

APPLICATION FOR SHORT TERM LEASE  
NO LONGER THAN SIX (6) MONTHS AND ONE (1) DAY

DATE: \_\_\_\_\_

Name of Community: HAWAIIAN GARDENS PHASE VI, INC. BLDG.: \_\_\_\_\_ APT. #: \_\_\_\_\_  
Unit Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Present Owner(s): \_\_\_\_\_ Phone: \_\_\_\_\_

I/we submit the following information to your Board of Directors regarding my/our lease of the unit and listed above:  
Lease Term is: From: \_\_\_\_\_ To: \_\_\_\_\_  
Owner Address for billing, other than Unit Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

The following information must be completed by prospective lessee:

**Transfer fee must accompany this application and all maintenance must be current**  
**RENTERS MUST SUPPLY COPY OF PICTURE IDENTIFICATION AS PROOF OF AGE**

Husband: \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_ SS#: \_\_\_\_\_

Wife: \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_ SS#: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<u>Vehicle Make and Model</u>	<u>Year</u>	<u>Lic. Tag #</u>	<u>State</u>	<u>Zip</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**It is understood that no pets are allowed, and the community is for person 55 years of age and older.**

I/we understand that acceptance for lease in this Community is conditioned upon the approval of the Board of Directors. Accordingly, I/we hereby agree for myself and on behalf of all persons who may use the unit which I/we seek to lease that I/we will abide by all restrictions contained in the By-Laws and all other By-Laws, Rules and Regulations or Restrictions which may in the future be imposed by the Board of Directors. I/we will read the Rules and Regulations upon arrival.

I/we understand that sub-leasing or occupancy of this unit in my/our absence is not permitted without prior written approval of the Board of Directors.

**I/we understand that I/we are not allowed to remain in this unit for more than six (6) months and one (1) day. Screening: Fee - \$ 100.00**

I/we understand that payment of this \$ 100.00 Screening Fee does not in any way constitute approval for this transaction

In witness whereof, I/we executed the foregoing application this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

OWNER: \_\_\_\_\_ APPLICANT: \_\_\_\_\_  
OWNER: \_\_\_\_\_ APPLICANT: \_\_\_\_\_  
WITNESS: \_\_\_\_\_ APPLICANT: \_\_\_\_\_

THIS APPLICATION SHOULD BE MAILED TO AMBASSADOR MANAGEMENT AT THE ADDRESS BELOW TWO (2) WEEKS PRIOR TO THE ARRIVAL OF THE TENANT.

Ambassador Management  
7100 W. Commercial Boulevard  
Suite 107  
Lauderhill, Florida 33319

For Questions, Contact:  
Barbara DaCosta  
954-741-8811, ext. 204