



Breakers West Association · 937 Dickens Place · West Palm Beach, FL 33411
Office: 561.790.0016 · Fax: 561.790.0570 · Email: breakerswest@langmanagement.com
Website: www.breakerswesthoa.com

APPLICATION TO RENT

Homeowner's Name(s): _____ Date: _____

Homeowner's Address: _____ Phone: _____

Kindly complete and **sign** this application and attach the following information:

The following requirements must be met in order to process this application:

- Minimum of 650 credit score.
- Proof of gross monthly income of at least three times rent. Absent proof of income, six months of bank statements or two years of federal tax returns.
- No record of evictions from previous residences for the past ten (10) years.
- An Application fee of \$100.00, (check made payable to **Breakers West Association, Inc.**)
- A Nationwide Criminal, Financial and Eviction Background Check of each tenant 18 and over at a fee of \$60 per person. A \$65 additional fee to perform credit check on an entity, (Partnership, Corporation or LLC), plus a \$60 fee on each individual within the entity. ***Please note there will be additional background check fees as applicable. All background and credit checks will be conducted by Breakers West Association.** Please make check payable to: **Breakers West Association, Inc.**
- A copy of the Executed Lease Agreement. (All tenants 18 and older must co-sign lease.)
- A copy of Applicant(s) Drivers' License (include each tenant 18 and over)

FOR VEHICLE RESTRICTIONS PLEASE CHECK BREAKERS WEST DECLARATION OF COVENANTS AND RESTRICTIONS, SIXTEENTH AMENDMENT.

PLEASE ALLOW UP TO 30 DAYS FROM SUBMISSION TO BREAKERS WEST ASSOCIATION FOR APPROVAL.

RENTAL BY ENTITY OTHER THAN INDIVIDUAL:

If the property is being rented in the name of an entity (Partnership, Corporation, Limited Liability Company, Trust, etc.) you must submit the following information with the Application to Breakers West Association, Inc. in order for the application to be considered complete (to the extent such documents exist):

- (a) Articles of Incorporation, Articles of Organization, or Operating Agreement for the entity, (as applicable).**
- (b) A Certificate of Good Standing for the entity.**
- (c) Corporation's Federal Identification Number**
- (d) A current list of the partners, officers, directors, stockholders, limited liability members, trustees and trust beneficiaries, as applicable.**

RENTAL INFORMATION:

Rental Property Address: _____

Sub-Association: _____ Lot #: _____

Rental Price (per month): \$ _____ Lease Start Date: _____ Lease End Date: _____ *

Provisions for the Renewal of the Lease _____

Leasing Agent: _____ Phone: _____ Email: _____

Name of Renter(s) _____

Present Address of Renter(s): _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ How long at above Address: _____

Is the rental agreement in writing or verbal? _____ Verbal _____ Written

If the rental agreement is written, attach a copy.

If the rental agreement is verbal, please describe its terms, the nature of rental payment (e.g. rent, sharing expenses, etc.) whether the agreement is for the entire house or just a room etc.

Will the Owner or Occupant be living in the home during the rental period? _____ Yes _____ No

* Owners are hereby advised that Chapter 212 of the Florida Statutes requires the collection and remittance of sales tax on rental revenues received under any lease arrangement that has a term of six months or less.

PERSONAL INFORMATION OF RENTER(S):

Applicant (1): Name: _____ DOB: _____ SS#: _____

Name of Employer (if self-employed Name of Business): _____

Nature _____ of _____ Business

Position or title: _____ Business phone: _____

Address: _____ City: _____ State: __ Zip: _____

Applicant (2): Name: _____ DOB: _____ SS#: _____

Name of Employer or Business (if self-employed Name of Business) : _____

Nature of Business _____

Position or title: _____ Business phone: _____

Address: _____ City: _____ State: __ Zip: _____

Each tenant's information (SS# for residents 18 years of age and over only):

Name: _____ Date of Birth: _____ SS#: _____

Name: _____ Date of Birth: _____ SS#: _____

Name: _____ Date of Birth: _____ SS#: _____

Name: _____ Date of Birth: _____ SS#: _____

Name: _____ Date of Birth: _____ SS#: _____

Name: _____ Date of Birth: _____ SS#: _____

Name: _____ Date of Birth: _____ SS#: _____

PETS:

Do you have pets? No Yes

Type of Pet & Breed: _____ Name: _____ Tame Aggressive

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RESIDENT INFORMATION FORM

In an effort to assist the association to properly identify all residents, we ask that you complete the information requested below. This form will be kept confidential. We will not disclose any information contained in this form to any person other than the following governmental agencies: Fire Department, Police and Emergency Rescue.

- PLEASE TYPE OR PRINT ALL INFORMATION AND SIGN BOTTOM OF PAGE 2*-

Date: _____ Address: _____
 Sub-Association: _____ Lot No: _____ Security Code _____
 Do You Own or Rent Unit? _____ Lease Dates: From _____ To _____

Residents Name(s):

Resident 1 _____ Resident 2 _____
 Resident's **Breakers West** Home Telephone # _____
 Res 1 Cell Phone: _____ Res 1 Work Phone _____
 Res 2 Cell Phone _____ Res 2 Work Phone _____
 Email address: _____ Are you a full time resident: No Yes

Type of pets/breed in home: 1. _____ 2. _____

FOR VEHICLE RESTRICTIONS PLEASE CHECK BREAKERS WEST DECLARATION OF COVENANTS AND RESTRICTIONS, SIXTEENTH AMENDMENT.

Vehicle 1: Make: _____ Model: _____ Color: _____ Year: _____ Tag #: _____
 Transponder No 1: _____
 Vehicle 2: Make: _____ Model: _____ Color: _____ Year: _____ Tag #: _____
 Transponder No 2: _____
 Vehicle 3: Make: _____ Model: _____ Color: _____ Year: _____ Tag #: _____
 Transponder No 3: _____
 Vehicle 4: Make: _____ Model: _____ Color: _____ Year: _____ Tag #: _____
 Transponder No 4: _____
 Emergency Contact (person with key): _____ Phone: _____
 Emergency Contact's Address: _____

- APPLIES TO HOMEOWNERS ONLY -

Would you like your local & mailing address(s) along with phone numbers placed in a Directory? No Yes
If Yes, complete the "BWA Resident Directory Information Form" located at the back of the Resident Directory and BWA website.

Where would you like your Association mail sent to? Breakers West Property Address Alternate Address

Alternate Address: _____

City: _____ State: _____ Zip: _____

Alternate Phone: _____ Alternate Cell Phone: _____

This following information is for Control Access for family, guest and service contractors whom you wish to allow through the gate without your being called and whether or not you are home. Anyone not listed will be denied entry unless you are home or have given prior permission.

ALL OCCUPANTS OF RESIDENCE

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

PERMANENT GUEST LIST

Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____

SERVICE PERSONNEL

Company: _____	Office Phone No: _____
Type of Service Company: _____	
Company: _____	Office Phone No: _____
Type of Service Company: _____	
Company: _____	Office Phone No: _____
Type of Service Company: _____	
Company: _____	Office Phone No: _____
Type of Service Company: _____	
Company: _____	Office Phone No: _____
Type of Service Company: _____	
Company: _____	Office Phone No: _____
Type of Service Company: _____	
Company: _____	Office Phone No: _____
Type of Service Company: _____	

***Resident Signature:** _____ ***Print Name:** _____



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AUTOMATED NOTIFICATION SYSTEM AUTHORIZATION

THIS IS **NOT** AN EMERGENCY CONTACT INFORMATION FORM.

Breakers West Association (BWA) implements an automated notification service. **This service allows BWA to promptly contact community residents with important information in situations where quick and community wide communication is needed.** For example: a missing child, boil water order, hurricane preparation, criminal activity or anytime pertinent information must be distributed in a timely manner.

All community members are encouraged to participate in this service by completing this form. Each resident may design up to three methods of contact they may wish to be contacted by in the event an automated notification is issued (i.e., telephone numbers, text message numbers, email addresses, etc) The system will leave a voice message if a phone is answered by voicemail.

- **Please Print All Information** -

Submitted By: _____ Date: _____

Address: _____ Sub-Association: _____

In the spaces below:

1. Please print the names of the individuals to be contacted.
2. Check only one box for the desired method of contact: Phone, fax, text or email.
3. Print the Contact Information (phone, or fax, or text, or email address).

First Choice:

Full Name	Phone Number
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Second Choice:

Full Name	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Text <input type="checkbox"/> Email
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Third Choice:

Full Name	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Text <input type="checkbox"/> Email
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Breakers West Resident Directory Information Authorization Form

I authorize Breakers West HOA to use the marked email address below for community emails.

AND/OR

I authorize Breakers West HOA to include the information below in the BWA Resident Directory.

Homeowner's Signature: _____ Date: _____

First time submitting information for the Resident Directory: Yes No

Update existing Directory information as noted below: Yes No

Exclude my information from future Directories: Yes No

Note: The Breakers West Resident Directory is intended for the exclusive use and convenience of Breakers West Residents.

Please Print Clearly
 (One form per household)

Name of Resident No. 1 _____

Name of Resident No. 2 _____

Sub-Association: _____

Breakers West Street Address: _____

Local Phone: (Include Area Code): _____

Cell (Incl. Area Code): _____ Name: _____

Cell (Incl. Area Code): _____ Name: _____

Out of Town Mailing Address: _____

City, State, Zip: _____

Phone: _____

Name: _____ Email Address: _____

Name: _____ Email Address: _____