



Condominium Association, Inc.
610 Clematis Street, Suite 100
West Palm Beach, FL 33401
Off.: 561-228-5610, Fax: 561-228-5611

610 CLEMATIS REGISTRATION GUIDELINES - RENTALS

IMPORTANT NOTE: TENANT AND/OR AGENT MUST MAKE AN APPOINTMENT WITH THE MANAGEMENT OFFICE FOR ORIENTATION 48 HOURS BEFORE MOVING IN. ORIENTATION'S ARE HELD: MONDAY, WEDNESDAY, FRIDAY 8:30AM TO 3:00PM.

Please complete the following **24 HOURS PRIOR TO ORIENTATION:**

1. **Application Fee-** The application process is a 3 step process:
Step 1: 610 Clematis Condominium Association uses Tenant Evaluation, a web-based screening that includes an instant nationwide criminal background and national sex offender/predator search. **The website address is- www.tenantev.com, enter pin code 6047. The application fee is \$100.00 per applicant, over the age of 18 or \$100.00 per married couple. This fee is paid on the Tenant Evaluation website.**
Step 2: Applicants will need to fill out an application with the Association. Applications can be emailed to clematis610aa@tcgmt.com or faxed to 561-228-5611.
Step 3: Once the application is complete and received by the Association office, orientation can be scheduled.
2. **Executed Lease Agreement-** Provide the management office with a clean copy of the executed lease agreement with all names and signatures of persons occupying unit.
3. **Executed Association Addendum to Lease-** Provide the management office with a copy of the executed Association Addendum to Lease with all names and signatures of persons occupying unit.
4. **Provide the Management Office with a Non-Refundable Move- In/ Move- Out Damage Charge of \$250.00-** This is required when moving in the building. This payment must be in guaranteed funds; **Money Order or Cashiers Check ONLY.**
5. **Contact Receiving Department to Reserve Service Elevator-** Tenant and/or agent must contact the Receiving Department 48 hours before move-in to reserve the service elevator, at 561-209-9945. Move-in's and move-out's are **Monday – Friday, 8:30AM - 12:00PM or 1:00PM - 4:30PM.** No holidays or weekends permitted!
6. **Provide Proof of Liability Insurance from Moving Company-** We must receive this form prior to move-in or move-out. This form will include tenant name and unit number and **610 Clematis** as the certificate holder. Fax to 561-228-5611 or email to clematis610aa@tcgmt.com.
7. **Provide 4 References-** 2 Employer or Landlord and 2 Personal (Name & Phone Number Only, Letters Are Not Required)
8. **Pets-** You must register your pets and provide a current medical report, including weight, age and breed. Breed Restrictions apply. Maximum of two pets allowed with a combined weight limit of 30 lbs.

9. **Parking-** Applicants are advised to view their assigned parking space prior to signing their lease agreement. Some units have only one space. The Association has parking spaces for rent, if available. You will need to sign a month to month lease agreement at \$75.00 a month. Please contact the management office for more information, 561-228-5610.
10. **Building Fob & Gate Access Card-** To receive a fob or access card for this building your name must be on the lease agreement. Building fobs and gate access cards provided by the Landlord or Realtor will be programmed and registered to the resident upon commencement of lease agreement. Access will expire on the last day of the lease term. It is the responsibility of the Owner to insure that the Management Office receive an extension of the lease term prior to denial of access.

New Building Fobs and Gate Access Cards are available for purchase at the Management Office.

- Building Fob: \$20.00
- Gate Access Card: \$15.00

Personal check, cashiers check or money order is accepted.



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ADDENDUM TO THE UNIT LEASE AGREEMENT BETWEEN

AND

(OWNER) OF UNIT (_____) (TENANT)

The parties to this Addendum entered into lease agreement entitled Lease, between OWNER, owner of unit _____ in 610 Clematis Condominium and member of 610 Clematis Condominium Association, Inc. ("Association") and TENANT, executed by the parties on the ____ day of _____, 20__ ("LEASE"). 610 Clematis Condominium Association, Inc. is the statutory managing entity for 610 Clematis Condominium and is a third party beneficiary to the LEASE and this Addendum. The authority for the covenants herein is set forth in Paragraph 17.8 of the Declaration of 610 Clematis, A Condominium ("Declaration") or by resolution of the Board of Directors. The parties to this Addendum, in consideration of the mutual covenants and promises set forth in the LEASE, and this Addendum, and for other good and valuable consideration, the receipt and sufficiency whereof is hereby acknowledged, agree as follows:

1. **Lease Termination** – The Association shall have the right to terminate the LEASE upon default by the TENANT in observing any of the provisions of the Declaration, the Articles of Incorporation or By-Laws of the Association, or other applicable provisions of any agreement, document or instrument governing the 610 Clematis Condominium or administered by the Association.
2. **Rental Payments** – The Association shall have the right to collect all rental payments due to the OWNER and apply same against unpaid Assessments, as provided in the Declaration, if, and to the extent that, the OWNER is in default in the payment of Assessments. TENANT shall immediately upon written notice of OWNER default of Assessments ("Notice") from the Association make all further lease payments payable to the Association as set forth in the Notice. TENANT's failure to comply as provided herein shall constitute a violation of the Declaration and subject the LEASE to immediate termination by the Association.
3. **Compliance with the Governing Documents of the Association** – As a material condition of LEASE, TENANT shall be at all times in full compliance with the covenants, terms, conditions and restrictions of the Declaration (and all Exhibits thereto) and with any and all rules and regulations adopted by the Association from time to time (before and after the execution of the LEASE). Furthermore, OWNER will be jointly and severally liable with the TENANT to the Association for any amount which is required by the Association to repair any damages to the Common Elements resulting from acts or omissions of TENANT(s) (as determined in the sole discretion of the Association) and to pay any claim for injury or damage to property caused by the negligence of the TENANT and special Assessments may be levied against the Unit therefore.

4. **Damage Move In/Move Out Charge – (Effective 08/01/2009)** A non-refundable charge of two hundred fifty dollars (\$250.00) is due and payable to the Association at the time this Addendum is signed by TENANT. The charge is imposed to reimburse the Association for expenses incurred for and related to the repair of incidental damage to the condominium property caused by TENANT's moving personal property in and out of the rental unit. The Association will not allow any of TENANT'S personal property to enter the building before said payment in full prior to moving any personal property into the rental unit. TENANT'S failure to comply as provided herein shall constitute a violation of this Addendum and subject the LEASE to immediate termination by the Association.
5. **Avoidance of Conflict Between the Lease and this Addendum** – In the event of any conflict or ambiguity between this Addendum and the Lease, this Addendum shall control and supersede.

THIS ADDENDUM is entered into as of the day and year last written below and is executed in three (3) original copies, one of which is to be delivered to the OWNER, one delivered to the TENANT, and one delivered to the Association.

OWNER:

By: _____
(Signature)

(Print)

Unit: _____

Date: _____

TENANT:

By: _____
(Signature)

(Print)

Unit: _____

Date: _____

APPROVED BY: 610 CLEMATIS CONDOMINIUM ASSOCIATION, INC.

By: _____

Printed Name: _____

Title: _____

Date: _____



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CONFIDENTIAL APPLICANT INFORMATION SHEET

Date: _____ Unit #: _____

Applicant Name: _____

List all other occupants:

NAME

RELATIONSHIP

Cell Phone #: _____

Business Phone #: _____

Email Address: _____

Emergency Contact Name: _____

Phone #: _____

Relationship: _____

Are you or anyone in your household in need of special medical attention or have restricted mobility, which would require additional assistance in the event of an emergency?

Yes _____ No _____

If yes, please explain special needs (i.e. oxygen, wheelchair, blind, hearing impaired, etc.):



Condominium Association, Inc.
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VEHICLE REGISTRATION FORM

Resident Name: _____

Unit #: _____

VEHICLE 1

Make: _____ Model: _____

Year: _____ Color: _____

Plate #: _____ State: _____

VEHICLE 2

Make: _____ Model: _____

Year: _____ Color: _____

Plate #: _____ State: _____

VEHICLE 3

Make: _____ Model: _____

Year: _____ Color: _____

Plate #: _____ State: _____

Note: Vehicles must be parked in their assigned space (s) only. Vehicles MUST display 610 Clematis' parking decal in the driver's side, lower left windshield at all times. All unauthorized vehicles are subject to be towed at the resident's expense.



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PET REGISTRATION FORM

Resident Name: _____

Unit #: _____

Type of Pet: _____

Pet's Name: _____ Pet's Age: _____

Pet's Weight: _____ Pet's License/Tag #: _____

Breed (Be specific- give complete description, color, etc.): _____

Please attach photo of pet here

=====

I/we am/are aware of 610 Clematis' Rules and Regulations and restrictions regarding pets on the property and agree to abide by them. No more than 2 pets with a combined weight, not to exceed 30 pounds are permitted.

Resident Signature _____ Date _____

PLEASE RETURN FORM WITH PHOTO AND REGISTRATION TO THE MANAGEMENT OFFICE



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PARCEL RECEIPT AUTHORIZATION

Resident Name: _____

Unit #: _____

THE UNDERSIGNED, the lessee(s) of Unit listed above (the "Unit") of 610 Clematis hereby authorizes the personnel employed by 610 Clematis, (the "Association") to accept, receive, and sign for any parcels, deliveries or mail addressed to the Unit, without imposing any liability thereon for the condition or substance of any such parcels so received.

Understanding that this Authorization is solely for the benefit of the undersigned, we hereby release the Association, its employees and agents, from any liability arising from this Authorization, including, without limitation, liability arising from the misplacement of parcels, and / or the negligence of the Association, its employees or agents in such regard.

For security reasons, parcels with no return address will not signed for or accepted. All packages will be returned to sender if they have not been picked up after one (1) week unless prior arrangements have been made. Oversized items cannot be accepted without prior arrangements being made.

Executed this _____ day of _____, 2013

By: _____
(On behalf of all residents of above unit)

Print Name: _____

NO CERTIFIED OR REGISTERED MAIL WILL BE ACCEPTED



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AFFIDAVIT OF RESIDENT

I/We hereby agree for myself and on behalf of all persons who may use the unit which I/We seek to lease at 610 Clematis Condominium Association, Inc., that I/We will comply with the By-laws, Rules and Regulations or restrictions which are in effect now or which may, in the future, be imposed by the Board of Directors.

I/We have received a copy of all the Rules and Regulations. Yes_____ No _____

IN WITNESS WHEREOF, I/We have executed the foregoing application on this

_____ day of _____, 2013.

WITNESS

Witness Signature

Witness- Print Name

RESIDENT SIGNATURE(S)

Resident Signature

Resident- Print Name

Resident Signature

Resident- Print Name



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To: Residents of 610 Clematis
From: Management
Date: December 21, 2012
Re: **2013 Exterminator Service**

Please be advised that Above & Beyond Pest Control will continue to service our building in 2013. Units will be serviced on the second Tuesday of every month. The following is the pest control schedule for 2013:

Floors 1 Thru 8

- January 8th
- February 12th
- March 12th
- April 9th
- May 14th
- June 11th
- July 9th
- August 13th
- September 10th
- October 8th
- November 12th
- December 10th

In the event no one is home, Above & Beyond Pest Control will enter the unit accompanied by a security officer using the emergency key at the Association's management office.

OWNERS: ALL UNITS WILL BE SERVICED DURING THE DATE LISTED ABOVE UNLESS YOU NOTIFY THE MANAGEMENT OFFICE IN WRITING OTHERWISE. IF YOU ARE NOT INTERESTED IN PEST CONTROL SERVICE FOR YOUR UNIT, PLEASE COMPLETE THE INFORMATION BELOW AND RETURN TO THE MANAGEMENT OFFICE. YOU MAY FAX THIS FORM TO 561-228-5611 OR SCAN AND EMAIL TO clematis610aa@tcgmt.com.

TENANTS: IF YOU ARE NOT INTERESTED IN THIS SERVICE, PLEASE NOTIFY YOUR LANDLORD. YOUR LANDLORD WILL THEN SIGN THIS FORM AND FORWARD TO THE MANAGEMENT OFFICE.

I, _____ of unit _____ am NOT Interested in Above & Beyond Pest Control service for my unit.	
Owner Signature _____	Date _____

If you have any questions, please feel free to contact the Management Office at 561-228-5610.