

Jupiter River Park, Inc.

c/o 4H Association Management Co., Inc. | PO Box 1364 Jupiter, FL 33468-1364

Phone: (561) 262-8947 | Email: Chasson@4HAssociationManagement.com

PROSPECTIVE LEASE APPLICATION

All forms in this LEASE APPLICATION are required for every lease within Jupiter River Park.

Please note: all leases require approval in advance by the Jupiter River Park Board of Directors.

INSTRUCTIONS

1. The prospective tenant must complete and sign the PROSPECTIVE TENANT APPLICATION and BACKGROUND INVESTIGATION DISCLOSURE & AUTHORIZATION forms, all in this package.
2. The prospective tenant or their agent must submit all required documents (refer to Application Checklist) to the Management Company at the above address.
3. All applicants are subject to a reasonable approval by the Board of Directors.
4. Please allow 30 days for review and action to be taken by the Board of Directors. **Every effort will be made to expedite the notification process.**
5. Following the review and investigation of information provided to the Board of Directors, a personal interview will be scheduled with the Sales and Rental Committee.

Upon Board of Directors approval, the Management Company will notify the owner in writing.

PROSPECTIVE LEASE APPLICATION CHECKLIST

All applicable items must be submitted, or the application will not be processed.

Submission requirements:

- ☐ Completed PROSPECTIVE LEASE APPLICATION form
- ☐ Disclosure regarding Background Investigation. Complete one for each prospective tenant & occupant.
- ☐ Copy of a valid driver's license or state/gov't issued ID for each prospective tenant & occupant.
- ☐ Copy of the Lease Agreement
- ☐ **\$230 Non-refundable Application fee (Make check payable to Jupiter River Park, Inc.).**

SUBMIT the entire completed package including check to: Jupiter River Park, Inc.

c/o 4H Association Management Co., Inc.

PO Box 1364

Jupiter, FL 33468-1364

JUPITER RIVER PARK PROSPECTIVE LEASE APPLICATION

Please Print Clearly

Date of Application: _____ **Unit Number:** _____

Lease Term: Commencing on: _____ **to** _____

Owner's Name: _____ **Phone:** _____

Tenant #1 Name: _____ **Date of Birth:** _____

Email: _____

Mobile Phone: _____ **Other Phone:** _____

Current Address: _____
Street City/Town State/Zip

Years/months at current address: _____ *If you have lived at the above address for less than five (5) years, please provide information regarding your prior residence address:

Prior Address: _____
Street City/Town State/Zip

Employer Name: _____ **Phone:** _____

Position: _____ **Number of years employed:** _____

Address: _____
Street City/Town State/Zip

Tenant #2 Name: _____ **Date of Birth:** _____

Email: _____

Mobile Phone: _____ **Other Phone:** _____

Current Address: _____
Street City/Town State/Zip

Years/months at current address: _____ *If you have lived at the above address for less than five (5) years, please provide information regarding your prior residence address:

Prior Address: _____
Street City/Town State/Zip

Employer Name: _____ **Phone:** _____

Position: _____ **Number of years employed:** _____

Address: _____
Street City/Town State/Zip

Names of others intending to occupy the Unit:

Name: _____ **Date of Birth:** _____

Name: _____ **Date of Birth:** _____

Tenant(s) Personal References, five (5) years standing. Two (2) Personal References per Applicant.

No Relatives

Reference Name: _____ Phone: _____

Reference Name: _____ Phone: _____

Reference Name: _____ Phone: _____

Reference Name: _____ Phone: _____

NOTES

1. At least one (1) resident must be fifty-five (55) years of age or older. See Section 13.9 of the Declaration of Condominium, as amended.
2. Children below the age of eighteen (18) may be permitted to visit and temporarily reside for periods not exceeding sixty (60) days in total in any calendar year period. See Section 13.9 of the Declaration of Condominium, as amended.
3. A total of two (2) dogs or two (2) cats or a combination of per Unit are permitted. All pets must be registered with the Association. Use Form JRP-113. See Rules 10.2.
4. Parking is restricted to the paved driveway of the Unit. **GUEST PARKING** at the dock area is permitted for a maximum of forty-eight (48) hours (2 days) with Association-provided card to be displayed on the dashboard. Overnight parking in the street, at the laundry or shuffleboard area is strictly prohibited and subject to being towed at owner's expense. See Rules, Section 9.1 and 9.2.

It is the intent and desire of the Board of Directors of the Association to have as neighbors, persons who are compatible and financially responsible. To achieve this standard, the undersigned agree that the approval of this Application is based upon the reasonable discretion of the Board of Directors based upon prior-determined minimum requirements.

The undersigned agree to hold the Board of Directors and the Association harmless from any action taken by such Board of Directors with regard to this Application.

By execution of this Application, the undersigned Tenant(s), authorize the Board of Directors of the Association, to make or have made, any inquired or investigations they reasonably deem necessary, including criminal background and credit checks, to approve or disapprove the Tenant(s) and occupants listed below for the lease of a Unit. All information obtained by the Board of Directors shall be kept confidential.

The undersigned Tenant(s) acknowledge receipt of copies of the "Rules We Live By" (the Rules and Regulations of the Association) and agree that I/We shall abide by the terms of the Association Documents as further amended from time to time.

Tenant #1 Signature: _____

Date: _____

Tenant #1 Printed Name: _____

Tenant #2 Signature: _____

Date: _____

Tenant #2 Printed Name: _____

Owner Signature: _____

Date: _____

Owner Printed Name: _____

Please return this completed application form to Jupiter River Park, Inc.
c/o 4H Association Management Co., Inc. | PO Box 1364 Jupiter, FL 33468-1364

4H ASSOCIATION MANAGEMENT USE ONLY

Date application received: _____

Date approval sent to Owner: _____

Date application sent to Board _____

Date disapproval sent to Owner: _____

Date review completed: _____

JUPITER RIVER PARK USE ONLY

☐ APPROVE *OR* ☐ DENY

Board of Director Signature: _____

Title: _____

Print Name: _____

Date: _____

Committee Member Signature: _____

Print Name: _____

Date: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

4H Association Management Company, Inc. may obtain information about you from a consumer reporting agency for tenant, purchase, occupancy screening purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (driving records), verification of your education or employment history or other background checks. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for residency is a criminal background check investigation conducted by **National Tenant Network, 9580 NW 136th Drive, Alachua, FL 32615.**

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING THE BACKGROUND INVESTIGATION. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by 4H Association Management Company, Inc. at any time after receipt of this authorization and throughout my tenancy, ownership, or occupancy, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school, or university (public or private), information service bureau, employer, insurance company, and other party to furnish any/all background information requested by **National Tenant Network, 9580 NW 136th Drive, Alachua, FL 32615.** I agree that a facsimile (fax) or electronic or photographic copy of this Authorization shall be as valid as the original.

PLEASE COMPLETE FOR EACH APPLICANT

Applicant Name: _____

Present Address: _____

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

Signature: _____ Date: _____

Co-Applicant Name: _____

Present Address: _____

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

Signature: _____ Date: _____

******PLEASE PROVIDE A COPY OF THE CURRENT DRIVERS LICENSE FOR EACH APPLICANT******