

# *Santa Barbara Property Owners Association, Inc.*

c/o Campbell Property Management

20580 Northwest 28<sup>th</sup> Terrace, Boca Raton, Florida 33434

(561) 451-3501 Phone (561) 451-3466 Fax [SBPOABoca@gmail.com](mailto:SBPOABoca@gmail.com)

## LEASE APPLICATION CHECKLIST

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

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

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

- Complete Application Received      Date Received: \_\_\_\_\_
- Non-Refundable Fee(s)
  - Application Fee to Santa Barbara POA
  - Tenant Evaluation Report
  
- Owner HOA Dues Current    Yes \_\_\_\_ No \_\_\_\_    \$ Amount Owed \_\_\_\_\_
- Rules & Regulations Provided
- Background Check to Professional Screening    Date Received: \_\_\_\_\_
- Application Provided to Committee
- Certificate of Approval Prepared for Applicant Pick Up \_\_\_\_\_(Date)

Additional Comments/Notes: \_\_\_\_\_

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## **APPLICATION FOR LEASE APPROVAL**

1. This memorandum of understanding, and the attached application, must be completed in detail by the proposed lessee.
2. Should any question not be answered or left blank, this application will be returned unprocessed and not approved.
3. All LEASES must be for a period of one (1) year only.
4. A unit Owner may not lease their property during the first twenty-four (24) months of ownership.
5. There will not be any automatic renewals; all leases must be submitted each year for approval by the Board of Directors.
6. "A Lease Approval Fee", as determined by the Board of Directors, must be paid with a lease approval application.
7. No Commercial Vehicles, Boats, Trailers, RV's, Motorcycles, Pick Up Trucks, Go-Peds & Mo-Peds, etc. are permitted within the community premises.
8. The Owner (Landlord) must provide Lessee with a copy of the Homeowner's Restrictions.
9. A personal interview by the Rental Committee is required.
10. Lessee must include with the agreement: a) A copy of the Lease Agreement; and b) a copy of Driver's License and Vehicle Registration.
11. This completed application must be submitted to the Association office no later than fifteen (15) days prior to the desired date of occupancy.

Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Date of Application: \_\_\_\_\_ Lease Term: FROM \_\_\_\_\_ TO \_\_\_\_\_

Name(s) of Proposed Lessee(s):

Applicant 1 \_\_\_\_\_  
Last Name, First Name

Applicant 2 \_\_\_\_\_  
Last Name, First Name

Present Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Realtor Handling Lease: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Persons who will occupy the Unit with Lessee(s):

Full Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. I hereby agreed for myself and on my behalf of all persons who may use unit which I seek to lease:
- a.) I/We will abide by all restrictions contained in the By-Laws, Rules and Regulations and Restrictions, which are or may in the future be imposed by Santa Barbara Property Owners Association, Inc.
  - b.) I/We understand that sub-leasing or occupancy of this unit in my/our absence is prohibited.
  - c.) I/We understand that I must be present when any guests, visitors or children who are not permanent residents occupy the unit.
  - d.) I/We understand that any violation of the terms, provisions, conditions and covenants of Santa Barbara documents provide cause for immediate action as therein provided or termination of the leasehold under appropriate circumstances.
13. I/We understand that the acceptance for lease of a unit at Santa Barbara is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any representation or falsification of information on these forms will result in the automatic rejection of this application. Occupancy prior to approval is strictly prohibited.
14. I/We understand that the Board of Directors of Santa Barbara Property Owner's Association, Inc. may cause to be instituted such investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors or Professional Screening Services to make such investigation, and I agree that the information contained in this, and the attached, application may be used in such investigation, and that the Board of Directors of Santa Barbara Property Owners Association, Inc. itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

In making this application, I am aware that the decision of the Santa Barbara Property Owners Association, Inc. will be final, and no reason will be given for any action taken by the Board. I agree to be governed by determination of the Board of Directors.

Applicant 1

Applicant 2

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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## **APPLICATION FOR OCCUPANCY**

### **RESIDENCY (Section 1)**

PRESENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

LANDLORD/MORTGAGE COMPANY: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

### **EMPLOYMENT (Section 2)**

*APPLICANT 1 -*

PRESENT EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_ POSITION: \_\_\_\_\_ SALARY: \_\_\_\_\_

*APPLICANT 2 -*

PRESENT EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_ POSITION: \_\_\_\_\_ SALARY: \_\_\_\_\_

### **CHARACTER REFERENCES (Section 3)**

NAME: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**AUTOMOBILE INFORMATION (Section 4)**

NUMBER OF CARS: \_\_\_\_\_

*APPLICANT 1* DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

*APPLICANT 2* DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

<b>MAKE</b>	<b>MODEL</b>	<b>YEAR</b>	<b>PLATE #</b>	<b>STATE</b>

**GENERAL INFORMATION (Section 5)**

Attached is a check in the amount of \$100.00 for a processing fee payable to Santa Barbara POA.

If any question is left blank, this application may not be approved. This application is subject to approval.

I/We declare the above information to be true and correct. I/We authorize the Board, or its' agent(s) to verify it and obtain a consumer credit report.

I/We understand an investigation of my background will be conducted to determine my character, general reputation, personal characteristics, and mode of living and specifically authorize Campbell Property Management and Tenant Evaluation Services to make such an investigation.

I/We agree to abide by all the Rules and Regulations of the Association.

Applicant 1

Applicant 2

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date