

MISSION BAY COMMUNITY ASSOCIATION, INC.

Rental Application for:

1-Tier Communities: Cordova, Harbour Springs & La Costa

Please complete and return the following form to the MBCA office. Applications cannot be processed unless we have all the items requested. Incomplete applications will be returned.

Application Requirements:

1. Owner and Tenant Signed Rental Instructions.
2. Residential Form Information.
3. Reference Form.
4. Background Check Form.
5. Copy of your Lease.
6. Copy of each applicant's Driver's License or Passport.
7. Application fee: \$300.00 **Non-Refundable**. Check must be payable to Mission Bay. In most cases, the approval process takes 14 business days.
 - ❖ RUSH Fee: \$100.00 extra **Non-Refundable**. In most cases, the approval process takes 4-5 business days.
8. Pet fee: \$150.00 **Non-Refundable** per Dog. Check must be payable to Mission Bay. **No** more than 2 pets and aggressive breeds are not allowed. Fee must be paid before approval.
9. Please return the completed Application to Mission Bay office at 10555 Diego Drive South Boca Raton, Florida 33428. Any questions, feel free to call the office at 561-479-1900 or email at claudia@mission-bay.com

MISSION BAY COMMUNITY ASSOCIATION, INC.

RENTAL INSTRUCTIONS-OWNER AND RENTER MUST SIGN

1. Rentals shall be for single family residents **ONLY**. Renting rooms is prohibited. No Seasonal or short-term lease permitted.
2. Pets: Max 2 pets. No aggressive breeds. Fee **\$150.00** per Dog (non-refundable).
3. A copy of the Rental Contract or Lease **MUST** accompany the application. Please provide a copy of your driver's license.
4. A nonrefundable **\$300.00** per application fee per household payable to Mission Bay Community Association must be attached to the application.
5. An application for rental must be submitted to the Association for background check and approval at least (14) days prior to date of occupancy. *For expedited applications, in most cases, the approval process takes 4-5 business days. An additional **\$100.00** must be attached to the application*.
6. Applications will be rejected if the property has any open violations, if there are any fine arrearages or if Homeowner is in arrears. Also, application may be denied if background is not within HOA standards.
7. All applicants, occupants and/or guests are required to abide by the Association's Documents, Rules, and Regulations. Homeowners are responsible for the actions of their lessees, occupants and/or guests for any damage within the community and for any violations. It is the homeowner's responsibility to ensure their tenants have all the rules and regulations for Mission Bay Community Association.
8. Once a home is leased, homeowners will no longer be allowed to use the facilities. Homeowners current access cards will be deleted, a new affidavit must be completed, and access cards will be issued to the tenants for a fee of \$20.00 each over 13 years old.
9. Upon expiration of the lease, access cards will be deactivated until a new lease is filed with the office. No month-to-month renewals are allowed.
10. If the Homeowner is delinquent, the Association may make written demand to tenants as per Florida Statute 720.3085, for direct payment. If a Tenant fails to pay, the Association has authority to sue for eviction.
11. Violations of the Mission Bay Community Association Declaration of Protective Covenants may result in a suspension of Recreation facility access, internet, and cable. Furthermore, the Landlord will be notified to start eviction proceeding.
12. Golf Cart or Low-Speed Vehicle Registration Fee: \$50.00 decal. For registration, request form to the Association.

Agreed and Acknowledged

_____	_____	_____
HOMEOWNER SIGNATURE	PRINT	DATE
_____	_____	_____
TENANT SIGNATURE	PRINT	DATE

MISSION BAY COMMUNITY ASSOCIATION, INC.

Residential Information Form

(Please Print)

Owners Name: _____ Village: _____

Property Address: _____

Homeowners Billing Address: _____

RENTERS NAME(S): _____

RENTERS PHONE #: _____ . RENTERS EMAIL: _____ .

LEASE START DATE: _____ . LEASE END DATE: _____ .

of Pets: _____ . Breed/Weight: _____ . Breed/Weight: _____ .

Golf cart or LSV: Yes/No

Occupants living at this address: (PLEASE include EVERY PERSON residing in the home)

<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>RELATIONSHIP</i>	<i>DOB</i>

Please list all vehicles that will be parked in the community or on the driveway on a regular basis.

VEHICLE INFORMATION

MAKE: _____ MODEL: _____ TAG: _____

MAKE: _____ MODEL: _____ TAG: _____

MAKE: _____ MODEL: _____ TAG: _____

MAKE: _____ MODEL: _____ TAG: _____

MISSION BAY COMMUNITY ASSOCIATION, INC.

RENTER ONLY

1. I hereby agree for myself and on behalf of all persons who may use the unit which I seek to lease:

- I will abide by all the guidelines contained in the Declaration of Protective Covenants, Articles of Incorporation, By-Laws, Rules & Regulations, and restrictions which are or may in the future be imposed by MISSION BAY COMMUNITY ASSOCIATION and _____ VILLAGE ASSOCIATION.
- I understand that I must be present and obtain a guest pass when my guests, relatives, visitors, or children use the recreational facilities.
- I understand that sub-leasing or occupancy of this unit in my absence is prohibited.
- I strictly understand that any violation of the terms, provisions, conditions, and covenants of the MISSION BAY COMMUNITY ASSOCIATION and _____ VILLAGE ASSOCIATION documents provide cause for immediate action as therein provided of termination of the leasehold under appropriate circumstances.

2. The owner has furnished a copy of the Mission Bay documents to the tenant as referred to above:
Yes _____ No _____

3. The owner has furnished Mission Bay Community Association Village Association documents to the tenant as referred to above:
Yes _____ No _____

4. I understand that I will be advised by the Mission Bay Community Association Staff of either acceptance or denial of this application.

5. I understand that the acceptance for lease at MISSION BAY is conditioned upon the truth and accuracy of this application. Any misrepresentation or falsification of information on these forms will result in the automatic rejection of this application. Occupancy prior to all conditions met is prohibited.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND HERBY AUTHORIZE YOU TO MAKE ANY INQUIRIES YOU FEEL NECESSARY TO EVALUATE MY TENANCY.

TENANT SIGNATURE _____ DATE _____

TENANT SIGNATURE _____ DATE _____

MISSION BAY COMMUNITY ASSOCIATION, INC.
REFERENCE FORM

Employment

Present Employer _____ Phone Number _____

Position _____ How Long? _____ Gross Income _____

Spouse Employer _____ Phone Number _____

Position _____ How Long? _____ Gross Income _____

Character References

1) Name _____ Phone Number _____

Address _____ City _____ State _____ zip _____

2) Name _____ Phone Number _____

Address _____ City _____ State _____ zip _____

3) Name _____ Phone Number _____

Address _____ City _____ State _____ zip _____

Previous Rental References

Previous Address _____ How Long? _____

Address _____

Previous Landlord _____ phone _____

MISSION BAY COMMUNITASSOCIATION, INC.

BACKGROUND CHECK FOR 1-TIER COMMUNITIES:

LA COSTA, HARBOUR SPRINGS & CORDOVA

Please fill in one form for each applicant

APPLICANT INFORMATION:

Any applicant 18 and over must complete this form.

NAME: _____

Last

First

Middle

EMAIL: _____

You will receive an email from Scott-Roberts and Associates to complete your background check.

AUTHORIZATION TO RELEASE HISTORY

I authorize Mission Bay Community Association to conduct a background investigation and to obtain information about me from the appropriate agencies. I hereby affirm that my answers to all questions on my application are true and correct.

Signature of Applicant

Date

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Signature of Applicant

Date

OFFICE USE ONLY

LEASE CHECKLIST

Applicant Name/s _____ Unit# _____

Owner's Name _____

Check in Date _____

Check out Date: _____

Application for Occupancy _____

Residential Information form _____

Copy of Lease _____

Background Check _____

Copy of License _____

Security Deposit _____

Application Fee _____

Board Approval/

Office Approval _____