Ocean Drive, Hollywood, FL 33009

PET REGISTRATION

Please complete this form in its entirety and submit along with supporting documents required and required. 1 form per pet. Maximum of 3 pets allowed in any unit.

Unit _____ Owner Lessee

Resident: _____

Name of Pet : _____ Breed: _____ Color: _____

Female Male Weight at Maturity: _____ Age: _____

License Tag Number: _____

- ✓ Please attach a immunization documents, valid health certificate or veterinarian statement indicating that pet(s) is fully vaccinated *Including Rabies.
- ✓ Photo of your pet(s)
- ✓ Required Pet Fee \$150 Non-Refundable
(Checks, Money Orders or Cashiers Checks Only / Payable Sea Air Towers)

In consideration of being permitted to continue to maintain the pet(s) registered above, the undersigned specifically agreed to the following terms and conditions:

1. No exotic animals may be harbored at Sea Air Towers Condominium.
2. Total weight of all pets shall not exceed 25 pounds.
3. Pets must be leashed at all times in all common areas.
4. Pet(s) are to be carried or in a stroller through the hallways and other common areas.
5. Residents carrying pets are required to use the service elevator.
6. Pet(s) are not permitted in the lobby or on the pool deck.
7. Pet owners are required to clean up after their pet.

Signed

Date

SEA AIR TOWERS CONDOMINIUM ASSOCIATION. INC.

LEASE ADDENDIUM

THIS ADDENDUM AGREEMENT is made and entered into this _____ day of _____ 2014, 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 fail 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 executed this Addendum this _____ day of _____, 2014.

Signature: _____ Date: _____

Print Name: _____

Unit Owner Signature: _____ Date: _____

Print Name: _____

COMMONLY FORGOTTEN RULES

- **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 near the service elevator.
- Do not dispose of any large / heavy items via the trash chute as this creates clogging and damages to 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.
- Entrance to the building and common areas is accessed by a FOB. Please coordinate the receipt of one with your landlord.
- 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 owners expense.
- 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 – pool party registration form completed and a deposit submitted to cover any damages. *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.
- Association does not grant access to units or provide keys, you will need to make arrangements with owner/landlord or his managing agent.
- Please submit all concerns / complaints directly to your landlord.
- Maximum Occupancy Restrictions: 1 bedroom = 4 adults, 2 bedroom = 6 adults.

SIGNATURE OF TENANTS

Welcome to Sea Air Towers Condominium.

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

- Self parking is not permitted in front of the building. Please use assigned parking spot or valet.
- 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.
- Passenger elevators are for persons properly attired only. Bathers must use service elevator.
- Shoes and swimsuit covers are required as you enter the building and required in all common areas.
- No towels or clothing hanging on the balconies.
- 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.
- Problems with your unit, except for emergencies, must be handled by your agent or owner.
- Request from agent or owner all the keys and means of access to the building, parking and mailbox.
- Park on your assigned space only or use parking decal to avoid towing.
- Valet may assist you with packages or groceries for a nominal fee.
- Trash bags must be tied before being thrown into chute.

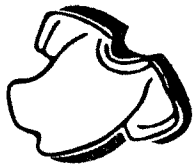
The Board of Directors and the employees of this building appreciate your full cooperation.

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

~~~~~



your



The safety of your children is responsibility:

Children who are not potty trained must wear

**LITTLE 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 into the pool.



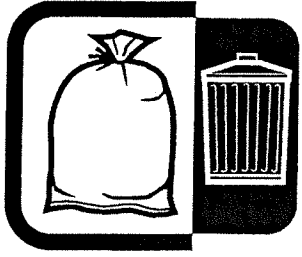
debris

- 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.**

- **POOL HOURS FOR BATHERS: FROM 7AM TO 11PM. (NO SWIMMING AFTER HOURS)**



Please bag your household trash securely.

**Only household trash should be thrown down the chute.**

You may leave your newspapers out for recycling.

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**All bulk waste must be removed offsite. Fines will be levied against violators.**

**BULK WASTE REMOVAL  
COMPANY: HSDO PROS  
WWW.HSDOPROS.COM**

**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 ser botada fuera del edificio.**



**Multas serán impuestas a los Violadores.**

**COMPANIA QUE REMUEVE  
MUEBLES Y BASURA:**

**HSDO PROS**

**WWW.HSDOPROS.COM**

**786-651-1227**