



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

Protection One

OWNER

RENTER

Resident Name: _____

Property Address: _____

Residence Telephone: _____

Work Telephone: _____ **Cellular Phone:** _____

EMERGENCY CONTACTS:

NAME:

TELEPHONE #:

1. _____
2. _____
3. _____

1. _____
2. _____
3. _____

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

Option #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).

Option # 2:

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.

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).

If you would like to activate your security system, please call Protection One at **(305) 591-0692** or fax this form to (305) 590-3025, our email address is miamiservice@protectionone.com . For service or maintenance issues please call **305-590-3000**.



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 | 2 PETS | <input type="checkbox"/> PALM BREEZE | 2 PETS |
| <input type="checkbox"/> KEYS LANDING | 2 PETS | <input type="checkbox"/> EASTLAKE | 3 PETS |
| <input type="checkbox"/> SHORES | 2 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 **2016**
COMMUNITY ASSOCIATION Neighborhood:

UNIT ADDRESS: _____

PHONE: _____ **CELL:** _____ **EMAIL:** _____

^^This # will be registered at Gate^^

Please check box, if you would like to receive information from your Delegate via email

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

RESIDENT(S) NAME: _____

Owner and/or Tenant living in the unit

***Additional Occupants/Relationship:**

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

1. _____ 2. _____

1. _____ 2. _____

3. _____ 4. _____

3. _____ 4. _____

5. _____ 6. _____

**** If Renter, please provide the following:**
 Lease Dates: From _____ To: _____

 Previous Keys Gate Neighborhood (if applicable): _____

Guest List:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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

Bar Code #: _____

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

Bar Code #: _____

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

Bar Code #: _____

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

Bar Code #: _____

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 Identification	_____ Verify Skyline
_____ Verify TOPS/FILE	_____ Verify Lease

Office Representative: _____
Date Entered: _____

KEYS GATE COMMUNITY 2016 SECURITY DECAL PROCEDURE

Please read the instructions carefully this will ensure that the staff will be able to verify your information and expedite your decal efficiently. Also, this will avoid any inconvenience for the homeowners/approved tenant to have to come to the Management Company.

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

The following neighborhoods: Keyslanding,Shores,Cali Green,Fairways,Palm Isles,North Gate & East Lake will NOT be required to display Keys Gate Parking Decal on their vehicles. However please keep in mind you are required to complete the form to update all contact,email & authorized guest information.

****Neighborhoods: CENTERGATE, ARBOR PARK & TOWNGATE are still required to display a parking Decal to avoid TOWING. This applies to Owners & Tenants.**

1. Complete and Submit a 2016 Decal Form. (Please make sure that the information you are providing is the information you would like in our database.)
2. A photo identification and current vehicle registration will be 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). All requests MUST be submitted in writing and a copy of the identification of the homeowner/approved tenant(s).)
3. All approved tenant(s) will be required to submit a copy of the approved Keys Gate lease letter or approved lease application. A 2016 Decal will not be able to be provided until the lease application is approved by the Association.

Once the decal form is completed and submitted to Management, it is the responsibility of the homeowner/approved tenant to either drop the form off at Management office (1541 SE 12 Avenue, Suite # 37), walk-ins are always welcomed as long as your form has been completed prior to pick-up of decals. **Keep in mind that front desk will not have your prior year's decal form, make a copy for future reference.** If you wish to mail to the Management office our address is 1541 SE 12 Avenue, Suite# 37, Homestead, FL 33034. If you would like to fax to the Management office, our fax # is (305)247-9898. You can also, scan and email the form to our offices, please e-mail **kgcustomers@miamimanagement.com** We ask that you only choose one method of providing the form in order to avoid confusion.

Once the decal form is received and verified for accuracy, the Management staff will inform the Resident of when your decal will be available for pick-up at the corresponding manned-guardhouse. Please keep in mind that upon pick up at the guardhouse, you MUST show proof of Identification. On the back of the decal will be the description of the vehicle to which it is assigned. **Homeowners/Approved tenant(s) will be required to remove their old Decal and place the new 2016 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. If you have any questions or concerns, please do not hesitate to contact the Management Office. Remember DECALS are MANDATORY. All decals should be in place on your vehicle no later than January 31, otherwise your barcode will be deactivated and vehicle subject to Tow. Management and your Association greatly appreciate your prompt cooperation.



**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 _____ 2016.

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



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.



KEYS GATE



COMMUNITY ASSOCIATION

TENNIS & RAQUET BALL FACILITY

Resident Verification Form

Verified By: _____
(Management Representative)

Date: _____

Property Address: _____

Neighborhood: _____

Current Owner: _____

Tenant, if applicable: _____

EMERGENCY CONTACT:

Contact Name: _____

Contact Phone: _____

Doctor Name: _____ **Hospital:** _____

Name Guest:

PLEASE BE ADVISED NO GUEST(S) ARE PERMITTED TO USE THE FACILITIES OF THE CLUBHOUSE WITHOUT THE CURRENT OWNER/RESIDENT OF THE KEYS GATE COMMUNITY. THIS DOCUMENT MUST BE STAMPED BY MANAGEMENT AS VERIFICATION OF RESIDENCY.



City of Homestead Police Department

Code Compliance Division
4 South Krome 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 permitted. 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 Name _____		Phone1 _____
		Phone2 _____
Contact 2 Name _____		Phone1 _____
		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, 790 N. Homestead Blvd, 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: mtablada@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: mtablada@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 hereby 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 **ASSOCIATION**.

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



All Leasing Packages must include the following:

Keys Gate Lease Application with Addendum

Standard Lease Agreement

All Applicants 18yrs or Older MUST submit Copy of ID

Criminal Background Application

Application Fee: \$75.00 first applicant \$25.00 for each adult (18yrs or Over) Living in Property

FPL Fee with ID: \$25.00 Spouses and/or Anyone 18yrs or Over \$25.00

Towngate Condo(ONLY)requires a \$1000.00 Security Deposit. Check Payable to Condo; payment must be submitted with completed application.

ONLY MONEY ORDERS OR CERTIFIED CHECKS ACCEPTED

APPLICANTS ARE NOT PERMITTED TO MOVE IN PRIOR TO LEASE APPROVAL; FAILURE TO COMPLY COULD RESULT IN A FINE AND/OR EVICTION.

PLEASE BE ADVISED, THAT FAMILY MEMBERS RESIDING IN YOUR HOME MUST SUBMIT AN APPLICATION AND SUBMIT TO A BACKGROUND CHECK.

KEYS GATE LEASE APPLICATION:

- ALL INFORMATION on the Keys Gate Application MUST be accurate.
- Lessors (Owner) information needs to be precise and submitted with the "Change of Address" form, along with a valid Driver's License.
- Both Lessors and Lessee must sign the lease application and the addendum
- Both Lessors and Lessee must sign the Notice of Demand for Rents Pursuant to Florida Statutes, Section 720.3085(8)
- Please choose how you would like to receive your Approval/Denial Letter via **FAX** or **EMAIL** (Located by your signature are on Lease Application.

STANDARD LEASE AGREEMENT:

- Leasing periods are required to be a minimum of six (6) month(s).
- Both Lessor and Lessee **MUST** sign the lease agreement.

CRIMINAL BACKGROUND APPLICATION:

- ALL INFORMATION MUST BE ACCURATE.
- Lessee must sign form in order to process application.
- Out of state background verification may take up to two (2) weeks to process.

The lease application should be submitted to the Management office within FIFTEEN (15) days prior to the move in date.

Homeowners MUST be up-to-date with their Maintenance fee(s) before any approval may be given by the Association.

Once the lease application is approved, the Management Office will contact the designated parties. The approved applicants MUST go to the Management office and pick up an Orientation Package.

The ORIENTATION PACKAGE is a REQUIREMENT and NO approval letter will be given without the applicant(s) receiving the Orientation paperwork.

Please be advised that NO remotes and/or decals will be provided and/or activated until the new resident(s) receive their approval letter.

LEASE APPLICATION



1541 SE 12 Avenue, Suite #: 37
 Homestead, FL 33034
 Ph #: (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 LEASE FIFTEEN (15) DAYS PRIOR TO THE COMMENCEMENT OF LEASE.

TERM OF LEASE: FROM: ___ / ___ / ___ TO: ___ / ___ / ___

NEIGHBORHOOD NAME: _____ Acct #: 1585 - _____

PROPERTY ADDRESS: _____

LESSORS (OWNERS): _____

<p>LESSEES (RENTER(S)): LIST <u>ALL</u> OCCUPANTS WHO WILL LIVE AT THE RESIDENCE:</p> <p><input type="checkbox"/> Adult: _____ <input type="checkbox"/> Children: _____</p> <p><input type="checkbox"/> Adult: _____ <input type="checkbox"/> Children: _____</p> <p><input type="checkbox"/> Adult: _____ <input type="checkbox"/> Children: _____</p> <p><input type="checkbox"/></p> <p>Children: _____ Phone #: _____ Cell #: _____ Email: _____</p>	<p>LESSOR or AGENT:</p> <p>NAME: _____</p> <p>COMPANY: _____</p> <p>PHONE/CELL #: _____</p> <p>FAX NUMBER: _____</p> <p>EMAIL ADDRESS: _____</p> <p><u>SELECT HOW YOU WISH TO RECEIVE APPROVAL</u></p> <p>Fax to: _____ or _____</p> <p>Email to: _____</p>
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- Association dues **MUST** be brought up to date, prior to leasing the unit. **Towngate Condo** security deposit.
- 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**. No more than two (2) person(s) shall be a party to this application.
- The application fee(s) **MUST** be made payable to the Association and **MUST** be submitted along with the application.
- The application **MUST** be submitted at least **fifteen (15) days prior to the commencement of lease**.
- The term of the Lease for any/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.
- 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.
- Notice of Demand for Rents Pursuant to Florida Statutes, Section 720.3085(8)**
- Sub-leasing is subject to the same terms and conditions as the original lease.
- 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).
- Lessor(s) **MUST** relinquish Clubhouse badge and gate remote to Lessee(s)
- All applicants/residents **MUST** pick-up orientation package at the Management Office prior to issuance of any Decal(s), and remote(s).

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 STATUES, SECTION 720.3085(8)

Attention: Owner and Tenant

Pursuant to Florida Statues, 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 SUBSEQUEN 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: _____

Date: _____

REQUEST FOR BACKGROUND CHECK

- Criminal Report
- Credit Report
- Worker's Comp Report
- Driver's License Report
- Social Security Trace
- Other _____

Name of Applicant: _____

Social Security Number: _____ D.O.B. _____ Gender: _____

County and State: _____

Driver's License Number: _____

Current Address: _____

Keys Gate Community Staff:

Name of company requesting report: Keys Gate Community Association

Name of person requesting report: _____

Fax Number: (305) 247-9898

**FAX YOUR REQUEST TO
(305) 446-6605 or email: jurney&associates@teamjai.com**



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 that 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.

Name of Applicant: _____

Social Security: _____

Driver's License No: _____

State: _____

Country: _____

Have you resided in any State other than Florida? _____ Yes _____ No

If you answer is yes, what state and County did you reside in: _____

Driver's License No. of the State? _____

I hereby give this company the authority to conduct the background check stated herein.

Signature of Applicant

Date



Date: _____

REQUEST FOR BACKGROUND CHECK

- | | |
|---|--|
| <input checked="" type="checkbox"/> Criminal Report | <input type="checkbox"/> Credit Report |
| <input type="checkbox"/> Worker's Comp Report | <input type="checkbox"/> Driver's License Report |
| <input type="checkbox"/> Social Security Trace | |
| <input type="checkbox"/> Other _____ | |

Name of Applicant: _____

Social Security Number: _____ D.O.B. _____ Gender: _____

County and State: _____

Driver's License Number: _____

Current Address: _____

Keys Gate Community Staff:

Name of company requesting report: Keys Gate Community Association

Name of person requesting report: _____

Fax Number: (305) 247-9898

**FAX YOUR REQUEST TO
(305) 446-6605 or email: jurney&associates@teamjai.com**



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 that 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.

Name of Applicant: _____

Social Security: _____

Driver's License No: _____

State: _____

Country: _____

Have you resided in any State other than Florida? _____ Yes _____ No

If you answer is yes, what state and County did you reside in: _____

Driver's License No. of the State? _____

I hereby give this company the authority to conduct the background check stated herein.

Signature of Applicant

Date



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 person(s); 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.**

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