



SUNRISE LAKES  
PHASE II

## Sunrise Lakes Condominium Apartments Inc. 5

A 55 and older Residential Community  
8133 Sunrise Lakes Blvd, Sunrise, FL 33322  
Phone: 954-741-1330

[sunriselakesphase2@outlook.com](mailto:sunriselakesphase2@outlook.com)

Secure Portal: [condocontrol.com](http://condocontrol.com)

BLDG: \_\_\_\_\_

UNIT: \_\_\_\_\_

### APPLICATION CHECKLIST FOR LEASE, PURCHASE, GIFT, DEVISE OR INHERITANCE APPROVAL ALL APPLICATION FEES ARE NON-REFUNDABLE

#### PREVIOUS OWNERS / LANDLORD SHALL PROVIDE BUYER / PROSPECTIVE RESIDENT WITH:

- a) \_\_\_ FOB Keys to clubhouse, mailbox, laundry room and storage bin.
- b) \_\_\_ Laundry card (rechargeable).

#### PREVIOUS OWNER / LANDLORD SHALL RETURN TO THE ASSOCIATION:

- c) \_\_\_ Parking decal, guest parking hanger (\$100 to purchase new guest hanger)

#### PRESENTING THE APPLICATION

For EACH Prospective Owner / Tenant, please provide:

- d) \_\_\_ \$150.00 personal check per applicant other than married couple and parent/dependent child which are considered one per applicant (Certificate of Marriage required)
- e) \_\_\_ Clear copy of a valid US State-Issued Photo Identification, Driver's License or Passport
- f) \_\_\_ Valid vehicle registration and Insurance card

#### Proof of Annual Income: \$35,000 for 1/1 unit and \$40,000 for 2/2 unit

- g) \_\_\_ Latest income tax return and six (6) month paystubs for each applicant
- h) \_\_\_ Six (6) months of bank statements (\$650.00 monthly minimum balance required).
- i) \_\_\_ Social Security Benefits Letter and or \_\_\_ Pension payment Letter
- j) \_\_\_ Sale Contract / Lease Agreement, fully executed by both parties
- k) \_\_\_ Realtor business card if applicable
- l) \_\_\_ Signed Receipt of Condo Documents form
- m) \_\_\_ Any foreign documents submitted (i.e. financials, letters, etc.) shall be translated to English and notarized/certified by a Notary Public in country of origin.

#### AT THE ORIENTATION MEETING:

EACH Prospective Owner / Tenant shall bring:

- \_\_\_ Government issued Photo ID and \_\_\_ Two (2) passport size photos.
- \_\_\_ \$250.00 Rental Deposit (to be held until termination of Lease & Common Area inspection)
- \_\_\_ A \$30.00 check for all the Bylaws, Declarations and Condo documentation

#### AFTER SALE / LEASE IS COMPLETED

The new Owner / Tenant shall submit it to the Association Office within thirty (30) days:

- \_\_\_ Valid Driver's License, \_\_\_ Vehicle Registration and \_\_\_ Insurance ALL with their new Sunrise Lakes address (Required to receive a parking decal)



SUNRISE LAKES  
PHASE II

## *Sunrise Lakes Condominium Apartments Inc. 5*

*A 55 and older Residential Community  
8133 Sunrise Lakes Blvd, Sunrise, FL 33322*

*Phone: 954-741-1330*

[sunriselakesphase2@outlook.com](mailto:sunriselakesphase2@outlook.com)

[Secure Portal: condocontrol.com](http://condocontrol.com)

BLDG: \_\_\_\_\_

UNIT: \_\_\_\_\_

**PLEASE ALLOW 2 WEEKS PROCESSING TIME BEFORE CALLING.**

**ASSOCIATION HAS 30 BUSINESS DAYS TO PROCESS APPLICATION.**

**DO NOT USE STAPLES, ONLY PAPER CLIPS.**

**ALL CHECKS (PERSONAL) MUST BE PAYABLE TO: SUNRISE LAKES CONDOMINIUM APTS INC. 5**

**No Money Orders accepted.**

BEFORE You present this application to the Association for review, make sure that applicant(s) meet(s) the following requirements:

1. Unit shall be used as single-family private dwelling ONLY, not for investment, speculation, or short term/vacation rentals. Legal Counsel Opinion shall be attached for reference.
2. Each prospective Owner / Tenant shall:
  - a. Meet the Applications Protocol requirements
  - b. Be 55 years old or older
  - c. 700 Credit Score required. **Bring Background check done through Experian or Trans Union**
  - d. Be named and listed as "Tenant" on Lease Agreement

PLEASE CONFIRM:

3. Each Prospective Owner / Tenant has received, read and understood ALL Condominium Documents and Rules & Regulations.
4. All applicants or Occupants must be listed on the Lease as Tenants.
5. Each Prospective Owner/ Tenant(s) complete an application. This must be FULLY legible, signed, dated & NOTARIZED.
6. ANY inaccurate information and/or missing documents shall be grounds for disqualification.
7. All pets are STRICTLY PROHIBITED. Only service animals and emotional support animals with proper documentations are allowed.
8. All necessary repairs to the Unit are the responsibility of the Owner and/or Prospective Tenant. Association shall NOT be held responsible for ANY repairs inside the Unit.
9. Any item of the application that do not apply to the applicant, please cross a line thru it or write N/A
10. If any question is not answered or left blank, if any of the documents on the Checklist on page 1 are missing, this application may be returned, not processed and or not approved.

**Office will receive applications on: Tuesday, Wednesday and Thursday 2:00-4:00 PM**



SUNRISE LAKES  
PHASE II

## *Sunrise Lakes Condominium Apartments Inc. 5*

A 55 and older Residential Community  
8133 Sunrise Lakes Blvd, Sunrise, FL 33322

Phone: 954-741-1330

[sunriselakesphase2@outlook.com](mailto:sunriselakesphase2@outlook.com)

Secure Portal: [condocontrol.com](http://condocontrol.com)

BLDG: \_\_\_\_\_

UNIT: \_\_\_\_\_

### **RULES AND REGULATIONS**

1. **SUNRISE LAKES CONDOMINIUM APTS. INC #5 is a Residential community designed and intended to provide housing for residents 55 and over.**
2. The use of this unit is for single family residences only. No corporation, company partnership, or trust may own/lease a unit.
3. No permanent occupancy for any unit is permitted by a person under the age of 18. In addition, units must be permanently occupied by at least one-person age 55 and over.
4. To comply with the fair housing laws, you must attach to this application proof of age (A valid US State-Issued Photo Identification, Driver's License or Passport must be provided.)
5. Acceptance of the processing fee does not, in any way, constitute approval of this application.
6. The completed application must be submitted to the Association office at least thirty (20) working days prior to the desired date of occupancy (occupancy date).
7. As part of the approval process, applicants will be notified of an orientation meeting.
8. Occupancy prior to the Board of Directors' approval is prohibited.
9. An Owner can only lease their unit with Hardship that has been approved by the Board of Directors for a 1 year term.
10. No lease shall be for less or more than a twelve (12) months period.
11. No commercial vehicles, boats, trailers, recreational vehicles, etc., are permitted on the Condominium premises.
12. Only one parking spot per unit will be assigned as designed by the Condominium Office.
13. Occupancy regulations.
  - One-bedroom unit - no more than two (2) occupants.
  - Two-bedroom unit - no more than four (4) occupants.
14. For complete details, please read the Condominium Governing Documents as well as the Legal Counsel Opinion about Rental attached.

### **CURRENT UNIT LANLORD'S INFORMATION**

Owner's Name(s) on Deed: \_\_\_\_\_

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

Tel. # \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_ / \_\_\_\_\_

**Office will receive applications on: Tuesday, Wednesday and Thursday 2:00-4:00 PM**



SUNRISE LAKES  
PHASE II

# Sunrise Lakes Condominium Apartments Inc. 5

A 55 and older Residential Community  
8133 Sunrise Lakes Blvd, Sunrise, FL 33322

Phone: 954-741-1330

[sunriselakesphase2@outlook.com](mailto:sunriselakesphase2@outlook.com)

Secure Portal: [condocontrol.com](http://condocontrol.com)

BLDG: \_\_\_\_\_

UNIT: \_\_\_\_\_

## APPLICATION FOR OCCUPANCY APPROVAL

1. Have you ever leased in SUNRISE LAKES CONDOMINIUM APTS. INC. 5? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide the address of previously rented unit \_\_\_\_\_

2. In making the foregoing application, I / We represent to the Board of Directors that the purpose for the Lease of a unit at SUNRISE LAKES PHASE II is as follows: Permanent Residence \_\_\_\_\_ / Seasonal Residence \_\_\_\_\_ /

For Rental \_\_\_\_\_ / Other (Explain) \_\_\_\_\_

3. I / We hereby agree that I will abide by ALL of the information contained in the Bylaws, Rules and Regulations, Association Documents, and restrictions which are or may in the future be imposed by SUNRISE LAKES CONDOMINIUM APT, INC 5.

4. I / We have received a copy of all Condominium Documents and Rules and Regulations: YES \_\_\_\_\_ NO \_\_\_\_\_

5. I / We understand that I will be advised by the Administration Office within thirty (30) working days of either acceptance or denial of this application. Occupancy prior to Board of Directors approval is prohibited.

6. I / We understand that ALL PETS ARE STRICTLY PROHIBITED and that they may not bring a pet, nor may any guest, visitor or tenant bring a pet into SUNRISE LAKES PHASE 2, nor acquire one, either temporarily or permanently after occupancy.

7. I / We understand that the acceptance of Lease of a unit at SUNRISE LAKES PHASE II is conditioned in part upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation, falsification or omission of the information of this form will result in the automatic disqualification of my application. Any violation can result in an eviction.

8. I / We understand that the Board of Directors of SUNRISE LAKES CONDOMINIUM APTS 5 may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I / We specifically authorize the Board of Directors, Officers and SCREENING SERVICES to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and the Board of Directors, Officers of SUNRISE LAKES CONDOMINIUM APTS. INC 5 itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

\_\_\_\_\_  
Applicant Signature                      Date

\_\_\_\_\_  
Applicant Signature                      Date

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ who are/is personally known to me or who have/has provided \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

**Office will receive applications on: Tuesday, Wednesday and Thursday 2:00-4:00 PM**



SUNRISE LAKES  
PHASE II

## Sunrise Lakes Condominium Apartments Inc. 5

A 55 and older Residential Community  
8133 Sunrise Lakes Blvd, Sunrise, FL 33322

Phone: 954-741-1330

[sunriselakesphase2@outlook.com](mailto:sunriselakesphase2@outlook.com)

Secure Portal: [condocontrol.com](http://condocontrol.com)

BLDG: \_\_\_\_\_

UNIT: \_\_\_\_\_

### APPLICANT CONSENT FORM FOR SCREENING INVESTIGATION & SPECIFIC RELEASE

\_\_\_/\_\_\_ I / We certify and declare under penalty of perjury under relevant state and federal law that the information contained in my purchase/lease/occupant application is complete, true, and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of purchase/lease of the unit.

\_\_\_/\_\_\_ I / We, authorize Sunrise Lakes Condominium Apts. Inc. 5, or its authorized agents bearing this release or copy thereof, to obtain a consumer report for purchase/leasing/occupying the unit purposes. I agree that this consumer report may include any of the following:

- Employment Verification, Education Verification, credentials Verification
- Personal Identity Verifications, Past Employment Verification, Reference Checks
- Criminal Records, Civil Cases, Motor Vehicle Records, Credit Report

\_\_\_/\_\_\_ I / We, authorize all persons and organizations that may have information relevant to this research to disclose such information to Sunrise Lakes Condominium Apts. Inc. 5. I hereby release Sunrise Lakes Condominium Apts. Inc. 5, Board members, its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

\_\_\_/\_\_\_ I / We understand that I / We have specific prescribed rights as a consumer under the federal Fair Credit Reporting Act ('FCRA') and may have additional rights under relevant state law. I hereby certify that I have been presented with a summary of my rights as a consumer under the Fair Credit Reporting Act.

\_\_\_/\_\_\_ I / We, authorize Sunrise Lakes Condominium Apts. Inc. 5 to order a consumer credit report and verify all credit information through credit agencies.

\_\_\_/\_\_\_ I / We further understand that Sunrise Lakes Condominium Apts. Inc. 5 is not a credit rating agency and therefore I will not hold Sunrise Lakes Condominium Apts. Inc. 5 liable for any of the information contained in the reports or for the accuracy of the reports.

\_\_\_\_\_  
Primary Applicant Printed Name

\_\_\_\_\_  
Social Security#

\_\_\_\_\_  
Primary Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Printed Name

\_\_\_\_\_  
Social Security#

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**Office will receive applications on: Tuesday, Wednesday and Thursday 2:00-4:00 PM**



SUNRISE LAKES  
PHASE II

SUNRISE LAKES CONDOMINIUM APTS INC. 5 (PHASE 2)  
8133 Sunrise Lakes Blvd, Sunrise FL 33322  
954-741-1330 sunriselakesphase2@outlook.com

BLDG: \_\_\_\_\_  
UNIT: \_\_\_\_\_  
DATE: \_\_\_\_\_

A 55 AND OLDER RESIDENTIAL COMMUNITY:  
Thank you for your interest in residing at Sunrise Lakes Phase 2

**APPLICATION FOR OCCUPANCY/APPROVAL**

**\*\*Print legibly or type all information. Account and telephone numbers and complete addresses are required\*\***

**PRINT OR TYPE (Use Black Ink) Purchase \_\_\_\_\_ or Lease \_\_\_\_\_ (Check One) Desired Move In Date: \_\_\_\_\_**

Apt. No. \_\_\_\_\_ Address: \_\_\_\_\_

Name (Mr./Mrs./Ms.) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc Sec No. \_\_\_\_\_  
(mm/dd/yy) (Passport, Alien, Green Card, Social, Insurance #)

Spouse (Mr./Mrs./Ms.) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc Sec No \_\_\_\_\_  
(mm/dd/yy) (Passport, Alien, Green Card, Social, Insurance #)

Applicant Contact# \_\_\_\_\_ Spouse# \_\_\_\_\_

Number of people who will occupy. Adults(over age 18) \_\_\_\_\_ Children (over 18) \_\_\_\_\_ Children(under 18) \_\_\_\_\_

Names & ages of children who will occupy: \_\_\_\_\_

Description of Pets (Breed, Size, Color, Weight, Etc.) \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

**PRINT OR TYPE (Use Black Ink) RESIDENCE HISTORY**

A. Present Address \_\_\_\_\_ Phone \_\_\_\_\_

(Street Address, Apt No, City, State, Zip)

Name of Apt./Condo \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Mtg No \_\_\_\_\_

**PRINT OR TYPE (Use Black Ink) EMPLOYMENT & BANK REFERENCES**

A. Employed By (Business Name) \_\_\_\_\_ Phone \_\_\_\_\_

(or retired from) How long \_\_\_\_\_ Dept. or Position \_\_\_\_\_ Mo. Income \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

B. Spouse's Employment (Business Name) \_\_\_\_\_ Phone \_\_\_\_\_

(or retired from) How long \_\_\_\_\_ Dept. or Position \_\_\_\_\_ Mo. Income \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

C. Bank Reference \_\_\_\_\_ Phone \_\_\_\_\_

How long \_\_\_\_\_ Chk Acct. No. \_\_\_\_\_ Sav Acct No. \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

**CHARACTER REFERENCES**

1. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (Residential & Office) \_\_\_\_\_

2. \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (Residential & Office) \_\_\_\_\_

If this application is NOT legible or is not completely and accurately filled out, Browns Background Checks (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, Browns Background Checks may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. Any misrepresentation, falsification or omission of information may result in disqualification. If any question is not answered or left blank, this application may be returned, not processed, or not approved. Missing information will cause delays in processing your application.

Signature \_\_\_\_\_ Signature \_\_\_\_\_  
Applicant Date Applicant Date

Vehicle: \_\_\_\_\_  
year Make MODEL COLOR

Vehicle: \_\_\_\_\_  
year MAKE MODEL COLOR