### Snapper Creek Lakes Club, Inc. 11190 Snapper Creek Road Coral Gables, FL 33156-4216 (305) 661-0505 \* scmdock@bellsouth.net

#### **LEASE Application Procedure**

An Application for Lease must be obtained from the Club's Administrator, Heather Quinlan, 11190 Snapper Creek Road, Coral Gables, Florida 33156 (305-661-0505) and completed in detail. Prospective leasees are advised to anticipate a <u>minimum</u> of **45** days for processing after a completed application is received by the Club.

- 1. The Application for Lease submitted by individuals leasing property in their own names must be returned to the Club's Administrator accompanied by a non-refundable application fee of \$10,000.00 made payable to Snapper Creek Lakes Club, Inc., along with a signed copy of the Lease Agreement for the property intended for lease. The lease agreement must state: "This agreement is subject to the Leasee's being approved by the members of Snapper Creek Lakes Club, Inc."
- 2. The Lease Application must be signed and sworn to by the proposed Leasee(s), who will occupy the premises.
- 3. The Applicant must agree to abide by the rules as stated in the Application and in the Club's Charter, By-Laws, Covenants.
- 4. Leasees do not have the right to use the marina or attend any member function.

## Snapper Creek Lakes Club Inc.

11190 Snapper Creek Road Coral Gables, FL 33156-4216

#### APPLICATION FOR LEASE

A non-refundable application fee of \$10,000.00 from the Applicant(s) for membership must accompany this Application. The check should be made payable to Snapper Creek Lakes Club, Inc. The Applicant (s) hereunder agrees that under no circumstances can a prospective purchaser and/or tenant take ownership and /or reside on any property in Snapper Creek Lakes Club prior to the Applicant(s) receiving approval for membership from the Board of Governors. In the event the Club's expenses for its investigative report(s) exceeds \$1,000.00 with respect to investigating any Applicant(s) who (or which) either is not a United States Citizen or entity, or who has not had a permanent residence in the United States for at least two years prior to applying for membership, an additional fee will be charged to the Applicant(s) for any excess cost over \$1,000.00 (not to exceed an additional \$5,000.00). The amount will be collected prior to the Applicant(s) receiving membership approval.

Each Applicant is required to sign a written release authorizing this comprehensive investigation of their background. Please see the release for further details. No Application can be processed without the signed release. An application can be denied on the basis of any information supplied which is found to be fabricated or unsubstantiated.

	Date:	, 20	
Address:			
Coral Gables, Florida 33156			
Owner:			
Name (s)			
Lease Price	Anticipated Move in Date:	, 20	
Full name of Applicant:	AKA	Λ:	
Maiden Name:	Cellular Number		
Social Security Number:			
Driver's License:			
Date Issued:	Email:		

Full name of Spouse: _		AKA:	
Maiden Name:	Cellular Nur	nber	
		Date of Birth:	
		State/ County Issued:	
Date Issued:	Email:		
Number of children:	children li	iving w Applicant:	
Names and ages of chil	dren:		
Applicant's Present A	ddress:		
——————————————————————————————————————	uuress.		
		Years:	
If the above address is l	•		
-	ses for the last ten years.		
Previous address:	Shaha / Caranhara	7: - 0 - 1	
		Zip Code:	
No. of years:			
City:	State/Country:	Zip Code:	
No. of years:		Zip Code.	
Previous address:			
City:	State/Country:	Zip Code:	
No. of years:	successionary:		
APPLICANT'S EMPI	LOYMENT:		
Business Name:			
Telephone:		Email:	
		Position:	
	d:		
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#### **SPOUSE'S EMPLOYMENT**

Business Name:	
Telephone:	Email:
Nature of Business:	Position:
No. of years employed:	
Address:	
EDUCATIONAL BACKGROUND:	
	ions (Colleges, Universities) attended, Dates of
Attendance, Degrees Obtained, and Add	
Applicant:	Spouse:
	<u> </u>
CDANNAL WARRANIA DI	1 011
CRIMINAL HISTORY: Please answ	ver the following questions: victed of or plead guilty to a felony? YES NC
· · · · ·	victed of of plead guilty to a felolity? I ES NC
if so, prease explain the electristance.	
Have you or your spouse ever been con-	victed of or plead guilty to drug possession or
distribution charges? YES NO	
If so, explain the circumstances:	
LEGAL SUITS/CLAIMS/SETTLEN	MENT:
	ns/settlement filed/obtained against you or your
spouse (include the name of the court,	

#### Continuation for all applicants:

- 1. I/We agree to abide by the Charter, By-Laws and Protective Covenants of, and any Rules and Regulations now or hereafter adopted by, Snapper Creek Lakes Club, Inc.
- 2. I/We fully understand that I/we must be approved for the purpose of leasing in Snapper Creek Lakes Club Inc., by its admissions committee, and I/we agree to abide by (and to take no steps to in any way to challenge) its decision. In order to assist the admissions committee in reaching its decision. I/we agree to promptly supply such additional or further information as may be required by the admissions committee in evaluating this request for admission.
- 3. I/We hereby certify that I/we have not been convicted of a felony nor am I/are we a member of any organized crime organization.
- 4. I/we hereby consent to have inquiries made with reference to my/our character, financial status, and business and personal references, including but not limited to interviews with business and personal references.
- 5. I/We understand that the time Snapper Creek Lakes Club, Inc., will act upon my/our application depends greatly upon many factors, including without limitation the ability of Snapper Creek Lakes Club, Inc. to verify my/our background and otherwise obtain the requisite information needed to process this application. In this regard, it is understood that while 45 days is the minimum period of time to process applications, Snapper Creek Lakes Club, Inc., may take as much time as it feels is necessary to properly conduct its investigation prior to granting or denying this application for membership.
- 6. I/We agree to pay all reasonable attorney's fee and expenses (at both trial and all appellate levels) which the Snapper Creek Lakes Club, Inc. may sustain or incur or as a result of my/our breach of any provisions of this application.

APPLICANT		SPOUSE	
State of Florida	) ): ss		
County of Dade	). 55		
The foregoing instrument was acknowled,20 by	eknowledged before me thisday ofwho is personally known to meidentification.		
		Notary Public, STATE OF FLORID	
My Commission Ex	pires:	Print Name:	

# AUTHORIZATION AND RELEASE TO CONDUCT BACKGROUND INVESTIGATION

I (We) hereby authorize Snapper Creek Lakes Club, Inc., its agents, officers, directors, staff, or private investigators, to make inquiries, either by written communication, telephone, computer, in person or otherwise, to any current or former employer, creditor, bank, governmental agency, educational institution, military establishment, relative or any other person (s) or entity (ies) knowledgeable of my (our) background as to my (our) prior history, without limitation, my (our):

- 1. Criminal history or personal background.
- 2. Corporate directorship/ownership, interest in business (es), nature of business of business dealings.
- 3. Prior claims, lawsuits, settlements.
- 4. Educational background, work experience, nature of duties, income/expenses, performance levels.
- 5. Assets, including but not limited to bank accounts, securities and other investments.
- 6. Reliability, responsibility, honesty, integrity, civility, and any other measures of my (our) character or personality.

In consideration of the furnishing of any such information by any party contacted by or on behalf of Snapper Creek Lakes Club, Inc., I (We) specifically waive any confidential relationship or privacy right which may exist for my (our) benefit and completely release Snapper Creek Lakes Club, Inc., and the party (ies) contacted from any responsibility or liability for damages or other injuries which may occur as a result of the release or disclosure of this information.

I (we) agree to indemnify and hold harmless anyone involved with the conduction of this investigation of my (our) background from any and all liabilities or claims in connection therewith.

A Photostat, fax or other copy of this instrument bearing my signature shall be equally legally valid as the original.

	isee's	Spouse	
Printed Name:			
Social Security Number: _			
Signature:		,	
STATE OF FLORIDA	) ): SS		
COUNTY OF DADE	)		
	ument was acknowledged be, and	<del>_</del>	
of whom is personally know	wn to me or who has (have)	produced dentification.	
Nota	ry Public, STATE OF FLO	RIDA	
Print	Name:		
My C	Commission Expires:		