



**Caribbean Property Management, Inc.**

*Professional Community Association Management*

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Phone: (305) 251-3848 • Fax: (305) 251-3849

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# **please Take Note!**

WE ACCEPT APPLICATIONS

MONDAY- FRIDAY

9:00 AM – 4:30 PM

CLOSED FROM 12:00 PM – 1:00 PM

WE WILL NOT ACCEPT APPLICATIONS

AFTER 4:30 PM

- APPLICATIONS MUST BE FILLED OUT COMPLETELY

**YOU MUST BRING IN ALL REQUIRED DOCUMENTS:**

- Copy of drivers' license for anyone over 18
  - Police records for anyone over 18
- Copy of Marriage Certificate if applicable
  - Copy of sale or lease contract

IF YOU ARE IN NEED OF COPIES THERE IS A CHARGE OF .25 EACH

**WE DO NOT PROCESS INCOMPLETE  
APPLICATIONS**



## **ATTENTION APPLICANTS!**

**UNDER NO CIRCUMSTANCES WILL AN APPLICATION BE  
PROCESSED IN LESS THAN THE 15 BUSINESS DAYS REQUIRED!**

**YOU WILL BE CONTACTED AS SOON AS THE APPLICATION HAS  
BEEN COMPLETED AND RETURNED WITH THE DETERMINATION OF  
THE ASSOCIATION.**

**NO EXCEPTIONS MADE**

PLEASE AVOID CALLING THE ESTOPPEL DEPARTMENT TO INQUIRE  
ABOUT THE STATUS OF YOUR APPLICATION, SINCE THIS WILL ONLY  
DELAY FOR THE WORK TO BE COMPLETED IN A TIMELY MATTER.

ONLY CALL IF THERE IS INFORMATION MISSING AND IS NEEDED TO  
COMPLETE THE PROCESS OF YOUR APPLICATION.

Acknowledgment Signature: \_\_\_\_\_

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

Thanking you in advance for your full cooperation.

Management.

**Gardens of Kendall South Condominium Association, Inc.**  
**C/O Caribbean Property Management**  
**Clubhouse Office: 10805 SW 112 Ave.**  
**Miami, Florida 33176**  
**(305) 596-3829**

**Application For Lease Approval**

1. Application must be submitted at least **20 business days** prior to date of closing. Moving of furniture must be done only on weekdays and within the hours of **9:00 a.m. -7:00 p.m.**
2. The attached application **must** be filled completely. If anyone other than husband and wife will be occupying the unit, an additional application must be filled.
3. A copy of the **lease agreement** between the lessee and the lessor must be submitted along with the application
4. If any sections are left blank or not answered the application will be returned and will not be processed. Should this happen, the time constraints will not begin until the fully completed application has been returned to Caribbean Property Management.
5. There is a **non-refundable fee of \$150.00** for the processing of each applicant 18 +. The **money order** must be made out to **Caribbean Property Management**. (Husband & wife count as one applicant, must show proof.)
6. There is a **non-refundable processing fee of \$150.00**. This money order is to be made out to **Gardens of Kendall South**.
7. There is a **refundable Security Deposit of \$300.00**. This money order is to be made out to **Gardens of Kendall South**.
8. Pets are allowed under some restrictions. Applicants with pets must submit the application with a **non-refundable pet fee of \$150.00** in money order made out to **Gardens of Kendall South**, and a legible copy of the vaccines, tag and photo of the pet.
9. Applications must be submitted with a legible copy of all applicant's **driver's license**
10. A police record letter is required from anyone over 18 years of age.
11. If applicants are **foreigners** please provide a copy of a **valid passport & A POLICE REPORT FROM PREVIOUS COUNTRY**
12. There is a **non-refundable fee of \$20.00** for the notary stamp provided on the Lease certificate. This **money order** is to be made out to **Caribbean Property Management**.
13. The acceptance of any processing fees does not stipulate an approval of the application.

**DO NOT WRITE FOR MANAGEMENT USE ONLY**

Paid: _____	Posted: _____	Initials: _____
APP Name: _____	Phone Number: _____	
H/O Name: _____	Phone Number: _____	
Property Address: _____	# of OCC _____	Date: _____



## CONTACT INFORMATION:

Name of the current property owner(s):

\_\_\_\_\_

Address of property: \_\_\_\_\_

Circle One: Owner's / Renter's

Realtor's name: \_\_\_\_\_

Realtor's phone number(s): Off. \_\_\_\_\_ Cell. \_\_\_\_\_

# APPLICATION

## PERSONAL INFORMATION

1) Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Contact #: \_\_\_\_\_ Other #: \_\_\_\_\_

2) Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Drivers License #: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Contact #: \_\_\_\_\_ Other #: \_\_\_\_\_

**List Other Occupant(s)** For additional occupants attach a separate sheet of paper with the required information.

1)	Name	Age	Relationship	SS#	2)	Name	Age	Relationship	SS#
3)	Name	Age	Relationship	SS#	4)	Name	Age	Relationship	SS#
5)	Name	Age	Relationship	SS#	6)	Name	Age	Relationship	SS#

## RESIDENT HISTORY

Present Address: \_\_\_\_\_  
*Address City State Zip Code*  
Landlord Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Rent Amt. \_\_\_\_\_ How Long: \_\_\_\_\_  
Prior Address: \_\_\_\_\_  
*Address City State Zip Code*  
Landlord Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Rent Amt. \_\_\_\_\_ How Long: \_\_\_\_\_

## EMPLOYMENT

1) Applicant's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Income: \_\_\_\_\_ Per Year ☐ Per Month ☐  
2) Applicant's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Income: \_\_\_\_\_ Per Year ☐ Per Month ☐

## AUTOMOBILE INFORMATION: See Association's documents pertaining to vehicle regulations.

1) Make/Model:	Year:	Color:	Tag #:
Insurance Carrier:	Policy #		Exp. Date:
2) Make/Model:	Year:	Color:	Tag #:
Insurance Carrier:	Policy #		Exp. Date:
3) Make/Model:	Year:	Color:	Tag #:
Insurance Carrier:	Policy #		Exp. Date:
4) Make/Model:	Year:	Color:	Tag #:
Insurance Carrier:	Policy #		Exp. Date:

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**ANIMAL REGISTRATION:** Provide proof of current shots & licenses. See Association's documents pertaining to pet regulations

Pet: cat, dog, breed, etc. 1) 2)

**OWNER(S) INFORMATION**

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Address City State Zip Code*

Property Address: \_\_\_\_\_ Community: \_\_\_\_\_

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**KEYS RECEIVED BY APPLICANT(S)** If applies per Association

Gate Card/Remote Number 1) 2) 3) 5)

Keys Received: Home: \_\_\_\_\_ Mailbox: \_\_\_\_\_ Recreation: Pool Tennis Bathroom

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**REFERENCES** Give below names of three persons not related to you, whom you have known at least one year.

Name	Telephone	Years Known
_____	_____	_____
_____	_____	_____
_____	_____	_____

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I hereby authorize Caribbean Property Management , Inc. to obtain a consumer report, and any other information it deems necessary, for evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which this application was made. I hereby expressly release Caribbean Property Management, Inc., and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies including without limitation, various law enforcement agencies.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS**

**DO NOT WRITE BELOW THIS**

This Application: Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Designated Board Member

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Designated Board Member

# Gardens of Kendall South Occupant Information Sheet

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

## **Current Homeowner (s):**

Names: \_\_\_\_\_

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

Phone: Home # (     ) \_\_\_\_\_ Work # (     ) \_\_\_\_\_

## **Prospective Tenant (s):**

Names: \_\_\_\_\_ D.O.B. \_\_\_\_\_

\_\_\_\_\_ D.O.B. \_\_\_\_\_

Phone: Home # (     ) \_\_\_\_\_ Work # (     ) \_\_\_\_\_

## **Children:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female

## **Other Family:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Rel: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Rel: \_\_\_\_\_

## **Vehicles:**

1. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Doors: \_\_\_\_\_

Tag: \_\_\_\_\_ State: \_\_\_\_\_ Color: \_\_\_\_\_

Year: \_\_\_\_\_

2. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Doors: \_\_\_\_\_

Tag: \_\_\_\_\_ State: \_\_\_\_\_ Color: \_\_\_\_\_

Year: \_\_\_\_\_

## **Pets:**

***Breed:*** \_\_\_\_\_ ***Color:*** \_\_\_\_\_ ***M/F D/C***

***Signature:*** \_\_\_\_\_

***Print Name:*** \_\_\_\_\_

.....  
In case of flood, fire or policy emergency, who should we call? Someone with a key.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone: Home # \_\_\_\_\_ Work # \_\_\_\_\_ Ext. \_\_\_\_\_

## LEASE/HOMEOWNER ADDENDUM

In accordance with the rules and regulations of THE GARDENS OF KENDALL SOUTH; I/WE hereby serve notice that I/WE desire to accept a Bona Fide offer made to ME/US by \_\_\_\_\_, (*owner's name*) and by \_\_\_\_\_, (*lessee's name*) to lease the home located at \_\_\_\_\_. The LEASE term shall commence on \_\_\_\_\_ and end on \_\_\_\_\_. In order for you to facilitate consideration of MY/OUR application for LEASE of the above designated home in THE GARDENS OF KENDALL SOUTH Community, I/WE represent that the following information is factual and true. I/WE are aware that any falsification will result in automatic rejection of this application. I/WE consent that you may make further inquiries concerning this application, particularly of the referenced information given. I am aware of the fact that Association has a period of seven to fourteen (7-14) business days from the receipt of this notice together with such other information as the Board of Directors may request in which to approve or disapprove this application.

The Declaration, By-Laws, Articles of Incorporation, and the Rules and Regulations of the Association will bind us, if I/WE are leasing. Lessee agrees to lease the premises subject to the terms and conditions as recorded in the Declaration of Protective Covenants, Conditions and Restrictions and exhibits thereto records in, Official Records Book of the Public Records Dade County, Florida.

I/WE acknowledge that monthly maintenance payments are to be made payable to the association. In the event maintenance payments are not received the association shall have the right to collect any past due maintenance directly from the lessee. Failure to make maintenance payments shall breach this lease agreement. The addendum shall become a tenant sufferance, and the Association will terminate the lease.

In the event lessee or guests of the lessee violate the terms and conditions of the Declarations, Protective Covenants, Conditions and Restrictions I/WE acknowledge the Association shall have the right to terminate this lease. If lessee fails to comply with any of the Association's rules and regulations, the Association shall send written notice specifying the noncompliance indicating the intention of Association to terminate the lease by reason thereof, if lessee fails to correct the violation within five (5) days of the notice the Association may terminate the lease.

I/WE agree to provide the LEASER(S) with a copy of THE GARDENS OF KENDALL SOUTH By-Laws and Articles of Incorporation, rules and regulations, prior to the first occupancy of the unit by the LESSEE. In order for you to facilitate consideration of MY/OUR application for LEASE of the above-designated unit, I/WE have the proposed LESSEE to complete the attached application by the proposed LESSEE. I/WE AM/ARE aware that any falsification or misrepresentation of the facts in the attached application will result in the automatic rejection of the application to lease. I/WE consent that you may make further inquiry concerning this application, particularly of the information given in the application package.

THE ASSOCIATION AND/OR ITS AGENT, IN THE EVENT IT CONSENTS TO A LEASE, IS HERE-BY AUTHORIZED TO ACT AS OUR AGENT WITH FULL POWER AND AUTHORITY TO TAKE LEGAL ACTION AS MAY BE REQUIRED, TO COMPEL COMPLIANCE BY OUR LESSEE(S) AND/OR THEIR GUESTS, WITH PROVISIONS OF THE DECLARATION OF THE GARDENS OF KENDALL SOUTH . ITS SUPPORTIVE EXHIBITS, APPLICABLE FLORIDA STATUTES, AND THE RULES AND REGULATIONS OF THE ASSOCIATION, OR UNCORRECTED VIOLATIONS OF ANY OF THE ABOVE BY THE LESSEE(S) AND/OR THEIR GUESTS, UNDER APPROPRIATE CIRCUMSTANCES, TO TERMINATE THE LEASE. THE LESSOR AGREES TO REIMBURSE THE ASSOCIATION FOR ANY REASONABLE ATTORNEY'S FEES AND COSTS INCURRED AS OWNER(S) AGENT IN SUCH ENFORCEMENT OR LEASE TERMINATION, WHETHER PRE-LITIGATION OR PRE-ARBITRATION OR IN CONNECTION WITH LITIGATION OR ARBITRATION, OR ANY APPELLATE PROCEEDINGS.

SIGNED: \_\_\_\_\_ *SIGNED* \_\_\_\_\_ DATE \_\_\_\_\_  
(Leaser) (Leaser)  
SIGNED: \_\_\_\_\_ *SIGNED* \_\_\_\_\_ DATE \_\_\_\_\_  
(Owner) (Owner)