



**NESS PROPERTY**  
MANAGEMENT GROUP, INC.

APPLICATION FOR LEASE OR SALE

APRIL BREEZE AT HALLANDALE BEACH  
CONDOMINIUM ASSOCIATION, INC.

**A 55+ COMMUNITY**

Ness Property Management Group, Inc.

P. O. Box 166386 Miami, Florida 33116  
Tel: (305) 431-5657 Fax: (305) 328-8275 [info@npmginc.com](mailto:info@npmginc.com)

**WHAT TO INCLUDE WITH YOUR APPLICATION:**

- COMPLETED APPLICATION (FAXED OR EMAILED)
- COPY OF YOUR LEASE OR SALES CONTRACT
- COPY OF I.Ds OF ALL PROSPECTIVE OCCUPANTS
- ORIGINAL COPY OF LOCAL POLICE BACKGROUND CHECK FOR APPLICANTS 18+

(IF ANYTHING OTHER THAN “NO LOCAL RECORD” PLEASE BRING ORIGINAL AFFIDAVIT AND DISPOSITION FOR EACH CASE)

- \$100 PAYABLE TO: NESS PROPERTY MANAGEMENT GROUP, INC. (APPLICATION FEE)

EVERY PROSPECTIVE OCCUPANT OVER THE AGE OF 18 MUST PAY A SEPARATE APPLICATION FEE OF \$100

**UNLESS LEGALLY MARRIED.**

- \$50 PAYABLE TO: APRIL BREEZE ASSOCIATION – PER INDIVIDUAL

**MONEY ORDERS, CASHIER’S CHECK, VENMO , ZELLE (305.431.5657) ARE ALL ACCEPTED / NO REFUNDS!**

**UNDER NO CIRCUMSTANCES WILL AN APPLICATION BE PROCESSED UNDER TEN BUSINESS DAYS**

PLEASE DO NOT CALL THE MANAGEMENT COMPANY PRIOR TO THE 10TH BUSINESS DAYS.

IF THE MANAGEMENT COMPANY NEEDS INFORMATION, THE UNIT OWNER OR THE TENANT WILL BE CONTACTED,

WE WILL NOT ACCEPT INCOMPLETE APPLICATION!

**Please call for Pets restrictions**

## NESS PROPERTY MANAGEMENT GROUP, INC.

### ESTOPPEL & QUESTIONNAIRE REQUIREMENTS:

- ESTOPPEL & QUESTIONNAIRE REQUESTS MUST BE MADE TO THE MANAGEMENT COMPANY:
- INCLUDE THE FOLLOWING INFORMATION WITH YOUR ESTOPPEL REQUEST:
- ASSOCIATION'S NAME
- NAME OF THE UNIT OWNER/SELLER
- NAME OF BUYER
- ADDRESS OF THE UNIT

THE ESTOPPEL WILL BE COMPLETED ON OUR FORM UNLESS ONE IS PROVIDED.

- FEE MUST BE PAID WITH MONEY ORDER OR CASHIER'S CHECK ONLY
- A PROCESSING FEE OF \$325.00 FOR A 7 DAY TURNAROUND TIME.
- A PROCESSING FEE OF \$375.00 FOR A RUSH REQUEST OF 3-4 BUISNESS DAYS TURNAROUND TIME.
- UPDATES: PROCESSING FEE OF \$100.00 7 DAY TURNAROUND TIME AND IF RUSH FEE IS \$150.00
- INCLUDE A PREPAID SELF-ADRESSED ENVELOPE IF YOU WOULD LIKE TO RECEIVE THE ORIGINAL ESTOPPEL. OTHERIWSE, INCLUDE A FAX NUMBER WITH THE ORIGINAL REQUEST.
- WE DO NOT WORK WITH FAXED COPIES. PLEASE SUBMIT ORIGINAL DOCUMENT ONLY – MAIL TO P.O. BOX 166386 MIAMI, FLORIDA 33116

THANK YOU FOR YOUR COOPERATION, SHOULD YOU HAVE ANY QUESTIONS,

FEEL FREE TO CONTACT OUR OFFICE AT 305.431.5657 or [info@npmginc.com](mailto:info@npmginc.com)

**ATTENTION UNIT OWNERS:**

USE THIS FORM TO UPDATE MAILING ADDRESS:

ASSOCIATION UNIT ADDRESS: \_\_\_\_\_

**NEW MAILING ADDRESS:**

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**TENANT INFORMATION:**

NAME OF OCCUPANT(S):

\_\_\_\_\_  
\_\_\_\_\_

PHONE #: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CHILDREN (IF ANY):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**VEHICLE INFORMATION:**

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_ YEAR: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_ YEAR: \_\_\_\_\_

PETS: (NO PETS OVER 15 POUNDS)

KIND: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT:**

\_\_\_\_\_

PHONE #: \_\_\_\_\_

RESIDENTIAL SCREENING REQUEST

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

DOB (MM/DD/YYYY): \_\_\_\_\_ SSN: \_\_\_\_\_

CELL#: \_\_\_\_\_ Email: \_\_\_\_\_

Current Employer

Company: \_\_\_\_\_ Tel#: \_\_\_\_\_

Landlord: \_\_\_\_\_ Rent: \_\_\_\_\_

Rented From: \_\_\_\_\_ To: \_\_\_\_\_

I have read and signed this Disclosure and Authorization Agreement.

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

RESIDENTIAL SCREENING REQUEST

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

DOB (MM/DD/YYYY): \_\_\_\_\_ SSN: \_\_\_\_\_

CELL#: \_\_\_\_\_ Email: \_\_\_\_\_

Current Employer

Company: \_\_\_\_\_ Tel#: \_\_\_\_\_

Landlord: \_\_\_\_\_ Rent: \_\_\_\_\_

Rented From: \_\_\_\_\_ To: \_\_\_\_\_

I have read and signed this Disclosure and Authorization Agreement.

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

PROPRIETOR AND TENANT RECONGNITION

To whom it may concern:

This letter is to certify that \_\_\_\_\_ tenants and/or occupants have applied and are moving into the property address of \_\_\_\_\_.

In signing this document and providing a copy of the driver's license the owner and tenant ensure the above information is truthful. Furthermore, the owner and tenant are fully aware if someone over the age of 18 move in after the application has been submitted and approved by the owner will be fined the sum of \$1500.00.

To avoid this penalty please ensure that everyone who will occupy the premises for more than 15 days has been approved by Ness Property Management Group, Inc. .

\_\_\_\_\_  
Parcel Owner Signature

\_\_\_\_\_  
Tenant's Signature

\_\_\_\_\_  
Parcel Owner Name

\_\_\_\_\_  
Tenant's Name

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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To whom it may concern:

This letter is to certify that \_\_\_\_\_ tenants and/or occupants have applied and are moving into the property address of \_\_\_\_\_.

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\_\_\_\_\_  
Parcel Owner Signature

\_\_\_\_\_  
Tenant's Signature

\_\_\_\_\_  
Parcel Owner Name

\_\_\_\_\_  
Tenant's Name

Date: \_\_\_\_\_

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 furnish AAOA 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 will be accepted with the same authority as the original.

**READ, ACKNOWLEDGD AND AUTHORIZED**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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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 furnish AAOA 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 will be accepted with the same authority as the original.

**READ, ACKNOWLEDGD AND AUTHORIZED**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## April Breeze at Hallandale Beach

### NOTICE OF DEMAND FOR RENTS TO FLORIDA STATUTES SECTION 718, 116(11)

ATTENTION: OWNER AND TENANT

Pursuant to Florida Statutes, Section 718 116 (11), If the Parcel is occupied by the tenant and the unit owner is delinquent in the paying any monetary obligation due to the Association, the Association will make a demand to the tenant to pay the association the future monetary obligations related to the unit, and the tenant must make such payment.

In accordance with the foregoing, the association hereby would demand what is owed (full amount due by the parcel owner plus late fees) of your next rent payment to the association the ("Required Payment"). To the extent that the required payment exceeds your monthly rent payment, the tenant will be required to remit the full amount of the rent payment. After the Required Payment has been paid in full, the amount of (monthly assessment) is required to be paid to the Association each month thereafter. Please note that the tenant is still responsible to remit the remainder of the rent, if any directly to the unit owner.

This demand is continuing in nature, and upon this demand, the tenant must pay the monetary obligation described to the Association until (I) the Association notifies in writing to pay a different amount, or (II) the Association releases the obligation, or (III) tenancy of the unit is discontinued, whichever occurs first.

Payment to the Association must be made payable to April Breeze at Hallandale Beach and mailed to the address below.

April Breeze at Hallandale Beach P. O. Box 166386 Miami, Florida 33116.

IF YOU FAIL TO MAKE ANY PAYMENTS TO THE ASSOCIATION AS SET FORTH ABOVE OR BY SUBSEQUENT NOTICE, YOUR RENTAL AGREEMENT MAY BE TERMINATED AND THE TENANT MAY BE TERMINATED FROM THE PARCEL BY THE ASSOCIATION.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Print Tenant Name

\_\_\_\_\_  
Print Owner Name

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Preint Tenant Name

\_\_\_\_\_  
Print Owner Name

Date: \_\_\_\_\_

Date: \_\_\_\_\_