



RENTAL CHECK LIST REQUIREMENTS

The Attached Forms must be completed:

1. Application for Occupancy
2. Authorization to Release Information to Obtain Consumer Report
3. Demand for Rents pursuant to Florida Statute 720.3085
4. Acknowledgment of the Rules and Regulations for Renting
5. Executed Lease Agreement
6. Copy of Valid ID or Passport for each Applicant
7. Application Fee in the form of money order or cashier's check made payable to Silver Shores Master Association.

See Table Below for More Information:

Married Couple	\$100 Application Fee
Each Adult 18 and over (Even if in school)	\$100 Application Fee
International Adults	Application Fee would be determined by Screening Company.
Valid executed lease no more than one year or less than six months as per leasing amendment article 8.31	Signed by Landlord and Tenant
Approval Timeframe	30 days or less
Violations on Property	All violations must be corrected prior to submitting the application to the Board of Directors
Upon Approval, Landlord is required to provide a Security Deposit of \$1000 that the Association retains in a non-interest-bearing account for the common areas	Money Order or Cashier's Check made payable to Silver Shores Master Association. Deposit returned when Landlord decides to no longer rent out property.
Upon Approval and Receipt of Security Deposit, Tenants are required to complete the Resident Access Control Form	Access to community will be granted after the form is received and processed
Upon Approval and Receipt of Security Deposit, all Approved Tenants must register their vehicles and purchase decals for gate access. Clubhouse IDs can also be purchased for tenants 18 and older	Vehicle Decals -\$25.00 each Clubhouse IDs -\$10.00 each 2-car Garage Homes can purchase up to 4 Decals 3-car Garage Homes can purchase up to 6 Decals

Please Note: All prospective tenants 18 years and over must complete an application and be approved by the Board of Directors. A married couple can do one application. The landlord is responsible for providing a \$1000 Common Area Security Deposit to the Association upon Approval. Landlord must also provide a valid mailing address, phone number and email address to the Association for their records. Landlord must ensure HOA dues are current before a prospective tenant submits an application to the Association.



APPLICATION FOR OCCUPANCY

(RENTAL/LEASE)

Date: _____

Landlord Name: _____

Property Street Address: _____

City: _____ State: _____ Zip: _____

TENANCY

Lease Length: _____ Lease Start Date to End Date: _____

APPLICANT DETAILS

Full Name: _____

Date of Birth: _____ SSN#: _____ Marital Status: _____

Driver's License No: _____ State: _____

E-Mail: _____ Phone Number: _____

Spouse's Name: _____

Date of Birth: _____ SSN#: _____

Driver's License No: _____ State: _____

Other Occupants? Yes No

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Pets? Yes No

If Yes, Describe (breed, weight): _____

Emergency Contact (Name/Phone) _____

Have You Ever Been Arrested, Charged or Convicted of a Crime? Yes No

If Yes, Describe: _____

Have You Ever Been Evicted? Yes No

If Yes, Describe: _____

Vehicles

Year, Color, Make & Model _____ Tag No _____ State _____

Year, Color, Make & Model _____ Tag No _____ State _____

Year, Color, Make & Model _____ Tag No _____ State _____

Year, Color, Make & Model _____ Tag No _____ State _____



CURRENT RESIDENCE

Type (Apt, Home, Condo): _____ Monthly Payment: _____ \$
Street Address: _____
City: _____ State: _____ Zip: _____
How long at this Address? _____ To/From: _____
Reason for Moving? _____
Landlord Name: _____ Phone Number: _____

PREVIOUS RESIDENCE

Type (Apt, Home, Condo): _____ Monthly Payment: _____ \$
Street Address: _____
City: _____ State: _____ Zip: _____
How long at this Address? _____ To/From: _____
Reason for Moving? _____
Landlord Name: _____ Phone Number: _____

CURRENT EMPLOYMENT

Company: _____ Occupation/Position: _____
Date of Employment _____ Gross Income Monthly: \$ _____
Street Address: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ Phone Number: _____

PREVIOUS EMPLOYMENT

Company: _____ Occupation/Position: _____
Date of Employment _____ Gross Income Monthly: \$ _____
Street Address: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ Phone Number: _____

SPOUSE EMPLOYMENT:

Company: _____ Occupation/Position: _____
Date of Employment _____ Gross Income Monthly: \$ _____
Street Address: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ Phone Number: _____

INCOME

Gross Annual Salary \$ _____
Gross Annual Salary Spouse \$ _____
Other Income you want to disclose \$ _____



CONSENT AND ACKNOWLEDGMENT

I hereby certify to be at least 18 years of age. I hereby authorize Silver Shores Master Association herein referred to as Association and/or its assigns to conduct a comprehensive review of my background through a consumer report and/or 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, and any information on that I have disclosed on my applications and/or any attachments, exhibits. I hereby waive any claim and release from liability any person providing or obtaining said verification or additional information. I authorize the Association to 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. I understand that incomplete or incorrect information provided in the application may cause a delay in processing which may result in denial of tenancy. This authorization and consent shall be valid in original, fax or photocopy form.

Applicant has submitted a non-refundable fee to the Association to cover the cost of processing the application. It is understood that this fee is non-refundable regardless of acceptance or rejection by the Board of Directors.

Applicant Signature _____ Date _____

Spouse Signature _____ Date _____



BROWN'S BACKGROUND CHECKS
CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER

Silver Shores Master Association Inc.

I understand that you may obtain consumer reports that relate to my credit and/or criminal history. This information will, in whole or in part, be obtained from AISS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal, state and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my credit and/or criminal history. This information will be reviewed by the Association and may be reviewed by a unit owner if it's a rental.

I authorize, without reservation, any party, institution, or agency contacted by AISS to furnish the above-mentioned information:

_____/_____/_____
Applicant Name Date of Birth* Social Security Number
*Date of Birth is requested in order to obtain accurate retrieval of records.

_____/_____/_____
Co-Applicants Name Date of Birth Social Security Number

Alias/Previous Name(s)

Current Physical Address City & State Zip code

California, Minnesota & Oklahoma Applicants Only: Please check here to have a copy of your consumer report sent directly to you.

Notice to CALIFORNIA Applicants

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

SIGNATURE _____ DATE _____

Co-Applicant
SIGNATURE _____ DATE _____



**ACKNOWLEDGEMENT AND AGREEMENT OF FLORIDA STATUTE,
SECTION 720.3085(8)- DEMAND FOR RENT**

Florida Statute 720.3085(8), effective July 1, 2010, provides, in pertinent as follows:

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 subsequent rental payments and continue to make such payments until all the monetary obligations of the parcel owner related to the parcel have been paid in full to the association and the association releases the tenant or until the tenant discontinues tenancy in the parcel. Pursuant to section 720.3085(8), Florida Statutes, your payment of rent to the association gives you complete immunity from any claim for the rent by your landlord.

Pursuant to the above cited statute, please be advised that should you fail to comply with your statutory obligation to the Association, the Association has the right to commence an eviction action against you. Please note that this notice and your statutory obligation herein would not create a landlord-tenant relationship between yourself and the Association. Provided that you comply with this demand, the terms and conditions of your lease shall otherwise remain in full force and effect. Nothing in this notice shall be construed as a waiver of any of the Association's other rights and remedies as provided in the Association's governing documents and Florida law.

If the owner of the parcel in which you are a tenant is delinquent to the Association. The Association can demand that you immediately begin remitting your regular monthly rental payments directly to the Association as set forth below. You must continue to comply with this statutory demand until such time as the Association notifies you in writing that 1) it is releasing you from this statutory obligation; 2) you are notified in writing to pay a different amount to cover the ongoing monetary obligations with respect to the parcel (in such case, please be advised that you may continue to remit the remaining balance of your regular monthly rental payments directly to your landlord / parcel owner in accordance with your lease agreement); or 3) until you are no longer a tenant the parcel. Payment must be made payable to the Association and remitted no later than the first (1) of each month to the following address: Silver Shores Master Association; 15601 Silver Shores Blvd, Miramar, FL 33027. Should the parcel owner become delinquent, the Association will provide you a notice by hand delivery or United States Mail to notify you that rent payments should be paid to the Association.

Tenant hereby acknowledges this notice and the Florida Statute, Section 720.3085(8) and agrees to comply with the Association if the parcel owner becomes delinquent.

Tenant Name: _____

Tenant Signature: _____

Date: _____

Property Address: _____



ACKNOWLEDGEMENT OF THE RULES AND REGULATIONS FOR RENTING AT SILVER SHORES

1. A Tenant may not move into a property until the Association's Approval is given.
2. Tenants must register and purchase decals for all vehicles at the property upon move in.
3. Tenants must complete a Resident Access Form upon move in.
4. Tenants must notify Association if a new household member will be residing at the property. If the member is 18 or older, current tenants must ensure that the additional tenant is screened and approved by the Association before move in.
5. All tenants who are under 18, must be screened and approved by the Association when they turn 18.
6. If a tenant chooses to renew the lease, tenant or landlord must provide the new lease to the Association and have the renewal lease approved by the Association.
7. Tenant agrees to follow all by-laws, rules and regulations of the community.
8. Tenants agrees to follow all rules and regulations for amenity usage.
9. Tenant acknowledges to comply with all trash and garbage disposal rules and to keep trash bins stored in approved areas.
10. Tenant acknowledges that parking in the street is not allowed by the City of Miramar and overnight parking is not allowed by the Association.
11. Tenant acknowledges that if the parking rules are not followed, tenant may be subject to city tickets, warning sticker violation notices placed on vehicle or towing or booting of vehicle.
12. Tenant acknowledges that commercial vehicles are not allowed in the community.
13. Tenant acknowledges that Pitbulls are not allowed in the community.
14. Tenant acknowledges that businesses cannot be run out of the property being rented.
15. Tenant acknowledges that subleasing is not allowed.
16. Tenant acknowledges that if they are not abiding by the rules of Silver Shores, are harassing neighbors or are being a nuisance to the community, the Association can choose to not renew the lease. Tenant must comply with management to resolve and address any issues or complaints.

Tenant Name: _____

Tenant Signature: _____

Date: _____

Property Address: _____