

ACCT #: _____



KEYS GATE



COMMUNITY ASSOCIATION

RECEIPT OF ORIENTATION PACKET – FOR “NEW LEASEE ”

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"/> Rules and Regulations |
| <input type="checkbox"/> Community Standards | <input type="checkbox"/> Security Information Sheet |
| <input type="checkbox"/> City of Homestead-Alarm Registration | <input type="checkbox"/> Protection One Form |
| <input type="checkbox"/> Neighborhood Pet Rules | |

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. Please Note: In Order to receive the approval letter all documentation must be completed and submitted to the Management Office. Should you require further information, please log on to www.keysgatehometown.com. &



www.facebook.com/KeysGateCommunityAssociation

Print Name: _____ Signature: _____ Date: _____

Parking #: _____

Management Representative: _____ Date: _____



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:

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____

*ADD CHILDREN + AGE (living in property):

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

Guest List:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

** If Renter, please provide the following: Lease Dates: From _____ To: _____ Previous Keys Gate Neighborhood (if applicable): _____ Address: _____

VEHICLES: (Please provide the vehicle the 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 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

Protection One

OWNER

RENTER

Resident Name: _____

Property Address: _____

Residence Telephone: _____

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

EMERGENCY CONTACTS:

NAME:

1. _____

2. _____

3. _____

TELEPHONE #:

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**.



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 _____

Telephone 1 _____ Telephone 2 _____

Email Address _____

2 Responsible Party (if different from above)

Name _____ Phone 1 _____

Address _____ Suite _____ Phone 2 _____

City _____ State _____ Zip _____ Phone 3 _____

Phone 4 _____

3 Emergency Contact Names

Contact 1 Name _____ Phone 1 _____
Phone 2 _____

Contact 2 Name _____ Phone 1 _____
Phone 2 _____

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*

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 is subject to Tow. Management and your Association greatly appreciate your prompt cooperation.



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.