

CIELO COMMUNITY ASSOCIATION, INC.

Palm Beach Gardens, FL 33418

PLEASE CHECK HERE IF THE PROSPECTIVE RESIDENT IS A SERVICE MEMBER (term “service member” is defined to include any person serving as a member of the United States Armed Forces on active duty or State active duty and all members of the Florida National Guard & United States Reserve Forces).

NEW RESIDENT (TENANT) APPLICATION AND INSTRUCTIONS

Pursuant to the Governance Documents of CIELO COMMUNITY ASSOCIATION INC., the Association shall review the proposed Resident application within thirty (30) days of receipt of **ALL** required information, documents and fees. Therefore, before submission of your approval package, please make sure that all required items are submitted as a complete package– doing so will ensure the application is processed in a timely manner. Any failure to complete applications or submit required documents and fees together will delay the approval process.

APPLICANT must submit:

1. Completed Application (Application will not be processed without all signatures)
2. Signed Lease Provision (LEASE ACKNOWLEDGEMENT AND AUTHORIZATION)
3. Signed copy of Lease Contract with owner of unit
4. Photo ID for each adult occupant (driver’s license, passport, military ID, etc.)
5. Vehicle Registration Form (one for each occupant with a vehicle)
6. Photos and registration of all animals/pets proposed to occupy the unit
7. **\$100.00 for each animal to reside at Cielo** (non-refundable fee for pet station supplies) made payable to Cielo CA Inc.
Note: Pets acquired after residency must be registered and applicable fee paid to Cielo
8. **\$100.00 Application Fee for each occupant 18 years of age or older** (non-refundable) made payable to Cielo CA Inc.
9. **\$100.00 Processing Fee (cash, money order or cashier’s check only)** payable to Sea Breeze CMS, Inc.
10. Association approval is required for all adult occupants prior to occupancy

All items must be submitted as an entire packet to:

Sea Breeze Community Management Services, Inc.

4227 Northlake Blvd.

Palm Beach Gardens, FL 33410

(561) 626-0917

Complete attached forms and submit to CIELO CA, Inc. c/o Sea Breeze CMS Inc.

Thank you in advance for your cooperation in following this process.

Below information is to be completed by Property Manager or Cielo CA Inc.

Sea Breeze CMS to attach:

___ Background check for all adults* ___ Owner ARR ___ Photo IDs all adults ___ Pet Info

***NOT REQUIRED FOR CURRENT CIELO RESIDENTS OR OWNERS**

Association Approval: _____ Date: _____

CIELO COMMUNITY ASSOCIATION, INC.

Palm Beach Gardens, FL 33418

Application for New Resident Approval (Page 1 of 2)

We hereby apply to the Board of Directors of CIELO CA Inc. for approval of the following:

CURRENT LEASE INFORMATION

Lease Address: _____ Lease Start/End Dates: _____

HOMEOWNER (LANDLORD) INFORMATION

Name(s): _____ E-Mail Address: _____

Phone: _____ Alternate Phone: _____

APPLICANT INFORMATION (All current and proposed adult occupants)

Name of Occupant#1: _____

Current Address: _____

Phone: _____ Alternate Phone: _____ Email: _____

Emergency Contact (name and phone): _____

Name of Occupant#2: _____

Current Address: _____

Phone: _____ Alternate Phone: _____ Email: _____

Emergency Contact (name and phone): _____

Name of Occupant#3: _____

Current Address: _____

Phone: _____ Alternate Phone: _____ Email: _____

Emergency Contact (name and phone): _____

Name of Occupant#4: _____

Current Address: _____

Phone: _____ Alternate Phone: _____ Email: _____

Emergency Contact (name and phone): _____

CIELO COMMUNITY ASSOCIATION, INC.

Palm Beach Gardens, FL 33418

Application for New Resident Approval (Page 2 of 2)

CHILDREN OCCUPANTS

Children occupant names and date of birth:

1. _____ DOB: _____

2. _____ DOB: _____

3. _____ DOB: _____

4. _____ DOB: _____

5. _____ DOB: _____

ANIMAL OCCUPANTS

*Pet 1: _____ Breed: _____ Weight (lbs): _____ Service Animal (Yes/No) _____

*Pet 2: _____ Breed: _____ Weight (lbs): _____ Service Animal (Yes/No) _____

*Indicate type of pet (dog, cat, etc.). Please attach current tag information and/or veterinarian certificate along with a photo (required). The limit is two (2) pets per household. If any animal is a Service Animal details must be attached.

ALL ADULT OCCUPANTS PLEASE SIGN BELOW:

OCCUPANT #1: _____ Date: _____

OCCUPANT #2 _____ Date: _____

OCCUPANT #3 _____ Date: _____

OCCUPANT #4 _____ Date: _____

In the event the maintenance fee becomes delinquent at any time during the Lease, both the Homeowner and Lessee(s) by signing this Application agree that the Association has the right, pursuant to F.S. 720, to garnish the rents until such time that all assessments on the leased property are current.

OWNER PLEASE SIGN BELOW:

Owner Signature and Date Signed

CIELO COMMUNITY ASSOCIATION, INC. (the "Association")
c/o Sea Breeze CMS, Inc.
4227 Northlake Blvd.
Palm Beach Gardens, FL 33410
561-626-0917

LEASE ACKNOWLEDGEMENT AND AUTHORIZATION

I, THE UNDERSIGNED, HEREBY ACKNOWLEDGE that any and all lease agreements between an owner and a lessee in the Association shall be in writing, shall provide for a term of not less than one month, not more than one (1) year, nor may a home be leased more frequently than twice in any twelve (12) month period, measured from the commencement of the most recent prior lease. All lessee(s) and any guests or invitees must comply at all times with the Association's governing documents and rules and regulations, which are subject to amendment from time to time.

By signing below I acknowledge having read and understood the foregoing and further state that I understand that all adults (all persons 18 years of age or older) who will occupy Cielo units must complete application forms, pay a non-refundable \$100.00 per person application fee (one fee for each adult occupant) to Cielo; a non-refundable \$100.00 per pet fee (one fee for each animal) to Cielo; and a processing fee of \$100 to Sea Breeze CMS; and receive approval from the Cielo Board of Directors or their designee before moving into a unit. I acknowledge receipt of a copy of the governance documents and rules and regulations for the Association and understand that any violation of the governance document or rules and regulation by myself or any of my guests or invitees may result in the Association's proceeding with immediate eviction proceedings against all occupants of the offending unit. It is also understood that any legal costs related to such an eviction or enforcement action will be the unit owner's responsibility and will be billed to him/her, with any unpaid legal fees, taxable costs and interest being a lien against the unit to the extent collection is required. I hereby consent to the conducting of a background investigation of all applicants, including a criminal history search, credit report and renter's reference investigation of my past rental history and authorize Sea Breeze CMS Inc. on behalf of Cielo CA, Inc. to conduct such investigation and order such criminal history search, credit report and other references related to same as the Association may deem prudent or required.

Owner Signature and Date Signed

1. _____ 2. _____ 3. _____
Applicant(s) Signature(s)

1. _____ 2. _____ 3. _____
Full Name(s) Printed and Date Signed

CIELO COMMUNITY ASSOCIATION, INC.

Palm Beach Gardens, FL 33418

c/o Sea Breeze CMS

VEHICLE REGISTRATION FORM FOR RESIDENT USE

CIELO ADDRESS: _____

OCCUPANT #1

NAME: (Please print) _____

VEHICLE INFORMATION

VEHICLE 1

Make: _____ Model: _____ Color: _____
State: _____ Tag: _____

VEHICLE 2

Make: _____ Model: _____ Color: _____
State: _____ Tag: _____

VEHICLE 3

Make: _____ Model: _____ Color: _____
State: _____ Tag: _____

INSURANCE INFORMATION: [Please indicate name of insurance provider.] TODAY'S DATE _____

Vehicle #1 _____

Vehicle #2 _____

Vehicle #3 _____

I agree to abide by the parking regulations of Cielo. I agree to abide by all traffic signs and traffic patterns. I understand and agree that overnight parking of ALL commercial vehicles is prohibited. I understand and agree that any motor homes, boats, campers and trailers are strictly prohibited in Cielo unless parked in the garage.

Any vehicle parked not in compliance with Cielo regulations is subject to towing and/or owner fining.

Signature _____ Date: _____

EMAIL ADDRESS (PRINT CLEARLY PLEASE) _____

CIELO COMMUNITY ASSOCIATION, INC.

Palm Beach Gardens, FL 33418

c/o Sea Breeze CMS

VEHICLE REGISTRATION FORM FOR RESIDENT USE

CIELO ADDRESS: _____

OCCUPANT #2

NAME: (Please print) _____

VEHICLE INFORMATION

VEHICLE 1

Make: _____ Model: _____ Color: _____

State: _____ Tag: _____

VEHICLE 2

Make: _____ Model: _____ Color: _____

State: _____ Tag: _____

VEHICLE 3

Make: _____ Model: _____ Color: _____

State: _____ Tag: _____

INSURANCE INFORMATION: [Please indicate name of insurance provider.] TODAY'S DATE _____

Vehicle #1 _____

Vehicle #2 _____

Vehicle #3 _____

I agree to abide by the parking regulations of Cielo. I agree to abide by all traffic signs and traffic patterns. I understand and agree that overnight parking of ALL commercial vehicles is prohibited. I understand and agree that any motor homes, boats, campers and trailers are strictly prohibited in Cielo unless parked in the garage.

Any vehicle parked not in compliance with Cielo regulations is subject to towing and/or owner fining.

Signature _____ Date: _____

EMAIL ADDRESS (PRINT CLEARLY PLEASE) _____

CIELO COMMUNITY ASSOCIATION, INC.

Palm Beach Gardens, FL 33418

c/o Sea Breeze CMS

VEHICLE REGISTRATION FORM FOR RESIDENT USE

CIELO ADDRESS: _____

OCCUPANT #3

NAME: (Please print) _____

VEHICLE INFORMATION

VEHICLE 1

Make: _____ Model: _____ Color: _____
State: _____ Tag: _____

VEHICLE 2

Make: _____ Model: _____ Color: _____
State: _____ Tag: _____

VEHICLE 3

Make: _____ Model: _____ Color: _____
State: _____ Tag: _____

INSURANCE INFORMATION: [Please indicate name of insurance provider.] TODAY'S DATE _____

Vehicle #1 _____

Vehicle #2 _____

Vehicle #3 _____

I agree to abide by the parking regulations of Cielo. I agree to abide by all traffic signs and traffic patterns. I understand and agree that overnight parking of ALL commercial vehicles is prohibited. I understand and agree that any motor homes, boats, campers and trailers are strictly prohibited in Cielo unless parked in the garage.

Any vehicle parked not in compliance with Cielo regulations is subject to towing and/or owner fining.

Signature _____ Date: _____

EMAIL ADDRESS (PRINT CLEARLY PLEASE) _____

Sea Breeze – Cielo CA, Inc. / PO# _____

RESIDENTIAL SCREENING REQUEST

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

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

Tel#: _____ Cel#: _____

Current Employer

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

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

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