MISSION BAY COMMUNITY ASSOCIATION, INC.

Rental Application for 2-Tier Communities:

LAS FLORES, SONATA, THE ISLE, REFLECTIONS, VENTURA, LAGUNA, and REGATTA.

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

Application Requirements:

- 1. Sub-Association Certificate of Approval: Must be approved by the following village <u>before</u> MBCA process your application.
 - ❖ Villages are: Las Flores, Sonata, The Isle, Reflections, Ventura, Laguna and Regatta.
- 2. Owner and Tenant Signed Rental Instructions.
- 3. Residential Form Information.
- 4. Reference Form.
- 5. Copy of your Lease.
- 6. Copy of each applicant's Driver's License or Passport.
- 7. Application fee: \$200.00 <u>Non-Refundable</u>. Check must be payable to Mission Bay. In most cases, the approval process takes 14 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

- Rentals shall be for single family residents <u>ONLY</u>. Renting rooms is prohibited. No Seasonal or shortterm lease permitted.
- 2. Pets: Max 2 pets. No aggressive breeds. Fee \$150.00 per Dog (non-refundable).
- A copy of the Rental Contract or Lease MUST accompany the application. Please provide a copy of your driver's license.
- 4. A nonrefundable \$200.00 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. The approval process takes at least (14) days prior to date of occupancy after sub-association approval.
- 6. Applications will be rejected if the property has any open violations, if there are any fine arrearages or if Homeowner is in arrears.
- 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 Addr	ess:			
RENTERS NAME(S):				
RENTERS PHONE #: _		RENTERS EMAIL:	·	
LEASE <u>START</u> DATE: _		LEASE <u>END</u> DATE:	·	
# of Pets: Bre	ed/Weight:	Breed/Weight:	·	
Golf cart or LSV: Yes/N	O			
Occupants living at this addre	ess: (PLEASE include EVER`	Y PERSON residing in the home)		
LAST NAME	FIRST NAME	RELATIONSHIP	DOB	
Please list all vehicles tha	nt will be parked in the c	community or on the driveway or	<u>a regular basis.</u>	
	<u>VEHICLE</u>	<u>INFORMATION</u>		
MAKE:	MODEL:	TAG:		
MAKE:	MODEL:	TAG:		
MAKE.	MODEL :	TAG:		
mul.	MODEL.	1/1G		
MAKE.	MODEL .	TAG:		
WITHKE,	MODEL;	1/M;		

MISSION BAY COMMUNITY ASSOCIATION, INC.

RENTER ONLY

1. I	hereby agree	for myself and	on behalf of all	persons who may	y use the unit which I	seek to lease:
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	 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
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.
	FY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND HERBY AUTHORIZE YOU TO ANY INQUIRIES YOU FEEL NECESSARY TO EVALUATE MY TENANCY.
TENAN	T SIGNATURE DATE
TENAN	T SIGNATURE DATE

MISSION BAY COMMUNITY ASSOCIATION, INC. <u>REFERENCE FORM</u>

Emp	olo	yment
	_	

Present Employer	Phone Number			
Position	How Long?	Gross Income		
Spouse Employer	Phon	Phone Number		
Position	_How Long?	Gross Income		
<u>Character References</u>				
1) Name	Phone Numb	oer		
Address	City	Statezip		
2) Name	Phone Numb	oer		
Address	City	Statezip		
3) Name	Phone Numb	per		
Address	City	Statezip		
Previous Rental References				
Previous Address	How Long?			
Address				
Previous Landlord		phone		

OFFICE USE ONLY LEASE CHECKLIST

Applicant Name/s		U1	nit#
Owner's Name			
Check in Date:		Check out Date:	
Application for Occupancy	7		
Residential Information for	rm		
Copy of Lease			
Background Check			
Copy of License			
Security Deposit			
Application Fee			
Board Approval/			
Office Approval			