Maybury Mansions Association, Inc.

APPLICATION PACKET NEW LEASE

MAYBURY MANSIONS OFFICE

2451 NE 51st STREET, Fort Lauderdale, FL 33308

Phone: 954-771-9100

Fax: 954-771-9270

Email: Mayburyoffice@gmail.com

Applications accepted Monday through Friday 10an to 4pm

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND FURTHER DELAY PROCESSING

APPLICATION/CHECKLIST INSTRUCTIONS

One application per person (18 years or older) must be fully completed. Married couples and/or Domestic Partners may fill out one application for both parties listed.

INTERNATIONAL APPLICANTS MUST CONTACT THE OFFICE FOR ADDITIONAL FORMS

Application Screening fees must be paid in full and in the form of a Cashiers' Check made payable to Maybury Mansions Condominium Association, with the applications(s). Applications received without payment or with incorrect payment amounts will not be accepted. Applications/Screening Fees are NON-REFUNDABLE.

Fee Schedule US Citizens: Single \$150.00

Married/Domestic Partnerships \$300.00

RUSH – Additional; \$ 50.00

For Non-US Citizens: Please inquire with the office.

MINIMUM FICO SCORE OF 650 IS REQUIRED NO PETS

Processing Application may take up to 2 to 4 Weeks (up to 30 days), plan accordingly.

ALL CORRESPONDENCE IN REGARD TO ANY APPLICATION WILL BE WITH THE RESPICTIVE APPLICANT ONLY. IT IS THE RESPONSIBILITY OF THE APPLICANT TO PROVIDE INFORMATION TO OTHERS WHO MAY BE IN THE NEED TO KNOW.

Once all reports and/or supplemental information requested, if any, are received and it is deemed for an IN-PERSON interview and orientation, prospective applicant will be contacted to arrange a date and time for such.

ALL OCCUPANTS REQUIRE AN IN-PERSON INTERVIEW

The Maybury Mansions Board of Directors has the final and full authority to either accept, decline, or request further investigation of the application(s).

The Maybury Mansions Board of Directors reserves the right to demand rent from any Lessee in a unit not current on regular maintenance and/or assessment charges.

Maybury Mansions Condominium Association has the RIGHT OF FIRS REFUSAL for Leasing and/or Purchasing of any units governed by Maybury Mansions Condominium Association. Please refer to: ARTICLE XXV in the Declaration of Condominium.

Maybury Mansions Condominium Association has unit "use" restrictions in place – No subleasing of unit. No unit shall be used for other than residential purposes. NO UNIT MAY BE USED FOR TRANSIENT/HOTEL/OR COMMERCIAL PURFPOSES.

AUTHORIZATION FOR FILE DISCLOSURE

PLEASE ATTACH DRIVER'S LICENSE OR PHOTO ID TO THIS FORM

APPLICANT/TENANT CONSENT

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

x		
Signature		Date
Full Name - First, Middle, and Last	Name (Please Print)	
Home Address (Unit # if applicable)	APPLICANTS CONTACT #(REQUIRED)
CITY	STATE	ZIP
Social Security Number	Date of Birth	Driver's License Number and State Issued

ADVISORY NOTICE

Bldg/Unit____

Acceptance of the application(s) by the Maybury Mansions Boardoes not constitute the guarantee of an interview nor approval of respective unit or any unit thereof.	
I/We understand there are Application/Screening fees associated application(s) process and said fees are NON-REFUNDABLE.	with the
Maybury Mansions Board of Directors reserves the right of denifound in Background Checks, including but not limited to Credit Police/Criminal Records, Personal References, Present and Prevand Employment History.	t History,
Application(s) that are not LEGIBLE or filled out incorrectly wifor approval.	ll not be processed
ANY MISREPRESENTAITON, FALSIFICA OMMISSION OF INFORMATION WILL RIDISQUALIFICATION.	
Prospective Purchaser/Lessee (A)Signature	Date
Prospective Purchaser/Lessee (B)Signature	Date

INTRODUCTION – Page 1

Dear Applicant:
Thak you for your interest in becoming a resident of Maybury Mansions Condominiums.
Maybury Mansions Condominium Association consists of 312 residential condominium homes

located on approximately 8.5 acres in the northern city of Fort Lauderdale.

Although a large portion of Maybury Condominiums are owner occupied, all residents who live at Maybury desire and work to maintain a community that is safe and properly maintained. This means that prospective residents have to demonstrate not only to be both financially responsible and can demonstrate that they will be a responsible citizen of our community, but also show a willingness to follow Maybury Mansions Condominiums Rules and Restrictions. Therefore, Maybury Mansions Condominiums requires all prospective residents including prospective residents moving in with a previous "association approved resident" (current owner or tenant), to go through an application and screening process as well as a formal, in-person interview with the members of the Board of Directors of Maybury Mansions Condominiums

In addition, each applicant is required to pay a NON-REFUNDABLE processing fee (also known as an Application Fee). Said fee is for administrative purposes including but not limited to the running of credit, background, and reference reports. The processing time is 3 to 4 weeks, however, be advised the process may take longer for out-of-state inquires. Interviews will NOT be scheduled and/or conducted until all reports and a complete application has been received by Maybury Mansions Condominium Association Office. BE ADVISED INCOMPLETE APPLICATION PACKETS WILL BE AUTOMATICALLY REJECTED. It is up to you to ensure all forms and/or requested information are filled out entirely, turned in accordingly along with any request for supplement information.

Maybury Mansions Condominium Association, like all condominium associations in the state of Florida, have reasonable Rules and Restrictions that are in place to best serve the interests of our residents/community. A book of Rules and Restrictions is given to successful applicants and any abuse of such will result in arbitration and/or lease termination.

For example:

BLDG/UNIT NO: _____

NO TOLERANCE policy regarding illegal drug use and/or related activities. Maybury Mansions Condominium Association does and will continue to work with law enforcement regarding such.

No Dogs Allowed; other pet restrictions may apply.

Thoughtfulness and consideration for your neighbors; unreasonable disturbances (noise or otherwise) affecting other residents will not be tolerated.

INTRODUCTION – Page 2

Parking is limited and assigned. One space is allocated per unit. NO COMMERCIAL vehicles or RV's. All vehicles must be parked facing IN. Owners/Tenants with more than 2 (two) vehicles may park on a first come first serve basis, utilizing the guest spots behind A & B buildings; should there be no space available, one must find other alternatives. Each vehicle must have a parking decal or risk being towed at the vehicle owner's expense. Parking decals will be issued at the conclusion of the approved interview. A copy of your driver's license, insurance, registration, and vehicle photo will be required. Guest Parking is for guests, and one must obtain a guest Parking Pass from the office (a vehicle photo will be required)

Patio furniture is allowed on the outside balcony as well as up to 3 plants. However, there are size and neatness restrictions, inquire with the office for further information.

Due to Insurance purposes the following MUST be adhered to:

No bike riding, rollerblading, skateboarding, or children playing in the stairwells or along the railings. No running, diving, rough-housing, food, or GLASS are permitted in the pool/jacuzzi area. Individuals under the age of 18 MUST be accompanied by an adult when using the pool and clubhouse – No one under the age of 148 is permitted in the exercise room.

Maybury Mansions Condominium Association hopes this gives you some insight into the process and what is expected of prospective and current residents.

If you have any questions, please feel free to contact the office. Office hours are from 10am to 4pm, Monday through Friday.

Thank you,

Maybury Mansions Condominium Association

ACKNOWLEDGEMENT -

I/We have read and understood the information provided in this instrument and have had the opportunity to clarify all questions. We are submitting our application, required application fee(s), as well as all supplemental information requested with the return of this instrument.

Prospective Owner or Lessee (A)	
Signature	Date
Prospective Owner or Lessee (B)	
Signature	Date

Phone Number:	_
Email:	_

INSTRUCTIONS:

- All applicants are processed as separate investigations.
 Print legibly or type all information. Account and telephone numbers and complete addresses are required.
 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.
 Any misrepresentation, falsification or omission of information may result in your disqualification.
 Only the applicants are authorized to sign all forms on page 2.

APPLICATION FOR OCCUPANCY/APPROVAL

Pi	RINT OR TYPE (Use Black Ink)	Purchase	or Lease	(Manuta -)
Αŗ	ot NoBldg No Special Addres	is or Unit	or Lease	(How long)
	ate	ired date of occupancy		
Na	ame (Mr./Mrs. /Ms.)	Date of Birth	Soc Ser No	`
	pouse (Mr /Mrs /Ms)	Date of Birth	y) (Passport, Alien, Gr Soc. Sec No	een Card, Social Insurance No D.
E		(mm/dd/y 1 Div. Maiden Name	y) (Passport, Alien, Gr '	een Card, Social Insurance No
Na	ames & ages of children who will occupy:			,
De	scription of Pets (Breed, Size, Color, Weight, Etc.)			
in	case of emergency notify:			
PR	Name SINT OR TYPE (Use Black Ink) RESIDE	Address NCE HISTORY		Telephone
A.	Present Address (Street Address Apt No , City, State, Zip)		Phone ()	
	Name of Apt. /Condo(Street Address: Apt No : City. State, Zip)	Phone ()	Dates of Reside	
	Name of Landlord or Mortgage Co		Phone ()	
	Address		Mta No	
В.	-			
	Name of Apt. /Condo			
	Name of Landlord or Mortgage Co.	rnone ()	_ Dates of Resider	icy
	Address		Min_No	
С	Prior Address			
	Prior Address(Street Address, Apt No., City, State, Zip) Name of Apt. /Condo(Street Address, Apt No., City, State, Zip)	Phone ()	Dates of Residence	***
	Name of Landlord or Mortgage Co.		Phone ()	77
	Address			
80				
, EN	, , , , , , , , , , , , , , , , , , , ,	MENT & BANK REFEREN		
A	Employed By (Business Name)(or retired from)		Phone ()	
	(or retired from) How long Dept. or Position			
_	Address			Zip
В.	Spouse's Employment (Business Name)(or retired from)			
	How long Dept. or Position			
	Address			Zip
C.	Bank Reference		Phone ()	
	How long Ck. Acct. No	Sav Acc	t. No	
	Address			Zip
D	Bank Reference			
	How long Ck. Acct. No.		t. No	
	Address			Zip

(Continued on Back)

Name		Address		Phone (Residential C	Office)
2. Name		Audress		Phone (Residential &	A
3. Name					·
Driver's Lic. No. #1		Address		Phone (Residential &	Office)
Make	Model	#.	2		State
Make	11.0001	rear	Plate No	Color	State
wake	Model	Year	Plate No	Color	State
the Association or their a to the Association. The in	legible or is not completely and account the investigation and related report gent, Applicant Information may investigation may be made of the applicable. I may request, in writing, we	estigate the information sup	plied by the applicant	and a full disclosure). the applicant recognizes of pertinent facts may be n
Signature		Signature			
	Applicant	Signature		Applicant's Spouse	
p	ost banks, financial institutio Make sure Authorization Fo	m is completed as in	dicated.		
AUTHORIZATION	TO RELEASE BANKING, C	REDIT, RESIDENCE	E, EMPLOYMEN		
AUTHORIZATION T	TO RELEASE BANKING, C	REDIT, RESIDENCE	E, EMPLOYMEN	T, AND CRIMIN	AL BACKGROUND
AUTHORIZATION Thave named you and hereby authorized information they information the information they information the information they information the information they information the inform	TO RELEASE BANKING, C as a reference on my apple to release and give request concerning my banking to request concerning my banking to request concerning my banking the request concerning the request concerning the request to the request t	REDIT, RESIDENCE	E, EMPLOYMEN	T, AND CRIMIN	AL BACKGROUND
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have named you a four are hereby authour application made DESIGNATED PAR hereby waive any foresaid party(s). Photocopies of this heleased to facilitate	TO RELEASE BANKING, Cas a reference on my application and give request concerning my bankle for residency. TY: APPLICANT INFORM, privileges I may have with a suthorization may be may have may be may have my have m	REDIT, RESIDENCE lication for residence to the below mention king, credit, residence ATION h respect to the said	ed party(s) or the e, employment, a d information in tiple inquiries.	T, AND CRIMIN	AL BACKGROUND representative, any a in reference with my as release to the u do receive a tion should be
AUTHORIZATION To have named you are hereby authour application made our application made our application made of the hereby waive any aforesaid party(s). Photocopies of this hotocopy of this heleased to facilitate (Appli	TO RELEASE BANKING, Cas a reference on my application for my application for request concerning my bandle for residency. TY: APPLICANT INFORM, privileges I may have with a sauthorization may be may have my be	REDIT, RESIDENCE lication for residence to the below mention king, credit, residence ATION h respect to the said	E, EMPLOYMEN ed party(s) or the e, employment, a dinformation in tiple inquiries. (Applica	T, AND CRIMIN, eir Attorney or R and background reference to it in the event you uested information.	AL BACKGROUND representative, any a in reference with my as release to the u do receive a tion should be

Maybury Mansions Association 2451 NE 51st Street Fort Lauderdale Florida 33308

The undersigned agrees and will follow Maybury Mansions rules of no pets allowed and all other Association rules set by their documents.

As landlord, I understand the rules of the association. I also understand that if my tenant doesn't follow Maybury Mansions rules I give the Association the power to act as attorney on my behalf and evict my tenant / tenants without recourse.

As tenant, I understand the Association that represents my landlord has the power to evict me without the authority of my landlord.

I will abide by all rules set forth and I totally understand what I am signing.

OWNER	DATE
7777	
TENANT	DATE

THIS FORM MUST BE COMPLETED AND NOTARIZED BY THE OWNER OF THE CONDOMINIUM UNIT – NOT THE LESSEE OR REALTOR

AUTHORIZATION FOR ASSOCIATION TO COLLECT RENT UPON DELINQUENCY IN MAINTENANCE PAYMENTS

WHEREAS,	(hereinafter "Owner"), is/are the record
owner(s) of Unit	
	in the Declaration of Condominium for Maybury Mansions, as Records of Broward County, in Official Records Book 3034,
	Association (hereinafter "Association" or "Condominium") is ration and management of the Condominium; and
WHEREAS, Owner desires to lea	ase the unit to
(hereinafter "Lessee") pursuant to	a lease submitted herewith; and
	Association have agreed to enter this Authorization for the Delinquency in Maintenance Payments (hereinafter

WHEREAS, the terms of this Authorization Agreement shall be incorporated into any agreement for the lease of the unit.

NOW, THEREFORE, in consideration of the mutual covenants contained herein and for other good and valuable consideration, the receipt and sufficiency of which is hereby expressly acknowledged, the parties agree as follows:

- 1. The terms of the Authorization Agreement shall be incorporated into the agreement to lease the unit at Maybury Mansions Condominium and the Association may enforce the provisions thereof.
- 2. If, at any time during the term or pendency of the lease, the Owner becomes delinquent in payment of regular maintenance and/or special assessments to the Association, the Owner and Lessee agree that Association shall have the right and authority, at its sole discretion, to demand that Lessee pay lease payment directly to the Association. The Association shall provide, by regular and certified mail, ten (10) days written notice to the Owner and Lessee that the subsequent lease payment ae to be forwarded to the Association. The Owner and Lessee agree that upon provision of such notice from the Association, the Lessee shall pay the lease payments accruing thereafter directly to the Association until otherwise notified. The Association shall apply lease payment received from Lessee toward regular maintenance and/or special assessments, costs, and attorney's fees due as of the date of receipt of the payment. The Owner expressly releases Association and Lessee from any liability to Owner for unpaid rent under the Lease Agreement if such

- payment is made directly to Association upon demand from the Association. If any funds are left over after the Association deducts the amount owned it, the Association may apply remainder of the lease payment toward future regular maintenance and/or special assessments.
- 3. Should Lessee fail to comply with the Association's demand by payment of the lease payment next due directly to the Association, the Association is hereby authorized to bring legal action against Lessee for immediate termination of the lease and/or tenancy arrangement. Any such action for termination of the lease and/or tendency arrangement may be brought by the Association in the mane of the Owner, through eviction proceedings. In addition, or as an alternative to termination of the lease and/or tenancy arrangement, the Association may seek injunctive relief or specific performance under this Agreement. The Owner and lessee further agree that, if such legal action becomes necessary, the Association shall be entitled to recover reasonable attorney's fees and coats, including appellate fees and costs, from the Owner and Lessee. Any such costs shall be deemed to be a special assessment against the unit and collectible in the same manner as any special assessment levied pursuant to the Declaration of Condominium.

OWNER SECTION	_	
Owner (A)		Owner (B)
Agreed to this	day of	, 2023.
State of Florida) County of Broward)		
	3, by	ore me, the undersigned authority this day, and, who are/is personally known to me or produced the
following identificat	ion	, who are is personally known to the or produced the
Notary Stamp:		
		Notary Signature
		Notary Printed Name

AUTHORIZATION FOR ASSOCIATION TO COLLECT RENT UPON DELINQUENCY IN MAINTENANCE PAYMENTS

LESSEE SECTION –		
Lessee (A)		Lessee (B)
Agreed to this	day of	, 2023.
State of Florida) County of Broward)		
of, 2023, b	У	me, the undersigned authority this day, and, who are/is personally known to me or produced the
following identification_		who are is personally known to me or produced the
Notary Stamp:		
		Notary Signature
		Notary Printed Name