

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 6/2019)

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 extra copies needed, 25 cents per page to Sea Breeze CMS, Inc.

- ____1) Application for Occupancy Form (all information must be completed). This page #1
- ____2) Certificate of Approval to be completed by each adult (18 and over). Fill in the blanks: request for property address, owner's name, tenant's name, tenant's signature and date and sign to confirm agreement with minimum lease term of three (3) months.
- ____3) Provide a copy of the **signed lease contract. Must be for a minimum of three (3) consecutive months.**
- ____4) \$100.00 **CASH, MONEY ORDER OR CASHIER'S CHECK ONLY** representing a non-refundable administrative fee made payable to Sea Breeze CMS, Inc. processing fee as per Contract.

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** _____

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

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): _____

By Signature below, renter acknowledges that the lease term is not less than three (3) months.

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