



KEYS GATE COMMUNITY ASSOCIATION



RECEIPT OF ORIENTATION PACKET – FOR “NEW HOMEOWNER(S)”

Thank you for choosing **Keys Gate Community** as your new place to live. We are confident that you will be very happy with the people and the community.

The information enclosed will help you understand the rules and regulations, the community standards, and various forms for Management to keep accurate records.

The following forms and information documentation is in the Orientation Package:

- | | |
|---|--|
| <input type="checkbox"/> About the Management Company
<input type="checkbox"/> Towing Policy
<input type="checkbox"/> Pool Rules & Regulations
<input type="checkbox"/> Community Standards
<input type="checkbox"/> Resident Verification Form
<input type="checkbox"/> Protection One Form
<input type="checkbox"/> Change of Mailing Address
<input type="checkbox"/> Architectural Control Review
<input type="checkbox"/> Neighborhood Pet Rules | <input type="checkbox"/> Important Phone Numbers
<input type="checkbox"/> Garbage Schedule
<input type="checkbox"/> Insurance Guide for Condominiums
<input type="checkbox"/> Rules and Regulations
<input type="checkbox"/> Security Information Sheet
<input type="checkbox"/> City of Homestead-Alarm Registration
<input type="checkbox"/> Authorization for Automatic Withdrawal
<input type="checkbox"/> Lease Application with Addendum
<input type="checkbox"/> Maintenance Payment List |
|---|--|

Initial

Initial

By signing this document, I understand that I am responsible for reading the information inside this package and for maintaining the Management Company informed of any changes relating to my condo, town-home or home, including but not limited to mailing address. Should you require further information, please log on to

www.keysgatehometown.com &  **www.facebook.com/KeysGateCommunityAssociation**

Print Name: _____ **Signature:** _____ **Date:** _____ **Parking #:** _____

Master Fee: _____ Account #: _____ Payable To: _____

Condo Fee: _____ Account #: _____ Payable To: _____

Management Representative: _____ Date: _____

1541 SE 12 AVE, Suite #37, Homestead, FL 33034

Phone: (305)247-9800 Fax: (305)247-9898

KEYS GATE Community Association



_____**OWNER**

_____**RENTER**

(Renters must have a letter from the owner giving them permission to activate)

RESIDENT NAME: _____

PROPERTY ADDRESS: _____

RESIDENCE TELEPHONE: _____

CELLULAR PHONE: _____ **EMAIL ADDRESS:** _____

EMERGENCY CONTACTS

Name

Telephone Number

1. _____
2. _____

*******IMPORTANT*******

1. The Activation Fee is **NOT** part of the monthly maintenance payment it is a separate fee of \$49.00, (plus applicable taxes). A landline phone service is required, (NO VOIP-Vonage or Magic Jack).
2. **Annual Police Registration is also the customers Responsibility.** Form is attached and the required fee is \$ 25.00 annually. If you have any questions, please contact Homestead Police department (305) 247-1535 or visit their website (www.homesteadpolice.com).

Please Note: If you will not have a landline phone service, Protection One offers a GSM Radio unit for \$99.00 (plus applicable taxes) and a fee of \$10.00 per month (plus tax) in order to monitor your system; both made payable to Protection One. Please be aware that Keys gate is only responsible for the BASIC monitoring any other services are the owners or tenant's responsibility.

If you would like to activate your security system, please call Protection One/ADT at 855-896-4147 or you may also send an email to the designated email address P1hoa@adt.com.

1541 SE 12 Avenue, Suite 37, Homestead, FL. 33034

Phone: (305) 247-9800 Fax: (305) 247-9898

*******IMPORTANTE*******

1. El precio de activación NO es parte del pago de mantenimiento mensual es un cargo por separado de \$ 49.00, (más los impuestos aplicables). Se requiere un servicio telefónico fijo, (NO VOIP-Vonage o Magic Jack).
2. Registro Anual de Policía también es responsabilidad de los clientes. Se adjunta el formulario y la cuota requerida es de \$ 25.00 anualmente. Si tiene alguna pregunta, comuníquese con el Departamento de Policía de Homestead (305) 247-1535 o visite su sitio web (www.homesteadpolice.com).

Por favor, tenga en cuenta: Si usted no tiene un servicio de teléfono fijo, Protection One ofrece una unidad de radio GSM por \$ 99.00 (más los impuestos aplicables) y una tarifa de \$ 10.00 por mes (más impuestos) para monitorear su sistema; Ambos pagaderos a Protection One. Tenga en cuenta que Keysgate sólo es responsable del monitoreo BASICO, **cualquier otro servicio es responsabilidad del propietario o inquilino.** Si desea activar su sistema de seguridad, llame a Protection One/ADT al 1-855-896-4147 o envíe un correo electrónico a P1hoa@adt.com.



KEYS GATE COMMUNITY ASSOCIATION



NEIGHBORHOOD PET RULES

<input type="checkbox"/> CENTER GATE	1 PET	<input type="checkbox"/> ARBOR PARK	2 PETS
<input type="checkbox"/> TOWNGATE	2 PETS	<input type="checkbox"/> PALM ISLES	2 PETS
<input type="checkbox"/> NORTH GATE	2 PETS	<input type="checkbox"/> CALI GREENS	2 PETS
<input type="checkbox"/> FAIRWAYS	3 PETS	<input type="checkbox"/> PALM BREEZE	2 PETS
<input type="checkbox"/> KEYS LANDING	2 PETS	<input type="checkbox"/> PALM COVE	2 PETS
<input type="checkbox"/> SHORES	2 PETS	<input type="checkbox"/> DUNWOODIE	2 PETS
<input type="checkbox"/> AUGUSTA GREENS	3 PETS	<input type="checkbox"/> EASTLAKE	3 PETS

- **ALL PETS MUST BE ON A LEASH AT ALL TIMES, NO LONGER THAN SIX(6) FEET.**
- **ALL RESIDENT(S) MUST AND ARE RESPONSIBLE TO PICK-UP ANY PET EXCRETIONS IN THE COMMON AREA(S) AS WELL AS ANY PRIVATE RESIDENCES.**
- **ALL HOMEOWNERS ARE RESPONSIBLE THAT THEIR PET(S) DO NOT CAUSE A NUISANCE TO ANY NEIGHBOR.**
- **NO PET OR ANIMAL ARE TO BE LEFT UNATTENDED IN THE YARD, BALCONY, PORCH OR PATIO.**
- **NO FEEDING OF WILDLIFE, STRAYS OR DOMESTIC ANIMALS.**

FAILURE TO COMPLY WILL RESULT IN A VIOLATION AND MAY BE SUBJECT TO PENALTIES.

****PLEASE READ & FILL OUT BELOW****

Neighborhood: _____

Owner/Resident Name: _____

Property Address: _____

Signature: _____ **Date:** _____

_____	Owner
_____	Renter

KEYS GATE COMMUNITY ASSOCIATION Neighborhood:

2020

UNIT ADDRESS: _____ **EMAIL:** _____

Primary PHONE #: _____ **Secondary PHONE #:** _____

In Case of Emergency Contact: _____ **Phone #:** _____

RESIDENT(s) NAME: _____

Owner and/or Tenant living in the unit

***Additional Occupants/Relationship:**

1. _____
2. _____
3. _____
4. _____

***ADD CHILDREN + AGE (living in property):**

1. _____
2. _____
3. _____
4. _____

AUTHORIZED GUESTS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

VEHICLES: (Please provide the vehicles Bar Code # that has been assigned to each CAR.)

1. Year: ____ Make: _____ Model: _____ Color: _____ Tag: _____ Decal #: _____

Bar Code #: _____ **Received Decal:** _____

2. Year: ____ Make: _____ Model: _____ Color: _____ Tag: _____ Decal #: _____

Bar Code #: _____ **Received Decal:** _____

3. Year: ____ Make: _____ Model: _____ Color: _____ Tag: _____ Decal #: _____

Bar Code #: _____ **Received Decal:** _____

This form MUST be signed by homeowner and/or approved Renter(s) and Identification is required.

Signature: _____

Date: _____

For Management/Security Office Use Only:

Received By: _____

Date: _____

Account #: _____

For Office Use Only:

_____ **Verify Settlement/Warranty Deed**

_____ **Verify Tops**

_____ **Verify Identification**

Office Representative: _____ **Date:** _____



KEYS GATE COMMUNITY ASSOCIATION

AFFIDAVIT OF OWNERSHIP OR TENANCY

1. My name is: _____ and I reside at: _____
Homestead FL.

2. I am aware that only owners of property and properly approved tenants are allowed to receive parking decals allowing access to the Keys Gate Communities.

3. By signing this affidavit I am stating under oath that I am either an owner of a Keys Gate Community property identified in paragraph 1 of this affidavit or I am a tenant living at the above premises pursuant to a lease that has been approved by the Keys Gate Homeowners Association.

4. I further acknowledge that if I am a tenant and I am notified by the Homeowners Association that the homeowner is in arrears on the monthly assessments then I am obligated pursuant to FS.720 et seq. to pay to the Association my rental payments until such time as notified by the association that the arrearages have been satisfied.

5. I understand that if I fail to comply with this demand by the Association FS 720 et seq allows the Association to begin eviction proceedings against me.

Affiant

(MANAGEMENT ONLY)

STATE OF FLORIDA)
COUNTY OF DADE)

The foregoing instrument was acknowledged before me by _____, () who is personally known to me or () who has produced a drivers license as identification as identification and () who did () who did not take an oath.

SWORN TO and SUBSCRIBED before me this ____ day of _____ 2013.

Name of Notary, State of Florida
At Large/My Commission Expires:

KEYS GATE COMMUNITY SECURITY DECAL & GUARDHOUSE UPDATE FORM

Please read the instructions below and carefully fill out the form. This is necessary to ensure that the staff will be able to verify your information, update our records and expedite your decal. We request that all residents update their information annually.

*****IMPORTANT INFORMATION*****

The Following Neighborhoods are required to display a parking Decal on the driver's side windshield:

- ARBOR PARK
- CENTERGATE
- TOWNGATE

ATTENTION: Homeowner/Tenants vehicles without a current year decal are subject to immediate TOWING.

INSTRUCTIONS:

1. Complete and Submit a Decal Form. (Please make sure that the information you are providing is the information you would like in our database.)
2. A photo identification is required. (Please keep in mind only the homeowner or the approved tenant(s) will be able to pick up decal, unless prior arrangements are made with the homeowner or the approved tenant(s).
3. All tenants must have a current approved lease.

Please submit your update form along with your identification through one of the following methods:

- Email to kgcustomers@miamimanagement.com
- Drop off or mail to the Management office: 1541 SE 12 Avenue, Suite# 37, Homestead, FL 33034.

Once the decal form is received and verified for accuracy, the Management staff will inform the Resident when they may pick-up their decal at their corresponding manned-guardhouse. Please keep in mind that upon pick up at the guardhouse, resident must show proof of identification. Each decal is assigned to a specific vehicle; please make sure that it is placed on the appropriate vehicle. Homeowners/tenant(s) are responsible to remove their old Decal and place the new Decal on the front bottom left (Driver) side of the windshield. Please make sure that it is visible. If you have tinted windows, please make sure that security will be able to see the decal at night.



KEYS GATE COMMUNITY ASSOCIATION



CHANGE OF ADDRESS FORM

Account #: _____

Homeowner(s) Name: _____

Unit Address: _____

City: _____ State: _____ Zip Code: _____

CHANGE OF ADDRESS REQUEST

Effective today, please accept this memo as my official change of address. In order for all association correspondence pertaining to my property be mailed to my attention at the forwarded address.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Alt. Phone: _____

Email: _____

Signature of Unit Owner

Date

** If you are going to have a caretaker for your property and would prefer all Association correspondence be mailed to such person or person(s); please attach a letter authorizing Miami Management to forward correspondence to such person and or company.**

**THIS FORM IS TO BE COMPLETED AND SUBMITTED BY THE HOMEOWNER
ONLY WITH A COPY OF DRIVER'S LICENSE TO VERIFY HOMEOWNER
IDENTITY.**



City of Homestead Police Department

Code Compliance Division
45 NW 1st Avenue
Homestead, Florida 33030

Account # _____
(Official Use Only)

Alarm Registration Form

INSTRUCTIONS: Print legibly or type. Complete all application items. Complete a separate application for each address to be registered. **Attach a \$25.00 registration payment and return to the address shown at the bottom of this form.**

1 Alarmed Location

Name _____

Occupant Name or Business Name

Address _____

Suite _____

City _____

State _____

Zip _____

Telephone1 _____

Telephone2 _____

Email Address _____

2 Responsible Party (if different from above)

Phone1 _____

Name _____

Phone2 _____

Address _____

Suite _____

Phone3 _____

City _____

State _____

Zip _____

Phone4 _____

3 Emergency Contact Names

Contact 1

Phone1 _____

Name _____

Phone2 _____

Contact 2

Phone1 _____

Name _____

Phone2 _____

4 Additional Information

Date Installed/Activated _____

Permit # _____

Special Conditions/ Hazards _____

5 Alarm Companies

Monitored By _____

Phone _____

The City of Homestead Ordinance 6-355, requires any alarms user, except vehicle and fire alarms, in the City limits of Homestead, to file the following information annually with a \$25.00 registration fee (registration fees waived if there are no false alarms at the premises since September 30 of the preceding year) with the City of Homestead Code Compliance Division and the Homestead Police Department. Failure to do so will result in a fine.

This form should be returned to: City of Homestead - Finance Dept. Central Collections, 100 Civic Court Homestead, FL 33030

*City codes and more help information can be found on our website
www.HomesteadPolice.com*



14275 SW 142 Avenue Miami, FL 33186
Office: 305.378.0130 | Fax: 305.378.0259
Toll Free: 1.800.273.4603
www.miamimanagement.com

Dear Homeowner:

At Miami Management we are always looking for new ways to assist your Association and expand your maintenance fee payment options. As a result, we would like to introduce the ACH program, free of charge to you, as a new option to pay your maintenance fees.

The **Automated Clearing House (ACH)** is a processing and delivery system that provides for the distribution and settlement of electronic credits and debits among financial institutions. It functions as an efficient and electronic payment alternative to paper checks. You will be granting permission to the Association to debit your bank account on or around the **5th** day of each **Month**. The following are some of the advantages of the **ACH** program:

- Payments are processed conveniently and accurately in a timely basis via electronic funds transfer.
- Elimination of time and most involved in writing and mailing checks.
- Elimination of the possibility of lost or stolen checks.
- Avoid late fees and reduce delinquency.

The **ACH** program is completely voluntary. You will have the right to enroll in this service at any given point or stop the service by providing Miami Management with written authorization.

If you are interested in the **ACH** program, please complete the attached form and return.

Via email to: ach@miamimanagement.com

or mail to: MMI Payment Processing Center
14275 S.W. 142 AVE
Miami, FL 33186

Sincerely,
Miami Management, Inc.

Please return to: MMI Payment Processing Center
14275 SW 142 AVE, Miami, FL 33186 or FAX: 305-259-1473
Email: ach@miamimanagement.com

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

☐

ADD

☐

CHANGE

☐

DELETE

Home Owner Name: _____

Acct #: _____

YOUR ACCOUNT MUST HAVE A ZERO BALANCE AT THE TIME OF ENROLLMENT

Please note that you currently have a balance as stated above. By signing up for ACH you are authorizing the Association to draft this amount including the current assessment due at time of enrollment in order to bring your account to a zero balance.

I also understand that if on the 5th, the funds in my bank account are not available, a fee of \$25.00 for a returned item will be assessed to my maintenance account. The maintenance fee for the month must then be paid to the Association by check which will include the additional \$25.00 returned item fee plus a \$25.00 dollar late charge.

I herby authorize **Keys Gate Community Assn.** Hereinafter called the **ASSOCIATION**, to initialize entries to my account indicated below at the **DEPOSITORY**, to debit the same to such account on or around the 5th day of each **MONTH**. This will include all future budget changes by the **ASSOCAITON**.

Bank Name: _____ Bank Address: _____

City: _____, State: _____, Zip Code: _____

Account Number: _____ Routing Number: _____

Effective Month: _____ Monthly

Assessment Amount: \$ _____

Special Assessment 1 Amount: \$ _____

Special Assessment 2 Amount: \$ _____

This authorization is to remain in full force and effect until the ASSOCIATION, has received written notification from me of its termination in such time and in such a manner as to afford the ASSOCIATION, and Financial Institution a reasonable opportunity to act on it.

Signature of Home Owner: _____ Date: _____

Phone Number: _____

Attention Homeowner: Please attach a copy of a voided check to verify bank information. Returned or rejected ACHs are subject to late fees and return charges. The cut-off date for ACH enrollment/cancellation is the 25th of every month.

LEASE APPLICATION PROCEDURE



IMPORTANT: Incomplete applications will not be accepted. The lease application must be submitted to the Management Office at least fifteen (15) days prior to the commencement of lease.

A Complete Lease Application Package includes the following:

1. APPLICATION FEE:

- \$75.00 for the first applicant and \$25.00 for each additional adult (18yrs or Over) Living in Property
- FPL (Employee) Fee with ID: \$25.00 and \$25.00 for each additional adult (18yrs or Over) Living in Property
- NOTE: If the property is located in a Towngate Condo Association, a \$1,000.00 Security Deposit is required. Security Deposit must be paid at the time of the application in the form of a Money Order payable to the appropriate Towngate Condominium Association (Confirm the specific condo association with Office staff).
- For each the application fee and for the security deposit: Only Money Orders or Certified Checks Accepted

2. KEYS GATE LEASE APPLICATION:

- Accurately and clearly fill out all of the information in the Keys Gate Lease Application.
- Both Lessors and Lessee must sign the lease application and the Notice of Demand for Rents Pursuant to Florida Statutes, Section 720.3085(8)
- Lessors/Owners' information needs to be precise and submitted with the "Change of Address" form, along with a valid Driver's License.

3. STANDARD LEASE AGREEMENT:

- Leasing periods are required to be a minimum of six (6) months.
- Lease agreement signed by Lessors and Lessees.
- All family members that will be residing at the home must be listed in the lease agreement.

4. CRIMINAL BACKGROUND APPLICATION:

- Accurately and clearly fill out all of the information on the Background Check paperwork.
- All applicants 18 years of age or older must submit a Criminal Background Application and **a copy of their Driver's License ID is required.**
- Out of state background verification may take up to two (2) weeks to process.

Once the lease application is approved, the Management Office will contact the designated parties. The approved applicants **MUST** go to the Management office to receive the Orientation Package. Tenants may not move in until the mandatory Orientation paperwork has been completed and received by the Association.



LEASE APPLICATION

1541 SE 12 Avenue, Suite 37, Homestead, Fl 33034

Phone: (305)247-9800

Fax: (305)247-9898

THIS LEASE APPLICATION WILL NOT BE ACCEPTED UNLESS COMPLETED IN ITS ENTIRETY AND SUBMITTED TO THE MANAGEMENT OFFICE AT LEAST FIFTEEN (15) DAYS PRIOR TO THE COMMENCEMENT OF LEASE.

TERM OF LEASE: FROM: ____ / ____ / ____ TO: ____ / ____ / ____ Acct #: <u>1585 -</u>	
PROPERTY ADDRESS: _____ NEIGHBORHOOD NAME: _____	
LESSORS (OWNERS): _____ CIRCLE ONE: NEW LEASE or RENEWAL	
LESSEES/RENTER(S): LIST ALL ADULT OCCUPANTS WHO WILL LIVE AT THE RESIDENCE: Primary Adult: _____ Contact Phone/Cell: _____ Email: _____ <u>Additional Adults:</u> 1- _____ 2- _____ 3- _____	LESSOR or AGENT: NAME: _____ COMPANY: _____ PHONE/CELL #: _____ FAX NUMBER: _____ EMAIL ADDRESS: _____
LIST ALL CHILDREN WHO WILL LIVE AT THE RESIDENCE & THEIR AGE: Child: _____ Age: _____ Child: _____ Age: _____ Child: _____ Age: _____ Child: _____ Age: _____	

1. Association dues **MUST** be brought up to date, prior to leasing the unit. **Towngate Condo** units require a security deposit.
2. The term of the Lease for all units within the Keys Gate Community **MUST be a minimum of six (6) months**, in accordance with section 18.2 of the Declaration of Condominium.
3. The application fee(s) of seventy-five (\$75.00) dollars for the first adult and twenty-five (\$25.00) dollars for every additional adult is NON-REFUNDABLE.
4. The application fees in the form of a money order or certified check **MUST** be provided at the time of the application and made payable to Keys Gate Community Association.
5. The application **MUST** be submitted at least **fifteen (15) days prior to the commencement of lease**.
6. The Association shall have the right to terminate the lease, upon default by the tenant in observing any of the provision of said Declaration and/or the Master Covenants. Additionally, Lessee(s) are subject to the **Notice of Demand for Rents Pursuant to Florida Statutes, Section 720.3085(8)**
7. Each Lessee and other members of the household are subject to the same rules and regulations as the Keys Gate home/unit owner, as specified in; section 18 of the Declaration of Condominiums and/or Declarations of Master Covenants (Article IX).
8. Lessors **MUST** relinquish Royal Palm Clubhouse access to Lessees.
9. All approved Lessees **MUST** attend orientation prior to issuance of vehicle barcodes & decals.
10. **IMPORTANT:** Owners are responsible and encouraged to do their due diligence on prospective tenants by performing credit, background and reference checks. Association's background checks are for administrative use only.
11. If prospective tenants are approved, homeowners are responsible to inform the Association in writing of any vacancies or renewals.

LESSOR(S) OR AGENT'S SIGNATURE: _____ DATE: _____ Circle Below: Mail to: Lessor or Agent BY: __FAX __EMAIL	LESSEE(S) OR AGENT'S SIGNATURE: _____ DATE: _____ Circle Below: Mail to: Lessee or Agent BY: __FAX __EMAIL
MASTER ASSOCIATION APPROVAL: _____ DATE: _____	
CONDO ASSOCIATION APPROVAL: _____ DATE: _____	



KEYS GATE



COMMUNITY ASSOCIATION

NOTICE OF DEMAND FOR RENTS PURSUANT TO FLORIDA STATUTES, SECTION 720.3085(8)

Attention: Owner and Tenant

Pursuant to Florida Statutes, Section 720.3085(8), if the Parcel is occupied by a tenant and the Parcel Owner is delinquent in paying any monetary obligation due to the Association, the Association will make a written demand to the tenant to pay to the Association the future monetary obligations related to the Parcel, and the tenant must make such payment.

In accordance with the foregoing, the Association hereby would demand what is owed \$[full amount due by the Parcel Owner plus late fees] of your next rent payment to the Association (the "Required Payment"). To the extent that the Required Payment exceeds your monthly rent payment, the tenant will be required to remit the full amount of the rent payment. After the Required Payment has been paid in full, the amount \$[monthly assessment] is required to be paid to the Association each month thereafter. Please note that the tenant is still responsible to remit the remainder of the rent, if any, directly to the Parcel Owner.

This demand is continuing in nature, and upon this demand, the tenant must pay the monetary obligation described above to the Association until (i) the Association notifies in writing to pay a different amount, or (ii) the Association releases the obligation, or (iii) tenancy of the Parcel is discontinued, whichever occurs first.

Payments to the Association must be made payable to Keys Gate Community Association and mailed to the address below.

Section 8 Voucher Program Participants

You are required to stay current on the Association Assessments. If you are delinquent the Association will be advising Section 8 Customer Service of all delinquencies.

IF YOU FAIL TO MAKE ANY PAYMENTS TO THE ASSOCIATION AS SET FORTH ABOVE OR BY SUBSEQUENT NOTICE, YOUR RENTAL AGREEMENT MAY BE TERMINATED AND THE TENANT MAY BE EVICTED FROM THE PARCEL BY THE ASSOCIATION.

Parcel Owner's Signature

Tenant's Signature

Print Parcel Owner's Name

Print Tenant's Name

Date: _____

Date: _____

1541 SE 12 Avenue, Suite 37, Homestead, FL 33034
Phone: (305)247-9800 Fax: (305)247-9898



Investigations • Consulting • Polygraph • Pre-employment Screening



CONSENT FOR BACKGROUND CHECKS

I, _____ agree in conformance to the rules and regulations of this company to consent to a complete Background Investigation. I hereby affirm and declare that all of the foregoing statements are true and correct and that I have not knowingly withheld any fact what would, if disclosed, affect my application unfavorably. I hereby authorize the company to conduct any investigation it deems necessary with respect to information set forth on this application. I also hereby authorize this company to release such information with their opinions on these matters without any liability for any damage whatsoever caused either directly or indirectly by giving or receiving such information or opinions. I hereby unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.

I am aware that this background investigation will include, but not be limited to, a criminal records check anywhere in the United States and/or foreign country in which I have resided.

Last Name _____ First _____ Middle _____

Present Address _____

City/State/Zip _____

Social Security Number _____

Driver's License/Other Identification Number _____

FOR IDENTIFICATION PURPOSES ONLY: Date of Birth ____/____/____

Signature



Investigations • Consulting • Polygraph • Pre-employment Screening



CONSENT FOR BACKGROUND CHECKS

I, _____ agree in conformance to the rules and regulations of this company to consent to a complete Background Investigation. I hereby affirm and declare that all of the foregoing statements are true and correct and that I have not knowingly withheld any fact what would, if disclosed, affect my application unfavorably. I hereby authorize the company to conduct any investigation it deems necessary with respect to information set forth on this application. I also hereby authorize this company to release such information with their opinions on these matters without any liability for any damage whatsoever caused either directly or indirectly by giving or receiving such information or opinions. I hereby unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.

I am aware that this background investigation will include, but not be limited to, a criminal records check anywhere in the United States and/or foreign country in which I have resided.

Last Name _____ First _____ Middle _____

Present Address _____

City/State/Zip _____

Social Security Number _____

Driver's License/Other Identification Number _____

FOR IDENTIFICATION PURPOSES ONLY: Date of Birth ____/____/____

Signature



KEYS GATE COMMUNITY ASSOCIATION

CHANGE OF ADDRESS FORM

Account #: _____

Homeowner(s) Name: _____

Unit Address: _____

City: _____ State: _____ Zip Code: _____

CHANGE OF ADDRESS REQUEST

Effective today, please accept this memo as my official change of address. Please forward all Association correspondence pertaining to my property to my attention to my alternate address.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Alt. Phone: _____

Email: _____

** If you are going to have a caretaker for your property and would prefer all Association correspondence be mailed to such person or persons, please attach a letter authorizing Miami Management to forward correspondence to such person and/or company.

Signature of Unit Owner

Date

**THIS FORM IS TO BE COMPLETED AND SUBMITTED BY THE HOMEOWNER
ONLY WITH A COPY OF A DRIVER'S LICENSE TO VERIFY HOMEOWNER
IDENTITY.**
