

# Welcome To Wynmoor



## LEASE APPLICATION

We are delighted you have chosen to join our community.

### Seasonal Rental:

If a tenant returns year after year, a completed application must accompany a new lease.

### Annual Renewal:

Prior to the lease expiration, an updated lease is required, so the tenant is not removed from our computer.

For more information, please contact:

Carmela D'Agostino, Sales and Lease Coordinator at 954.978.2600, ext. 317

Revised 03.01.13

## What Every New Resident Should Know

**Approval:** The condominium association must approve each lease in writing. Each association has 30 days in which to approve the request. The minimum turn-around time is three weeks with no exceptions. Requests for approval must be executed by the owner and the renter.

**Age Requirements:** Wynmoor qualifies for an exemption from the provisions of the Fair Housing Act as amended by virtue of providing facilities for older persons, age 55 and over. In order to maintain this exemption at least one occupant of each residence must be age 55 or over.

**Investigation:** An investigation or transfer fee of all potential occupants is payable at the time the request for approval is submitted. Inquiries will be made into such matters as credit worthiness, police records, and relations with previous neighbors. The fee is \$100 per person (married couples counting as one). Checks are made payable to the appropriate association.

**Keys:** The keys to your unit must conform to the community's master lock system. Both residential and mailbox keys are the responsibility of the owner. Buyers should arrange to obtain all keys from Seller. Please contact our Maintenance Department at 954.978.2640 if you need a mail box key and/or change your locks. Mailbox keys and lock changes are at the expense of the owner. Use of the master key is restricted to use by the Wynmoor Security Department and is utilized only in the event of medical emergency, or in the absence of the owner for a building emergency to prevent damage to the residence, adjacent units or the common areas.

**Landline Phones:** All associations in the Wynmoor community require all units to have a landline phone. The emergency alarm system equipment located in all units will operate only if an in-service landline telephone is operational in the unit. If service is disconnected, or there is no phone connected to an active wall jack, the alarm system will not work. A "land line" is defined as a telephone wire connecting to the traditional telephone network, and terminating in an operational wall jack. The phone line must be activated by a local telephone company. Additionally, AT&T U-Verse and telephone instruments such as Magic Jack and Vonage are not compatible to the alarm system and may not be connected.

**Pet Restrictions:** Wynmoor is a no pet community. Only approved service animals and emotional support animals may be harbored on the property. Buyers must include all paperwork, including a letter from the appropriate medical professional, shot records and a photograph of the animal if they are seeking approval of a service animal and emotional support animal. All inquiries are forwarded to the association attorney to determine if the information submitted meets the Federal guidelines.

**Condominium Governing Documents:** It is the responsibility of the **RENTER** to become familiar with rules of the community and abide by them. Tenants are responsible for actions of all family, residents, guests, employees and service persons. In the event you violate rules, your rental may be terminated.

I have read and understand the content of this page \_\_\_\_\_ Date: \_\_\_\_\_

# What Every New Resident Should Know

**Identification Cards:** Owners must surrender all Wynmoor personal identification cards to the Association Affairs office on or before the date of rental. They may regain the cards after the rental has ended and the tenants have surrendered their cards.

**Collection Notice:** If the owner of your apartment becomes delinquent for assessments owed to the condominium association anytime during the term of the lease, the association will exercise its right in accordance with Florida Statute 718.116 and force the tenant to pay the monthly rent directly to the association with a right of eviction for non-compliance. Also in accordance with the new law, tenants living in units of delinquent owners will lose their rights to usage of the common areas, including the pools, the clubhouse, the fitness center and the theatre.

**Cable Television:** Inquiries regarding additional services, repair or requests to relocate equipment should be directed to Comcast at 1-800-COMCAST.

**Tax:** The owner is responsible for paying Broward County Tourist Development Tax, in addition to State Sales Tax. These taxes are in effect when rental period are less than six months. For further information, please contact:

- Broward County Revenue Collection, Government Center, Room 218, 115 S. Andrews Avenue, Fort Lauderdale, FL 33301.
- State of Florida, Department of Revenue, 3111 North University Drive, Coral Springs, FL 33065. Phone: (954) 346-3000.

**NOTE:** To expedite your application process, the Association Affairs office of the Wynmoor Community Council is requesting all personal information, including financial statements be printed in English, as allowed by Article II, Section 9 of the Florida Constitution. Any applications containing information in a foreign language will be rejected.

I have read and understand the content of this page \_\_\_\_\_ Date: \_\_\_\_\_

## Owner Information and Acknowledgement

---

Building # \_\_\_\_\_ Unit # \_\_\_\_\_ Condominium Name: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Owner(s) address during rental period: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Owner(s) Signature: \_\_\_\_\_

---

## Renter Information and Acknowledgement

### Please Submit:

- Completed Form  Transfer Fee  Executed Lease
- Proof of Age(s) for each Buyer/Occupant (Driver's License/Passport/Birth Certificate)
- Screening Form (Disclosure & Authorization Agreement)

A transfer fee in the amount of \$100, made payable to the ABOVE NAMED Condominium Association must accompany this application for each applicant (husband and wife count as one). Please note this payment is non-refundable. **Checks and money orders must be in U.S. Funds, no Canadian checks or money orders accepted.**

Term of Lease (not to exceed one year): From \_\_\_\_\_ To: \_\_\_\_\_

Renter's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Renter's current address: \_\_\_\_\_

City: \_\_\_\_\_ State or Providence: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Persons in additional to the renter who will occupy the residence:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to Renter: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relationship to Renter: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, please provide details: \_\_\_\_\_

## Renter Information and Acknowledgement (Continued)

### Vehicle Information (**Only One Vehicle Is Permitted**)

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Year \_\_\_\_\_ License Plate Number (State or Providence) \_\_\_\_\_

**NOTE: Second vehicles need association approval. Please advise us if there will be a second vehicle.**

### Emergency Contact(s):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone# \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone# \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone# \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Renter(s) acknowledge that we have read and agree to the terms and conditions set forth on Page 2 and 3 of this application and that the information provided on Pages 4-5 is correct. Renter(s) acknowledge and agree to allow a background investigation and to allow the condominium association, its officers, agents or employees to review the reports.

Renter: \_\_\_\_\_ Renter: \_\_\_\_\_

Wynmoor Application for Rental or Lease

**For Office Use Below**

- Copy of Lease
- Proof of Age(s)
- Transfer Fee
- Called President
- Confirm Owner
- Log
- Screening Form
- Called Director
- Move In/Move Out Deposit (if applicable)

Date Received & Paid: \_\_\_\_\_ Received By: \_\_\_\_\_ Closing Date: \_\_\_\_\_

Control Number: \_\_\_\_\_ Check Number: \_\_\_\_\_

---

**Association Approval:**

Lease Approved for: \_\_\_\_\_ Association, Inc.

President: \_\_\_\_\_ Director: \_\_\_\_\_

**BUILDING NUMBER & UNIT NUMBER:** \_\_\_\_\_  
**CARMELA D'AGOSTINO**  
**WYNMOOR COMMUNITY COUNCIL, INC.**

**SCREENING AUTHORIZATION**  
**(Husband and Wife or Individual Applicants Complete This Sheet)**

PRINT NAME: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

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

CITY, STATE, ZIP: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Current and Previous Landlords/Home Owners Association Information**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

**Current Employment Information**

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_ Salary per month: \$ \_\_\_\_\_

**I have read and signed the Disclosure and Authorized Agreement**

Applicant's Signature: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_

**BUILDING NUMBER & UNIT NUMBER:** \_\_\_\_\_  
**CARMELA D'AGOSTINO**  
**WYNMOOR COMMUNITY COUNCIL, INC.**

**SCREENING AUTHORIZATION**  
**(Additional Renters or Potential Occupants Complete This Sheet)**

PRINT NAME: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

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

CITY, STATE, ZIP: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Current and Previous Landlords/Home Owners Association Information**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

**Current Employment Information**

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_ Salary per month: \$ \_\_\_\_\_

**I have read and signed the Disclosure and Authorized Agreement**

Applicant's Signature: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_



**DISCLOSURE AND AUTHORIZATION AGREEMENT**  
**REGARDING CONSUMER REPORTS**

**DISCLOSURE**

A consumer report and/or investigation report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for and/or continued residence. **A consumer report and/or an investigate consumer report may be obtained at any time during the application process or during your residence.** Upon timely written request of the management, and within five days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address, and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

**AUTHORIZATION**

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheckUSA with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original

**READ, ACKNOWLEDGED AND AUTHORIZED**

\_\_\_\_\_  
Print Name (Applicant)

\_\_\_\_\_  
Print Name (Spouse)

\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
Signature (Spouse)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check box.

**DISCLOSURE AND AUTHORIZATION AGREEMENT**  
**REGARDING CONSUMER REPORTS**

**DISCLOSURE**

A consumer report and/or investigation report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for and/or continued residence. **A consumer report and/or an investigate consumer report may be obtained at any time during the application process or during your residence.** Upon timely written request of the management, and within five days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address, and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

**AUTHORIZATION**

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheckUSA with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original

**READ, ACKNOWLEDGED AND AUTHORIZED**

\_\_\_\_\_  
Print Name (Applicant)

\_\_\_\_\_  
Print Name (Applicant)

\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check box.

# WYNMOOR

DISCLOSURE AND AUTHORIZATION AGREEMENT  
REGARDING CANADIAN CREDIT REPORTS

# FOR CANADIAN RESIDENTS ONLY

Each Applicant Must Complete  
Separate Forms

**The applicant must provide all the requested information. Failure to accurately disclose all of the information may result in the offer of residency being revoked or residency being terminated.**

I understand that I am providing the following information for identification purposes only.

\_\_\_\_\_  
SURNAME                      GIVEN NAME                      MIDDLE NAME                      DATE OF BIRTH                      MALE OR FEMALE  
(Full name, not initial)                      (yy/mm/dd)

PREVIOUS SURNAME(S) (E.G. FORMER MARRIAGE, MAIDEN NAME): \_\_\_\_\_

\_\_\_\_\_  
COMPLETE STREET ADDRESS, CITY, POSTAL CODE                      PHONE NUMBER

PREVIOUS ADDRESS IF CHANGED IN LAST FIVE YEARS: \_\_\_\_\_

SOCIAL INSURANCE NUMBER (SIN) \_\_\_\_\_

OCCUPATION \_\_\_\_\_ DRIVER'S LICENSE NUMBER: \_\_\_\_\_

I have applied to Wynmoor for Residency. Part of the hiring process is an investigation of information I have provided. These investigations are conducted by Wynmoor's agent, O.B.N. Employment Screening ("O.B.N.") and/or AmeriCheckUSA. Therefore, at this time and until I specifically inform you to the contrary in writing, in compliance with all Municipal, Provincial and Federal human rights and privacy legislation I hereby authorize and direct you to release to Wynmoor and/or O.B.N. and/or AmeriCheckUSA, my credit record.

I hereby declare that, to the best of my knowledge, the information I provided both verbally and on my application form is complete and accurate in every respect. I understand that a false statement may disqualify me from residency at WYNMOOR.

I hereby release and forever discharge OBN Employment Screening and AmeriCheckUSA from any and all action, claims and demands for damages, loss or injury, which may hereafter be sustained by me, however so arising out of the above-noted disclosure of information and waive all rights thereto.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As the signing witness for (applicant's name) \_\_\_\_\_ I certify that, on the applicant's Consent for Search and Release of Personal Information, I have confirmed that the Name and Date of Birth of the applicant are correct based on TWO government issued pieces of identification. I also confirm that based on a piece of photo identification provided, I have compared their picture to person. I have confirmed that their name and Date of Birth are printed clearly and follow the format provided of Day/Month/Year.

Signature of Witness : \_\_\_\_\_ Date: \_\_\_\_\_

# WYNMOOR

DISCLOSURE AND AUTHORIZATION AGREEMENT  
REGARDING CANADIAN CREDIT REPORTS

# FOR CANADIAN RESIDENTS ONLY

Each Applicant Must Complete  
Separate Forms

**The applicant must provide all the requested information. Failure to accurately disclose all of the information may result in the offer of residency being revoked or residency being terminated.**

I understand that I am providing the following information for identification purposes only.

\_\_\_\_\_  
SURNAME                      GIVEN NAME                      MIDDLE NAME                      DATE OF BIRTH                      MALE OR FEMALE  
(Full name, not initial)                      (yy/mm/dd)

PREVIOUS SURNAME(S) (E.G. FORMER MARRIAGE, MAIDEN NAME): \_\_\_\_\_

\_\_\_\_\_  
COMPLETE STREET ADDRESS, CITY, POSTAL CODE                      PHONE NUMBER

PREVIOUS ADDRESS IF CHANGED IN LAST FIVE YEARS: \_\_\_\_\_

SOCIAL INSURANCE NUMBER (SIN) \_\_\_\_\_

OCCUPATION \_\_\_\_\_ DRIVER'S LICENSE NUMBER: \_\_\_\_\_

I have applied to Wynmoor for Residency. Part of the hiring process is an investigation of information I have provided. These investigations are conducted by Wynmoor's agent, O.B.N. Employment Screening ("O.B.N.") and/or AmeriCheckUSA. Therefore, at this time and until I specifically inform you to the contrary in writing, in compliance with all Municipal, Provincial and Federal human rights and privacy legislation I hereby authorize and direct you to release to Wynmoor and/or O.B.N. and/or AmeriCheckUSA, my credit record.

I hereby declare that, to the best of my knowledge, the information I provided both verbally and on my application form is complete and accurate in every respect. I understand that a false statement may disqualify me from residency at WYNMOOR.

I hereby release and forever discharge OBN Employment Screening and AmeriCheckUSA from any and all action, claims and demands for damages, loss or injury, which may hereafter be sustained by me, however so arising out of the above-noted disclosure of information and waive all rights thereto.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

As the signing witness for (applicant's name) \_\_\_\_\_ I certify that, on the applicant's Consent for Search and Release of Personal Information, I have confirmed that the Name and Date of Birth of the applicant are correct based on TWO government issued pieces of identification. I also confirm that based on a piece of photo identification provided, I have compared their picture to person. I have confirmed that their name and Date of Birth are printed clearly and follow the format provided of Day/Month/Year.

Signature of Witness : \_\_\_\_\_ Date: \_\_\_\_\_