

WINCHESTER COURTS HOA, INC.

C/O Sea Breeze Community Management Services, Inc.

4227 Northlake Boulevard

Palm Beach Gardens, FL 33410

(561)626-0917 Fax (561)626-7143

www.seabreezecms.com

Tenant Application - Interview Required (last updated 10/2017)

COMPLETE ITEMS 1 TO 16 & SUBMIT NO LATER THAN 2 WEEKS PRIOR TO MOVE-IN DATE. Old application packages will not be accepted our most current application package is available online at the Sea Breeze website.

MAIL OR DROP OFF APPLICATION PACKAGE AT OUR OFFICE.

FAX COPIES WILL NOT BE ACCEPTED AS APPLICATION IS INCOMPLETE.

If copies needed a charge of 25 cents per page made payable to Sea Breeze CMS, Inc.

- ___ 1) Application for occupancy form (all information must be completed). (pg. 3-6)
- ___ 2) Addendum to lease to be completed by owner(s) and tenant(s). (pg.7)
- ___ 3) Pet registration form. (pg. 8)
- ___ 4) Each adult (18 and over) renting or residing in unit to complete occupant certification. (pg. 9)
- ___ 5) Owner(s) complete owner certification. (pg. 10)
- ___ 6) Residential screening request & disclosure & authorization agreement to be completed by **all ADULTS (18 and over) renting or residing in unit. Print extra pages as needed. (pg. 11-12)**
- ___ 7) Certificate of Approval to be completed by each adult (18 and over). Fill in the blanks where the form request for the property address, owner's name, tenant's name, tenant's signature and date. This paperwork is required for approval. The approval is not authorized until the bottom section of the page is completed by an authorized Board Member or Property Manager. (pg. 13)
- ___ 8) All adult occupants (18 and over) review the Rules and Regulations. Sign and print your name. The rules will be reviewed at the welcome meeting. (pg 14-16)
- ___ 9) Provide a copy of the **signed lease contract** naming the owners, tenants and start & end date of term.
- ___ 10) Provide a copy of registration and proof of insurance for each vehicle.
- ___ 11) Provide a copy of picture ID (driver's license or passport) for each adult (18 and over) renting or residing in unit.
- ___ 12) 100.00 **CASH, MONEY ORDER OR CASHIER'S CHECK ONLY** per adult (18 and older) representing a non-refundable application processing fee made payable to Winchester Courts HOA, Inc.
- ___ 13) Out of the country applicants are subject to completing additional paperwork and fees as determined by our screening company. Please contact our office prior to submitting the application to obtain additional paperwork and fee amount. If additional fees are needed this is non-refundable and made payable to Winchester Courts HOA, Inc.. **CASH, MONEY ORDER OR CASHIER'S CHECK ONLY will be accepted.**
- ___ 14) \$50.00 **CASH, MONEY ORDER OR CASHIER'S CHECK ONLY** representing a non-refundable administrative fee made payable to Sea Breeze CMS, Inc.
- ___ 15) \$500.00 **CASH, MONEY ORDER OR CASHIER'S CHECK ONLY** for a security deposit which is refundable if applicant is turned down. Deposit made payable to Winchester Courts HOA, Inc.
- ___ 16) If the application is not completed in its entirety, the application will be RETURNED and WILL NOT be approved. **Interview is required prior to approval. It is critical for the interview that occupant(s) speak and read English or you must bring an interpreter with you.**

Application Criteria

An applicant may not be approved based on one or more of the following:

1. Application not completed in full.
2. Background reports.
3. Does not meet minimum credit score of 600.
4. Landlord references and/or personnel references.
5. False information provided in application.
6. Lease term is established for less than 90 days.
7. Property lease more than twice (2) in a calendar year.
8. A pickup truck, boat, trailer, motorbike, recreational vehicles or commercial vehicle is parked at the property.
9. There is more than two (2) vehicles.

Current Information (All information must be printed and legible throughout the documents).

Winchester Courts Address: _____

Name of Current Owner: _____

Current Owner Phone Number: _____ **Email:** _____

Address: _____

Name of Tenant(s): _____

Tenant(s) Phone Number: _____ **Email**

Address: _____

Lease Term: Start _____ **End** _____

Realtor Name & Phone Number: _____

APPLICATION FOR OCCUPANCY

OCCUPANT(S) INFORMATION:

Information regarding each person to reside in the unit (including children). (Use a separate sheet of paper for information regarding all additional residents, as needed.)

| Name [Print-must be legible.] | Age | Relationship to Tenant |
|-------------------------------|-------|------------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |

LICENSED DRIVERS: To be residing in the Community

| | | |
|---------------|-----------------|--------------|
| Name: _____ | License # _____ | State: _____ |
| Name: _____ | License # _____ | State: _____ |
| Name: _____ | License # _____ | State: _____ |
| Name: _____ | License # _____ | State: _____ |
| Others: _____ | | |

VEHICLES: Provide a copy of registration and proof of insurance for each vehicle.

| Make & Model of Vehicle | License Number | Color | State Registered |
|-------------------------|----------------|-------|------------------|
| | | | |
| | | | |
| | | | |

EMERGENCY CONTACTS:

1) In case of Emergency notify: _____ Relationship: _____
Address: _____ Phone: _____

2) In case of Emergency notify: _____ Relationship: _____
Address: _____ Phone: _____

PERSONAL REFERENCES: (**DO NOT LIST RELATIVES.** Each adult (18 and over) occupant must have 3 references.

1) Tenant Name: _____ Relationship: _____

Name of Personal Reference: _____ Phone: _____

Address: _____

2) Tenant Name: _____ Relationship: _____

Name of Personal Reference: _____ Phone: _____

Address: _____

3) Tenant Name: _____ Relationship: _____

Name of Personal Reference: _____ Phone: _____

Address: _____

1) Tenant Name: _____ Relationship: _____

Name of Personal Reference: _____ Phone: _____

Address: _____

2) Tenant Name: _____ Relationship: _____

Name of Personal Reference: _____ Phone: _____

Address: _____

3) Tenant Name: _____ Relationship: _____

Name of Personal Reference: _____ Phone: _____

Address: _____

CURRENT RESIDENCE: Provide current residence for each adult (18 and over) occupying the unit. Use separate sheet of paper, if necessary.

1) Tenant Name: _____

Current Address: _____

I/We have _____ owned (give length of time) _____

I/We have _____ rented Start (mm/dd/yyyy): _____ / _____ / _____ End (mm/dd/yyyy): _____ / _____ / _____

Name of Landlord or Mortgage holder: _____

Address of Landlord or Mortgage holder: _____

Phone Number of Landlord or Mortgage holder: _____

CURRENT RESIDENCE CONTINUED:

2) Tenant Name: _____

Current Address: _____

I/We have _____ owned (give length of time) _____

I/We have _____ rented Start (mm/dd/yyyy): _____/_____/_____ End (mm/dd/yyyy): _____/_____/_____

Name of Landlord or Mortgage holder: _____

Address of Landlord or Mortgage holder: _____

Phone Number of Landlord or Mortgage holder: _____

RESIDENCE HISTORY: Provide previous residence history for each adult (18 and over) occupying the unit. If less than 5 years, provide residence history on a separate sheet, if necessary.

1) Tenant Name: _____

Previous Address: _____

I/We have _____ owned (give length of time) _____

I/We have _____ rented Start (mm/dd/yyyy): _____/_____/_____ End (mm/dd/yyyy): _____/_____/_____

Name of Landlord or Mortgage holder: _____

Address of Landlord or Mortgage holder: _____

Phone Number of Landlord or Mortgage holder: _____

2) Tenant Name: _____

Previous Address: _____

I/We have _____ owned (give length of time) _____

I/We have _____ rented Start (mm/dd/yyyy): _____/_____/_____ End (mm/dd/yyyy): _____/_____/_____

Name of Landlord or Mortgage holder: _____

Address of Landlord or Mortgage holder: _____

Phone Number of Landlord or Mortgage holder: _____

WORK HISTORY: Provide work history on all adult (18 and over) occupants, use separate page if necessary. If less than 5 years, provide previous employer info on separate page.

1) Tenant Name: _____

2) Tenant Name: _____

Employer _____

Employer _____

Phone _____

Phone _____

Address _____

Address _____

Position _____

Position _____

Supervisors Name _____

Supervisors Name _____

Employed From _____ To _____

Employed From _____ To _____

Reason for Leaving _____

Reason for Leaving _____

I give authorization to Winchester Courts HOA Inc. or its agents to contact any and all references listed.

Signature

Signature

Printed Name

Printed Name

Date

Date

CRIMINAL BACKGROUND:

I understand a Nationwide Law Enforcement Investigation is required and will be done.

1) Have you (or any other occupants) ever been convicted of a State or Federal offense:

_____ Yes _____ No If yes provide detail: _____

2) Are you (or any other occupants) presently awaiting trial on any criminal offense?

_____ Yes _____ No If yes provide detail: _____

If yes to any of the above, give occupant's name, dates, name of court, and details of conviction (use separate sheet of paper, if necessary).

ADDENDUM TO LEASE

Fill in the blanks. Both landlord(s) and tenant(s) must print name and sign. A witness to both the landlord(s) and tenant(s) signature is required, witness must print name and sign.

THIS ADDENDUM is made between _____ (“Landlord”) and _____ (“Tenant(s)”) effective this _____ day _____ 20_____ and is intended to and shall supplement, amend and modify that certain Lease dated _____ regarding Unit _____, in the following respects:

1. Tenant(s) are subject to and shall abide by all Covenants, Restrictions, Rules and Regulations set forth in the Declaration of Covenants, Conditions and Restrictions for Winchester Courts HOA Inc. If the tenant(s) fails to comply with the Rules and Regulations the Association has the right to evict the tenant(s).

2. In the event the landlord/owner becomes delinquent in payment of assessments (regular or special) or other charges to the Association, the Association may notify the tenant. Upon such notification the tenant shall be obligated to pay the rent required under the lease to the Association, until all delinquent assessments and other charges have been paid in full. During the period of time the tenant is paying the rent to the Association, the Landlord shall not seek to evict the tenant for non-payment of rent.

Witness:

LANDLORD(S)

Signature

Signature

Printed Name

Printed Name

Signature

Signature

Printed Name

Printed Name

Witness:

TENANTS(S)

Signature

Signature

Printed Name

Printed Name

Signature

Signature

Printed Name

Printed Name

Pet Registration Form

Fill in the blanks. Submit a recent picture of each pet. Sign and date acknowledgement.

Unit Owner or Resident _____

Unit # _____ Address _____ Phone # _____

Type of pets; (Please circle) Dog Cat Bird Other (specify) _____

Veterinarian's Name _____ Veterinarian's Phone # _____

1) Pet Name _____ Pet Age _____ Pet Current Weight _____

Pet license/ Tag Number _____ Pets Estimated Maximum Weight at Maturity _____

Please attach recent photo of pet here



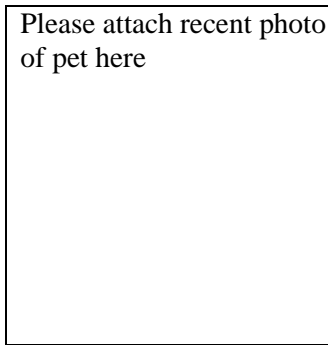
Please list pet's rabies shot record below

2)

Pet Name _____ Pet Age _____ Pet Current Weight _____

Pet license/ Tag Number _____ Pets Estimated Maximum Weight at Maturity _____

Please attach recent photo of pet here



Please list pet's rabies shot record below

I am aware of the Associations Rules, Regulations and Restrictions regarding pets on property and agree to abide by them.

Unit/ Pet owner's Signature _____ Date _____

OCCUPANT CERTIFICATION

Each adult (18 and over) renting or residing in unit to print name, sign and date.

By my signature below, I *hereby* certify

- 1) That all of the information contained in this application is true and complete and I/we give my/our permission for a nationwide law enforcement background investigation and credit history verification.
- 2) That I/We understand and agree that *False* or Misleading information given in this application constitutes grounds for rejection of this application and revocation of my right to reside on this property.
- 3) That the unit I/We occupy may not be leased or sub-leased without the express written approval of the Winchester Courts HOA, Inc.
- 4) That no persons other than those shown on this application will reside in the unit and I/We agree that anyone moving into the unit at a later date will be registered with the Association and a background investigation done at the occupant's expense prior to occupancy.

Print Name of Occupant 1

Signature of Occupant 1

Print Name of Occupant 2

Signature of Occupant 2

Print Name of Occupant 3

Signature of Occupant 3

Print Name of Occupant 4

Signature of Occupant 4

Date Signed _____

OWNER CERTIFICATION

Owner to sign and date. A witness to the owners(s) signature is required, witness must sign and date.

By my signature below I/We hereby certify:

- 1) That the information contained in this application is true and accurate to the best of my knowledge.
- 2) That a copy of the lease agreement or sales contract is attached, and that there are no other agreements concerning this lease, rental, or potential purchase.
- 3) That the unit owner is responsible for any and all costs related to damages to community property and/or violation of the Documents of Winchester Courts HOA, Inc. and that these costs include actual damage and all costs and fees paid for the Associations attorney as may relate to the owners, tenants and/or the guests of such tenants.

I/we hereby authorize the Association to evict a tenant at my (unit owner) expense in any case where my tenant fails to abide by the Documents of Winchester Courts HOA, Inc.

I/We understand and agree to pay the fines issued by the Association Fining committee for violations of the Association's Documents and Winchester Courts HOA, Inc. any and all remedies available by law to correct a violation of Governing Documents.

Signature of Owner: _____ Date _____

Signature of Co Owner: _____ Date _____

Signature of Witness: _____ Date _____

OFFICE USE ONLY:

Sale () Lease () Unit Address: _____

APPROVED () DENIED () DATE: _____

Board of Director's Signature or Authorized Board Representative: _____

REASON DENIED: _____

LEASE DATES: Start _____ End _____ By _____

Winchester Courts / Ref# _____

RESIDENTIAL SCREENING REQUEST

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ DOB (MM/DD/YYYY): _____

Tel#: _____ Cell#: _____

Current Employer

Company: _____ N/A _____ Tel#: _____ N/A _____

Supervisor: _____ N/A _____ Salary: _____ N/A _____

Employed From: _____ To: _____ Title: _____ N/A _____

Current Landlord

Company: _____ N/A _____ Tel#: _____ N/A _____

Landlord: _____ N/A _____ Rent: _____ N/A _____

Rented From: _____ N/A _____ To: _____ N/A _____

I have read and signed the Disclosure and Authorization Agreement.

SIGNATURE: _____ **DATE:** _____

DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CONSUMER REPORTS

DISCLOSURE

A consumer report and/or investigative consumer 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 residence.

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

Signature

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 the box.

Sea Breeze CMS, Inc.
4227 Northlake Boulevard
Palm Beach Gardens, Florida 33410
561-626-0917 Fax 561-626-7143
www.seabreezecms.com

CERTIFICATE OF APPROVAL FOR LEASE

The undersigned authorized representative of **Winchester Courts HOA Inc.** hereby certifies that the proposed conveyance of the following unit has been approved as written below:

Unit Number: _____ Unit Address: _____

Owner(s): _____

Tenant(s): _____

The above Tenant(s) as evidenced by Tenant(s) signature(s) below hereby acknowledge receipt of the Rules and Regulations for association and agree and understand that condition of approval is adherence to all the Community Rules. Failure to abide by the Rules and Regulations for the Association will result in non-renewal of lease approval and possible eviction from the unit.

Tenant(s) Printed Name

Tenant(s) Printed Name

Tenant(s) Signature

Tenant(s) Signature

Date

Date

This is to certify that the above named Tenant(s) have complied with the above statements and hereby obtain the approval of **Winchester Courts HOA Inc.**

By: _____ As: _____ Date: _____
On behalf of the Board of Directors

ORIENTATION MEETING REMINDERS:

Mailbox Keys: Seller/Owner to provide Buyer/Renter – or Buyer/Renter may contact Post Office. Management office does not have keys.

Changes/Modifications: An ARC form must be submitted and approved in writing by the association prior to any exterior modifications. Or owner may bear cost of restoration.

Vehicle/Parking: Prohibited vehicles are pick-up trucks, van; boat; motor homes or other habitable motor vehicle/trailers; two or three-wheeled vehicle; commercial vehicles (unless on business)of any type, including limousine are prohibited; except four-wheel passenger automobiles.

Vehicles, regardless of classification, necessary for the during regular business hours, and only for the time period during which the maintenance, care or protection is being provided: maintenance, official emergency, police, deliveries, golf cart, if any, utilized by the Association, vehicles for the handicapped bearing identification and such by the applicable governmental authority.

(A) **Certain vans which are permitted.** Subject to that provided above, **a two-axle van** as defined below which does not exceed the manufacturers' standard length, weight and width of the particular van in a customized converted condition; used solely for family or personal transportation and which is not a commercial vehicle as defined below; **which contains at least two (2) rows of seating and a window on each side of the vehicle adjacent to at least each of the first two (2) rows of seating;** and which is or would be registered in the State of Florida as a passenger station wagon or an equivalent; shall be permitted. The Association is permitted to make a presumption that the foregoing criteria are met, without the receipt of specific information or the vehicle registration, unless upon visual inspection of vehicle, it is obvious that any of such criteria are not met. The owner or custodian of the vehicle shall submit to the Association, reasonable information and documentation (including title and/or registration) concerning the vehicle upon request

- All motor vehicles must be maintained as to not create an eyesore in the community.
- No motor vehicle shall be driven or parked at any time on the grass within WINCHESTER COURTS,
- Except in the case of safety concerns, horns shall not be used or blown while a vehicle is parked, standing in or driving through the roads and/or parking areas at WINCHESTER COURTS. Racing engines and loud exhausts shall be prohibited. No vehicle shall be parked with motor running.
- No vehicles which appear to be unable to operate on its own power shall remain within WINCHESTER COURTS for more than twenty-four (24) hours, and no repair of a vehicle (including changing of oil) shall be made within WINCHESTER COURTS except for minor repairs necessary to permit removal of a vehicle.

Assigned Parking Spaces

Each Unit at WINCHESTER COURTS shall be assigned two (2) parking spaces, as per the Association's parking assignment plan. Each unit's assigned parking spaces shall be limited to parking by the owners/residents of the particular Unit and their guests/visitors. No owner/resident of a Unit may use the assigned parking spaces assigned to another Unit unless the residents/Owners of the other unit consent. Parking decals must be applied to the vehicle by completing the parking decal form. Decals to be applied by the management company at their office.

GUESTS AND VISITORS Guests may park in the guest spots a maximum of two consecutive weeks (14 days) in each six (6) month period. A guest pass must be displayed showing unit I.D., any vehicle in guest parking without a guest pass is subject to tow without further warning. Only 1 guest pass issued per unit.

Remedy of Towing All vehicles failing to comply with these provisions shall not be in compliance and shall be subject to tow, at the vehicle owner's expense.

Driving of Motorized and Non-motorized Vehicles: No skateboards, bicycles, mopeds, motorcycles and similar motorized and non-motorized vehicles and items shall be driven or ridden at any time on any walkways or in the parking areas.

Pets and Animals: Pets and animals shall be restricted to fish, small caged domestic birds, hamsters, gerbils, small turtles, guinea pigs, cats or dogs. All pets must be registered with and approved by the Board of Directors.

- Dogs and cats shall be on a leash at all times and must pick up after your pet. Pets and animals not leashed may be reported and/or picked by the city or county.
- Any pet owner's right to have a pet/animal reside in or visit WINCHESTER COURTS shall have such right revoked if the pet/animal shall create a nuisance as may be determined by the Board of Directors of the Association.

Personal Items: No clothes, toys, clutter or other personal items shall be hung, displayed or placed on the exterior portions of the units including on the fences, exterior portions of the building, in the walkways or parking areas at anytime. This would include nails.

Trash and Garbage: All garbage shall be placed in secured plastic bags and then placed in dumpsters located in the common areas. For bulk trash you must contact Waste Management (561-547-4000) to schedule pick-up. Please do **NOT** put out prior to 6:00 p.m. the evening prior to your call to Waste Management to schedule a pick up. Waste Management's phone number is noted on signs posted at the dumpsters.

Type of Waste:

Pick-up Days:

Regular Pick-up

Tuesday & Friday

Recycling Material

Monday

Owner Responsibility: Owners are strictly responsible to ensure that their family members, tenants, agents, visitors and guests or any occupants of their Units comply with the HOMEOWNERS DOCUMENTS. As such, Owners are responsible and liable to the Association for violation of the HOMEOWNERS DOCUMENTS by the above-mentioned persons.

Quiet Use: Each owner shall occupy and use his unit in such a manner as will not interfere with the quiet and peaceable use and enjoyment of the other units and occupants. There shall be no playing in parking lots, on sidewalks or any paved areas within the Common Areas

Leasing of Units. The Board has the right to approve and disapprove of a lease.

Must complete rental application, which is available online at the Sea Breeze website and be approved prior to occupancy. Review rental application for fees and application criteria.

If you are evicted from the community you may not come back onto the property or it will be considered trespassing and police may be called.

Sale: Documents – Seller to provide to Buyer – Available at Management office \$50.00 or online at www.seabreezecms.com

Unit Address: _____

Rental or Purchase

Interviewer: _____

Interview Date: _____

Assigned Parking Space Numbers: _____

Signature of Buyer/Renter/Resident acknowledge, understand and agree to comply with the above rules for Winchester Courts Homeowner Association

Buyer/Renter/Resident Signature

Buyer/Renter/Resident Signature

Date

Buyer/Renter/Resident Signature

Buyer/Renter/Resident Signature

Date

Email Address:

Please provide your email address and sign and date if you would like to receive emails related to Association business or Association related updates.

Yes, please provide your email address: _____

No

Signature

Date

Emergency Procedures

Winchester Courts HOA, Inc
4227 Northlake Boulevard
Palm Beach Gardens, FL 33410
561-626-0917 Fax 561-626-7143
www.seabreezecms.com



Sewer Policy

If you are having sewer issues please follow procedure below:



You must contact Seacoast FIRST.

- 1) Contact Seacoast at 627-2920, Emergency # after business hours 627-2929. Seacoast will come out and determine if it is their responsibility or not.
- 2) If it is not Seacoast please contact Sea Breeze office during business hours Monday to Friday 9:00 a.m. to 5:00 p.m. After business hours please contact Roto-Rooter at 863-6934. We have a contract with Roto-Rooter for a special gold rate. NOTE: Winchester Courts documents state Winchester Courts is to maintain the sewer lines as a limited common expense; Winchester Courts will pay the bill and bill the four unit owners in the affected building.

Any expense incurred to elevate a water or sewer problem without following the Communities established and prescribed procedure will be the total responsibility of the owner or resident.

Bee Policy

If you see a swarm of bees around your unit call Sea Breeze straight away. We will contact Alpine Bee Farm to have them removed. If honeycomb nest is inside walls or ceilings it will need to be removed as it may attract rodents, etc. If the section of drywall needs to be removed, Winchester Courts will repair drywall and leave to a smooth finish, unit owner is responsible for finish - paint, wallpaper, etc. Outside of business hours contact Alpine Bee Farm at: 772-286-3850.



Rodent Policy

- 1) Please contact Sea Breeze office and report the issue.
- 2) Sea Breeze will contact Gardens Pest Control to inspect exterior of unit including the roof and recommendations will be made. Building exterior may require further sealing.
- 3) Traps will be placed in soffit area. Owners must keep an eye on and if they see or hear anything report any activity to Gardens Pest Control.
- 4) If unit appears to be sealed as per Gardens Pest Control inspection all 4 unit owners must get together to have a smoke test performed, at the owner's expense to see if there are any broken pipes that may allow access. Rats can also come in through sewer lines.



Guest Parking Policy

Guests may park in the guest spots a maximum of two consecutive weeks (14 days) in each six (6) month period. A guest pass must be displayed showing unit I.D., any vehicle in guest parking without a guest pass is subject to tow without further warning. Only 1 guest pass issued per unit. Pick-up trucks parked overnight are subject to tow at vehicle owners expense.

Roof Leak Policy

If you find your roof is leaking please immediately contact Sea Breeze office during business hours. We will contact a vendor to inspect to determine resolution to leak. –Note: roofers will not come out during the rain.



NOTE: Please call our emergency number if you have an issue with any of the above outside business hours: 1-888-385-8317.