

OLYMPUS POA, 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

Lease Transaction/Acknowledgement Form (updated 6/2018)

COMPLETE ITEMS 1 TO 5 & SUBMIT NO LATER THAN 2 WEEKS PRIOR TO MOVE-IN DATE

**MAIL OR DROP OFF APPLICATION PACKAGE TO 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). Page 1
- ____2) 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. Page 2
- ____3) Provide a copy of the **signed lease contract. Must be for a minimum of three (3) consecutive months.**
- ____4) \$25.00 **CASH, MONEY ORDER OR CASHIER'S CHECK ONLY** representing a non-refundable application processing fee made payable to Olympus POA, Inc.
- ____5) \$100.00 **CASH, MONEY ORDER OR CASHIER'S CHECK ONLY** representing a non-refundable administrative fee made payable to Sea Breeze CMS, Inc.

Olympus Address: _____

Name of Current Owner: _____

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

Name of Tenant(s): _____

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

Current Address: _____

Name of Tenant(s): _____

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

Current Address: _____

Lease Term: Start _____ **End** _____

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CERTIFICATE OF APPROVAL FOR LEASE

The undersigned authorized representative of **Olympus POA 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): _____

Renter acknowledges that the lease is three (3) months or more.

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 statement and hereby obtain the approval of **Olympus POA Inc.**

By: _____ As: _____ Date: _____

On behalf of the Board of Directors