



Villas at Meadow Lakes Condominium Association INC.

1260 S. Military Trail Suite VMC - Deerfield Beach/FL - 33442

Email: contact@villasml.com | Office: (954) 394-5918

LEASE APPLICATION INSTRUCTIONS CHECKLIST

APPLICATION FEE

An application fee of \$ 150.00 (per adult 18+) is due upon submission of an application. Married couples are \$150.00 (Must provide a copy of marriage certificate)

Once you have completed your application and gathered all your documents, please submit your application and application fee to the following link:

<https://elite-pmc.com/applications> *Enter your Name, Building/Unit # in the **Notes Section***

If you have questions or need assistance with your application, please email
contact@villasml.com or villasml@elite-pmc.com

- ☐ Applications must be submitted complete with all required documents.
- ☐ Incomplete applications will be rejected and cause delays in processing.
- ☐ Completed Application (Do Not leave any blanks, N/A for blank spaces)
- ☐ Electronic Disclosure Authorization
- ☐ Pet Registration Form (if applicable)
- ☐ Vehicle Identification Decal Form
- ☐ Copy of Driver's License/State ID
- ☐ Vehicle Registrations and Vehicle Insurance (Registration and Insurance must be current and valid)
- ☐ Copy of Executed Lease
- ☐ Any misrepresentation, falsification or omission of information may result in your disqualification.

Please note that the gate access information for the Envera Gate access system, must be received from the Master Association who is responsible for access into the property, please email:

info@floridaskylinemanagement.com

Office: (954) 427-2001



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APPLICATION FOR OCCUPANCY

Date: _____

BUILDING # _____ UNIT# _____ Desired date of occupancy: _____

Duration of Lease: _____

Applicant Information:

First Name: _____ Last Name: _____

Phone #: _____ Email: _____

Date of Birth: _____

Driver's License #: _____ Issuing State: _____

Marital Status: _____ Since: _____

Name of Spouse: (If applicable)

First Name: _____ Last Name: _____

Phone #: _____ Email: _____

Date of Birth: _____

Driver's License #: _____ Issuing State: _____

Number of people occupying this unit: _____ # of Adults (18 and over): _____ # of Children _____

Name and Age of Each Child:

Emergency Contact:

First Name: _____ Last Name: _____

Phone #: _____ Email: _____

Relationship: _____

Owner Information: (If leasing unit)

Name of Landlord: _____

Phone #: _____ Email: _____

Address: _____

Property Management/Unit Representative for the unit:

Company Name: _____ Contact Person: _____

Phone #: _____ Email: _____

VEHICLE IDENTIFICATION DECAL FORM



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Please print all the information requested on this form. You will also need to provide a clear copy of your valid Driver's License, a copy of your current vehicle registration and a copy of your up-to-date Insurance.

Unit Address: _____ Unit#: _____

First Name: _____ Last Name: _____

Cell Phone: _____ Other Phone #: _____

Vehicle Information:

Make: _____ Model: _____

Year: _____ Color: _____ License Plate: _____

Registered owner of Vehicle: _____

Relationship of Vehicle (wife, son, etc.): _____

Driver's License #: _____ State of Registration: _____

VIN Number of Vehicle: _____ License Plate #: _____

Insurance Company Name: _____ Expiration: _____

Signature of Owner of Vehicle: _____

Signature of Driver of Vehicle: _____

****If this is a commercial vehicle, please indicate the name of the company and provide a copy of the vehicle registration and company license****

Office Use

Decal#: _____ Approved Date: _____ Officer Initials: _____





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PET APPROVAL FORM

Select One:

- ☐ N/A - I do not have a pet.
☐ I have a Pet (Please enter pet information below)

Please include the following information and documents:

- Completed Registration Form
- Current photo of the pet.
- If registering a Dog, you must also provide:
 - Copy of the County registration tag
 - Shot Records



Pet Name _____ Tag#: _____
Primary Breed: _____ Cat ☐ Dog ☐
Secondary Breed: _____ Purebred: ☐ Yes ☐ No
Age: _____ Size: ☐ Small ☐ Medium ☐ Large Weight: _____ Lbs.
☐ Male ☐ Female Spayed/Neutered: ☐ Yes ☐ No
Primary Colors: _____ Secondary Colors: _____
Distinguishing Marks: _____

Owner Details:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Cell Phone: _____ Other Phone: _____
Email Address: _____

FOR BOARD APPROVAL

Date: _____ Board of Director: _____ Board of Director: _____





Villas At Meadow Lakes Condominium Association Inc.
ELECTRONIC DISCLOSURE AUTHORIZATION FORM

Dear Renter,

In a continued effort to keep our residents informed and up to date on community matters, the Association utilizes electronic communication for all of our notices and communications.

I hereby authorize and agree for Villas at Meadow Lakes Condominium Association to use my email address and cell phone number for all communications, to include Official Notices from the Association and or its management company, as described above, for association-related communications.

I agree to promptly notify the Association of any changes in my email address or phone number, to ensure current contact information is on file with the Association. Furthermore, I agree to not hold the Association or its management company responsible for any notices not received due to not providing the Association with contact information or errors in data entry.

To be used for Villas at Meadow Lakes Condominium Association communications:

Building Number: _____ Unit #: _____

Print Name: _____

Email address: _____ Cell phone: _____

Signature _____ Date _____

