

Leases

CMO of Hunters Run

3700 Clubhouse Lane, Boynton Beach, FL 33436

- Please submit a “CMO Rental Check Sheet” with **every** application.
- **All the paperwork must be in before the 20 day application process begins.**
- If an account has a balance the homeowner must bring the account current. **We will not process the lease unless the balance is \$0.**

CMO RENTAL CHECK SHEET

Please complete this Check Sheet and attach it to the application package. Make sure all necessary steps are taken and all items are accepted.

RENTAL OF: _____ (Unit #/ Association)

Between: _____ Owner _____ Renter _____

Real Estate Agent: _____ or Private from Unit Owner _____

Date Received: _____ By: _____

Rental Dates: _____ through _____ (must be 20 days prior to start)

- Application & contract are clear and legible- names, addresses, phone numbers (including renter's current address).
- Check for \$100, made payable to CMO, for paperwork processing accompanies submission.
- Two references submitted with names, addresses, phone numbers.
- Number 8 is signed on application.
- Application has been signed & dated by both parties at the bottom and signatures are legible.

Background Checks:

For Bristol, Cambridge I, Cambridge II, Eastgate I, Eastgate II, Essex, Estates, Glens East, Glens West, Hampshire, Northwoods I, Northwoods II, Southport, Stratford, Villas of Hampshire, Villas of Northwoods, Westgate, Windsor, and Woods background checks are required, so take these steps:

- Background check authorization form completed and submitted

8. Do you have a pet or pets? YES _____ NO _____ If YES: Are you aware of the regulations that your dog or cat must weigh under 25 lbs? YES _____ NO _____ Sign to Agree: _____
For Southport leases, a pet registration form must be completed.

9. By signing this application, all parties affirm that they have read the Declaration of Condominium, the By-Laws, the Articles of Incorporations and the Rules and Regulations concerning residency in _____ at Hunters Run Condominium Association, Inc. and agree to abide by them. Owners, Lessees and their guests further agree that approval of this application is based upon the agreement of all parties to abide by these rules and regulations, now in effect or which may hereafter be made, and failure to do so will result in such action as may be deemed necessary by the Board of Directors.

Date: _____ By: _____,
Owner (s)

Date: _____ By: _____,
Lessee (s)

Board Approval _____

Name of Associations: _____ Unit Number: _____

PLEASE NOTE: THIS IS A SAMPLE TEMPLATE DISCLOSURE/AUTHORIZATION PROCESS ONLY, AND IT SHOULD NOT BE CONSTRUED AS LEGAL ADVICE. ALL CLIENTS SHOULD CONSULT WITH COUNSEL TO CONFIRM THAT THEIR DISCLOSURE AND AUTHORIZATION PROCESS COMPLIES WITH APPLICABLE FEDERAL, STATE, AND LOCAL LAWS.

Please check this box if you would like to receive a copy of an investigative consumer report (as defined by relevant state law) at no charge if one is obtained by the Company.

AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU;
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT;
- ADDITIONAL NOTICE REGARDING INVESTIGATIVE CONSUMER REPORTS ON YOU;
- ADDITIONAL STATE LAW NOTICES.

By signing below, I also authorize **Community Management Organization of Hunters Run** to obtain "consumer reports" and "investigative consumer reports," about me for tenant purposes.

Signature: _____ Date: _____

Print Name (First, Middle, Last Name)

PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK

Please supply the following information to facilitate a background check on you.

Last Name: _____ First Name: _____ Middle: _____

Other Names Used (alias, maiden, nickname): _____

Social Security Number: _____ Date of Birth: _____

Driver License No.: _____ State Issued: _____

Phone Number: _____

Email Address: _____

Current Address: _____

Street/P.O. Box City State Zip Code County Dates

Former Address: _____

Street/P.O. Box City State Zip Code Country Dates

Current Employer	Address	City/State	Start Date	Salary
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Supervisors name	Employer Telephone Number
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