

**GATEWAY ARMS HOME OWNERS ASSOCIATION, INC.
C/O COMMAND ASSOCIATION MANAGEMENT, LLC
3837 Hollywood Blvd, Suite A, Hollywood, FL 33021
Phone: 954-920-9799 Fax: 954-920-1052**

The following is required for sale or lease of ANY unit:

- 1) Signed application for SALE or LEASE (must be attached).
- 2) Application fee in the amount of \$100.00 for U.S. citizen or \$250.00 if foreign buyer (money order only) made payable to:

GATEWAY ARMS HOME OWNERS ASSOCIATION, INC.

ALL APPLICATION FEES ARE NON-REFUNDABLE.

- 3) Copy of Driver's License, Business Tax License, and Occupational License for all buyers or tenants of each applicant who will be occupying the unit.
- 4) Signed copy of Sales Purchase Contract OR Lease Agreement. A formal credit report and criminal background check is required for each applicant.
- 5) Copy of the owner's or tenant's vehicle's registration for the vehicle to be parked in the designated space for each bay.
- 6) EACH person, if applying as a "personal" applicant, and or a separate application is required if purchasing as a Corporation or LLC. In addition, must supply Corporate FEI ID# and all corporation articles of incorporation papers with the application.

****PLEASE ALLOW A MINIMUM OF TWO WEEKS TO COMPLETE THE APPLICATION PROCESS. ALL DOCUMENTS MUST BE RETURNED TO BEGIN THE APPLICATION PROCESS. ANY MISSING DOCUMENT WILL DELAY THE APPLICATION PROCESS.**

You can speed up the process by hand delivering the complete package to Command Association Management, LLC at 3837 Hollywood Blvd. Suite A, Hollywood, Florida 33021.

If you have any questions regarding the application, please call Diana Pittarelli at the management office at 954-920-9799 EXT.128 or Scott Roberts at EXT.117.

GATEWAY ARMS HOME OWNERS ASSOCIATION, INC.

Screening Application

Date: _____

Unit #: _____

Desired Date Occupancy: _____

Purchase: Mortgage () Cash ()

Lease (_____)

Personal Information:

Name of Applicant: _____ Home Phone: _____

Social Security #: _____ Cell Phone: _____

Driver's License #: _____ State Issued: _____

(please attach copy of license)

Passport #: _____

(please attach copy of passport if non-citizen of USA)

Marital Status: _____ Yearly Income: _____

Names and ages of children who will occupy: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Prior Address: _____

City: _____ State: _____ Zip Code: _____

Landlord's Name: _____ Phone #: _____

How long have you lived at present address? _____

Prior Address: _____

City: _____ State: _____ Zip Code: _____

Landlord's Name: _____ Phone #: _____

How long did you live at this address? _____

Current Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Contact Person: _____

Position: _____ Time span: _____

Business Information:

None: (_____) If yes, please complete below.

Type of business to be conducted on the premises: _____

Name of business which will operate on the premises: _____

Years of experience: _____

Is this business currently operating now? Yes _____ No _____

If so, provide corporate name and tax ID. _____

Banking Information:

Bank Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Checking Account#: _____

Savings Account#: _____

Personal References:

Name	Address	Phone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Business References:

Name	Address	Phone Contact
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

IN CASE OF AN EMERGENCY CONTACT INFORMATION:

Name: _____ Phone#: _____

Relationship: _____

E-mail Address: _____

I/We certify that the above information is true and correct, and I/We hereby authorize Command Association Management to obtain a credit and background information to evaluate my/our tenancy.

_____	_____
Applicant	Date
_____	_____
Applicant	Date

LEASE RIDER

In the event, the LESSOR (OWNER) becomes delinquent in the payment of any monthly assessment due Gateway Arms Homeowners Association, Inc., and if such delinquency continues for a period in excess of (10) days, the LESSEE (TENANT) upon receiving written notice of such delinquency from the Condominium Association or its Agent, shall pay the full amount of such delinquency as set forth in said notice to the Condominium Association in care of the Management Company for the benefit of the Condominium association.

Lessee is authorized to deduct from rental payment due to the LESSOR the amount to cure the delinquency. It is understood and agreed by the LESSOR that the LESSEE shall continue to pay the monthly maintenance payments thereafter until the expiration of the lease. It is further understood and agreed such deduction from the rental payment will not constitute default of rent to the LESSOR.

It is understood that the Association has the right to evict the tenant(s) for non-payment of the Association's assessments with seven (7) days notice. Additionally, the LESSOR understands payment to the Association effectively are to be considered payments to the LESSOR and cannot pursue eviction for failure to receive funds personally.

NOTE: A signed copy of the Lease and this Addendum must be given to the Board of Directors (via the management company) for its files and before approval will be granted by the association for lease approval of any document.

LESSOR INFORMATION

Name

Emergency Phone number

Home Phone

Cell Phone

Work Phone

Home Address

Cit, State, Zip

Signature

TENANT INFORMATION

Name

Emergency Phone Number

Home Phone

Cell Phone

Work Phone

Home Address

City, State, Zip

Signature