



**PHOENIX TOWERS CONDOMINIUM ASSOCIATION, INC.**  
**2800 N. Ocean Drive**  
**Singer Island, FL 33404**

**LEASE APPLICATION PACKET AND CHECKLIST**

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

The Board of Directors  
 for Phoenix Towers Condominium Association, Inc.

Dear Sir/Madam:

In compliance with Article X1.2 of the Declaration of Condominium of the Phoenix Towers Condominium Association, Inc., I hereby notify you of my intention to lease Unit Number \_\_\_\_\_ in Building \_\_\_\_ to:

**Name(s):** \_\_\_\_\_

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

Please initial each of the following when completed and included in the lease packet. As lessee(s), as evidenced by the following enclosures:

- \_\_\_\_\_ 1. Executed Copy of Lease Agreement
- \_\_\_\_\_ 2. Application for Occupancy – Filled out completely.
- \_\_\_\_\_ 3. Application by owner for a lease of one month or more – Signed
- \_\_\_\_\_ 4. Condominium Water Shut-Off Policy - Signed
- \_\_\_\_\_ 5. Emergency Information Form – Filled out completely.
- \_\_\_\_\_ 6. Guidelines, Rules, and Regulations Document – Sign and copy for your records.
- \_\_\_\_\_ 7. Background/Credit Authorization form – Filled out completely and sign.
- \_\_\_\_\_ 8. \$150.00 Application fee – No Cash Accepted.
- \_\_\_\_\_ 9. Copy of Driver’s License or Passport
- \_\_\_\_\_ 10. We suggest that lessee’s purchase Comprehensive General Liability Insurance for the rental period.

**Please fill out completely and have all the Documents in order before dropping off to the Administrative Department to review and process. No incomplete lease packages will be accepted. Review and approval process could take up to 30 days.**

\_\_\_\_\_  
 Owner’s Signature

\_\_\_\_\_  
 Owner’s Signature



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**APPLICATION FOR OCCUPANCY**

Unit owners proposing to lease their units shall submit an application for Board approval and a \$150 check made payable to Phoenix Towers Condo Assoc. This application must be submitted to the Board of Directors 14 days prior to the effective date of the lease. Apartments shall not be rented for a term of LESS THAN ONE MONTH or NO MORE THAN FOUR TIMES A YEAR. There shall be NO SUB LEASING. Additionally, please note: NO PETS ALLOWED AND OCCUPANCY LIMITED TO 5 PERSONS. PLEASE INCLUDE A COPY OF THE LEASE AGREEMENT WITH THIS APPLICATION.

I, \_\_\_\_\_, owner of Unit # \_\_\_\_\_ wish to rent my apartment to the undersigned lessee from \_\_\_\_\_ to \_\_\_\_\_.

I have furnished the prospective occupant with a copy of the Rental Guidelines and have explained the importance of adhering to them and acknowledge my responsibility in all instances for the occupant.

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

Owner/Agent

Name of Lessee(s): \_\_\_\_\_

Address: \_\_\_\_\_ State/Prov. \_\_\_\_\_ ZIP: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Do you own your home or rent? \_\_\_\_\_ Landlord & Phone #: \_\_\_\_\_

Number of persons to occupy unit: \_\_\_\_\_ Please list names below. Occupancy is limited to 5 persons.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**I acknowledge that I have received and read the rental rules and will abide by them.**

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

Prospective Tenant

Have you rented at Phoenix Towers before? Yes \_\_\_\_\_ No \_\_\_\_\_ Which unit? \_\_\_\_\_



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**APPLICATION BY OWNER FOR A LEASE OF ONE MONTH OR MORE**

The undersigned owner of Unit # \_\_\_\_\_, Building \_\_\_\_\_, Parking space(s) \_\_\_\_\_ hereby submits this application for lease together with a \$150.00 non-refundable application fee and all other documents supplied for this purpose.

Tenant(s): \_\_\_\_\_

The Term of such lease is from: \_\_\_\_\_ to \_\_\_\_\_

I understand that in the event the Board of Directors imposes a fine, pursuant to Article VI, Section 4 of the By-Laws, based on misconduct by the Lease Applicant(s) or their guests, that such a fine shall become my responsibility. If such fine is not paid in a timely manner, the Association may file a lien against my unit for the unpaid fine and any collection costs involved.

Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONDOMINIUM WATER SHUT-OFF POLICY**

For the protection of property, the Association requires the water be turned off to a unit once it is vacated. Therefore, at the end of a rental period, a representative from the agency handling the lease should turn the main water valves off as follows (if there is not an agent involved, it is the responsibility of the homeowner).

1. The water valve under the bathroom sink in the master bedroom/bathroom
2. The water valve in the guest bedroom closet

Agent's Signature: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Company: \_\_\_\_\_

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

**OR**

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

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



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**EMERGENCY INFORMATION FORM**

Purchaser/Lessee Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Alternate Phone; \_\_\_\_\_

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

Emergency Notification(s) - Name, Phone #, and Relationship:

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

Special Needs (Medical history, home oxygen, wheelchair patient, etc.):

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

Any information the emergency personnel should be aware of?

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

Local hospital preference:

\_\_\_\_\_



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**GUIDELINES, RULES, & REGULATIONS FOR RENTERS**

**1. Parking Location:** Register your auto at the office upon arrival and you will be issued a parking tag. Hang the tag on your review mirror. Do not park in a space that is not assigned to you, it can result in being booted and/or towed. If someone is in your spot, please advise the office and use a guest spot temporarily.

**2. Unit Keys:** The unit owner or agent for the owner will provide you with keys. The Medeco key will open all amenity doors, including beach gate, pool gate, clubhouse, and exercise room. Management is prohibited from providing keys or making duplicates. Replacement Costs are as follows: Transponders \$50, fobs \$25, front door keys \$25, Medeco amenity keys \$75, and mailbox keys \$20.

**3. Access:** The windshield transponder and gate clicker allows you to access the resident side of the gate. The fob is used for the guest-side gate and front/back doors of building A and B. If visitors arrive at gate, they should dial the code found on the pad in 'visitors' lane. The unit owner or their agent will provide the access code number. Unit phone rings when the code is dialed, then press 9 on your phone keypad to open gate or doors.

**3. Registration:** Everyone must register with the office upon arrival. Pick up and complete a U.S. Postal card if you have had your mail transferred.

**4. Occupancy:** Only the unit owner or approved lease holder can reside in the unit at any time. Renters can have guests and their guests need to be always with the resident(s). You are limited to 5 residents, including your guests, in your unit at one time. Sub-leasing is strictly forbidden.

**5. The Clubhouse:** The Clubhouse is for the use of all residents, owners, and renters alike. Wet bathing suits and unsupervised children are not permitted in the clubhouse. If you wish to have a private party, you can book the time and date with the office. UNIT OWNERS: A security deposit of \$250 is required to reserve the clubhouse which is refundable when the clubhouse is properly restored. RENTERS: A security deposit of \$250 which is refundable when the clubhouse is properly restored along with a non-refundable fee of \$250. The deposit(s) give you access to the dishes, etc. in the kitchen and a telephone so that guests can have access from the gate.

**6. Barbecues:** There are barbecues available at the rear of the clubhouse. Please clean up after use and remember to turn the gas off.

**7. Balconies:** Cooking on balconies by any means is strictly prohibited. Nothing is to be hung over the rail or wall of the balconies or from the windows.

**8. Front Doors:** Apartment doors must be kept closed at all times to reduce noise and food odors in the hallways.

**9. Fitness Center:** The exercise room is located in the A Building lobby. Anyone under 16 must be accompanied by an adult. Rules are posted. Please use with caution while exercising.



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**10. Courts:** Tennis courts and Pickleball courts are available on a first-come, first-served basis.

**11. Pool Attire:** Wear bathing suit cover-ups and footwear in halls/elevators. Wet bathing suits/feet are never allowed in these areas.

**12. NO Pets:** Unit owner pets, renter pets, or visiting pets are not allowed in the units, in the buildings, or on the grounds at any time. Service Animals and Emotional Support Animals must be properly approved by the Association and Board of Directors PRIOR to the animal arriving on property. No exceptions.

**13. Pool:** Swimming in the pool is allowed from dawn to 10:00 pm. Pool rules are posted at poolside. Waterproof covering must be worn by anyone, at any age, who wears diapers. It is forbidden to move pool furniture to the beach area.

**14. Beach:** Upon returning from the beach, be sure to remove all sand and particularly oils off yourself. Two outside showers are available for your convenience.

**15. Trash/Recycling:** Edible food waste and trash must be bagged before it is thrown down the trash chute, located on each floor. All paper, cardboard, plastic containers, glass, and tins must be placed in the designated recycling bins at the rear of each building.

**16. Washer/Dryer:** The washing machine and dryer on each floor may be used by the residents of that floor without charge. Use this equipment responsibly; empty the lint basket after each dryer use.

**17. Storage:** No boats, paddle boards, trailers, travel trailers, commercial vehicles are permitted on the property after 5:00 p.m.

**18. Loading Zone:** There is a delivery/loading lane at the rear of each building. Parking is limited to 30 minutes. There are grocery and valet carts in both stairwells in elevator lobbies for resident use. These are not to be used by contractors at any time.

**19. Emergency Info:** The office is open from 8:30 am to 4:00 pm Monday through Friday. Office (561) 844-8641; Fax (561) 844-8623; E-mail [info@phoenix-towers.com](mailto:info@phoenix-towers.com). For a condo flooding emergency when the office is closed, call (561) 907-4895. This is an answering service, and your call will be relayed to the appropriate employee. Call a locksmith for all lockouts and dial 911 for all fires and personal emergencies.

**For more information, please review the entire Rules & Regulations document attached to this Sales Packet. By signing this document, you acknowledge that you have read, understood, and agreed upon the FULL Rules & Regulations of the Phoenix Towers Condominium Association, Inc.**

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

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

(\*please make/keep a copy for future reference)



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**AUTHORIZATION REGARDING BACKGROUND INVESTIGATION**

By signing below, I authorize **Phoenix Towers** to obtain 'consumer reports' and 'investigative reports' about me for rental or purchase purposes.

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

Print Name (First, Middle, Last): \_\_\_\_\_

**PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK**

**Please supply the following information to facilitate the required screening:**

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

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State Issued: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_ Alternate No.: \_\_\_\_\_

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

Current address: \_\_\_\_\_

Street/PO Box    City    State    Zip Code    County    Dates

Former address: \_\_\_\_\_

Street/PO Box    City    State    Zip Code    County    Dates

Current employer	Address	City/State	Start Date	Salary

Supervisors Name	Employer Telephone No.

I hereby consent to allow Verify Screening Solutions, Inc., through its designated agent/employee, to obtain and verify my consumer reports, including but not limited to, my credit report, criminal information, and eviction information for the purpose of determining my eligibility to lease/purchase an apartment. I further understand if I lease/purchase an apartment, I consent to allow Verify Screening Solution, Inc. and its designated agent/employee, for the duration of my lease, to review the following list of information to assess risk, for analytics, for process improvement, and other uses: my consumer reports, including but not limited to my credit report, criminal information, eviction information, my rental payment history, and occupancy history, and other information. The facts set forth in my application for residency are true and complete. False, fraudulent or misleading information on an application may be grounds for denial of residency or subsequent eviction. Results will be provided to Phoenix Towers Condominium Association.