PARADISE HARBOUR APTS. INC.
300 GOLDEN ISLES DRIVE
HALLANDALE BEACH, FLORIDA 33009

LEASING REQUIREMENTS

Application for approval to lease shall be made to the Board of Directors % Screening Committee, two weeks in advance.

Upon a written application by an owner of a prospective lessee to the Board of directors, a screening fee of $150 per each U.S. applicant and $175 for International applicant payable to: Paradise Harbour Apts. Inc. % Screening Committee, 300 Golden Isles Drive, Hallandale Beach, FL. 33009 must be submitted. A copy of a driver's license or, passport and the period of tenancy are required.

No lease shall be made for a term of less than three (3) months, once a year.
Subleasing is not permitted.

Paradise Harbour Apts. Inc. is currently registered as a 55 and over community. At least one tenant must be 55 or over.

Rules and regulations will be provided to the new lessee.

Filing to comply with these requirements may cause the eviction of the lessee.

Board of Directors

PARADISE HARBOUR APARTMENTS INC.
300 GOLDEN ISLES DRIVE
HALLANDALE BEACH, FLORIDA 33009

AFFIDAVIT OF INTENTED OCCUPANCY
AND AGREEMENT TO COMPLY WITH AGE RESTRICTIONS

The By-Laws and governing documents of Paradise Harbour Apts Inc. requires the Association to review and approve all sales . leases or other transferts of a cooperative unit. This affidavit is summitted in connection with such review pursuant the "Housing for Older Persons "Act and state counterparts and then Affiant hereby provide the Association with additional remedies in the event a violation of the occupancy restriction occurs.

STATE OF FLORIDA)
:SS
COUNTY OF BROWARD)

Before me, undersigned authority, personally appeared _____

_____
(hereinafter, collectively referred to as "Purchasers") who upon first being duly sworn, depose and state as follows:

1. Purchasers intend to purchase the cooperative share associated with UNIT _____ of the Paradise Harbour Apts Cooperative located in Hallandale Beach, Broward County, Florida and governed by Paradise Harbour Apts Inc. (hereinafter"Association").

2. This affidavit is executed for the purpose of inducing the Association to approve the purchase of the above-referenced unit by Purchasers in light of the age restrictions contained in Articles 45. 52 and 53 of the By-Laws of the Association. Association maintains its status as Housing for Older Persons.

3. Purchasers recognize, acknowledge, and consent to those provisions in the By-Laws and the Rules and Rugulations pertaining to restrictions as to occupancy of the property. Specifically, Purchasesrs acknowlege that this unit shall not be occupied on a permanent basis by any person under the age of fifty-five (55), uless an approved resident, aged fifty-five (55) or older, is also in cocupancy. Purchasses likewise acknowledge and agree that occcupancy by chidren under the age of eighteen (18) is prohibited.

4. Purchases understand and agree that all leases or rentals of the cooperative unit must be approved by the Association. The Board will not approve any lease or rental unless one of the tenants is at least fifty-five (55) years old. If the Association rejects lease approval, the lease shall not be made and the intended tenants may not occupy the unit in the absence of the owner, as a guest or, otherwise (subject to the limitations on the maximum number of occupants stated in the Proprietary Lease)

5. Any lease or rental of the unit must be for a minimum term of at least three (3) months and no longer than one (1) year. No more than one (1) lease or tenancy shall be permitted in any year. Purchasers acknowledge they are responsible for payment of all transient rental taxes or other obligations associated with any lease or rental. Purchasers acknowledge they bear responsibility for any violations committed by tenants or guests and, are liable for any damages to the property caused by such tenants or guests.

6. Purchasers agree they will, in all instances, comply with the By-Laws and Rules and Rugulations by ensuring that the unit shall only be permenttly occupied (occupancy pursuant to a tenancy considered permanent occupancy for these purposes) by approved persons who meets the age requirements. Purchasers understand and agree they will be liable to reimburse the Assocation for any fees and expeneses associated with any action (regardless of whether litigation or other adversarial proceedings are brought) initiated to enforce the occupancy limitations in the governing documents.

7. Purchasers futher recognize and ackowledge that the Association's consent to the purchase of the unit by the Purchaser is subject to strict performance of the aforementioned restrictions and covenants.

FURTHER PURCHASER SAYETH NOT.

_____

_____

Sworn to and subscribed before me this _____ day of _____ 20_____

by Purchaser : _____

_____

Witnesses:

_____

_____

NOTARY PUBLIC – STATE OF FLORIDA

Personally Known _____ OR
Produced Identification _____

_____

_____
Type of Identification

Sign _____

Print _____

My Commission expires

VERIFY SCREENING SOLUTIONS
Tenant & Employment Screening

Print legibly or type all information. Account and telephone numbers and complete addresses are required.

APPLICATION FOR OCCUPANCY/APPROVAL

PRINT OR TYPE (Use Black Ink) Purchase_____ or Lease _____ (Check One) Desired Move In Date:_____

Apt. No. _____ Address: _____

Name (Mr./Mrs. /Ms.)_____ Date of Birth_____ Soc. Sec No. _____
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance N

Spouse (Mr./Mrs./Ms.)_____ Date of Birth_____ Soc. Sec No. _____
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance N

Applicant Contact #_____ Spouse #_____

Number of people who will occupy. Adults (over age 18) _____ Children (over 18) _____ Children (under 18) _____

Names & ages of children who will occupy: _____

Description of Pets (Breed, Size, Color, Weight, Etc.)_____

In case of emergency notify: _____
Name *Address* *Telephone*

PRINT OR TYPE (Use Black Ink)

RESIDENCE HISTORY

A. Present Address _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Dates of Residency_____

Name of Landlord:. _____ Phone _____

Monthly Rent Amount:$_____

PRINT OR TYPE (Use Black Ink)

EMPLOYMENT & BANK REFERENCES

A. Employed By (Business Name) _____ Phone _____
(or retired from)
How long_____ Dept. or Position _____ Mo. Income _____

Supervisor/Manager Name:_____

B. Spouse's Employment (Business Name) _____ Phone _____
(or retired from)
How long_____ Dept. or Position _____ Mo. Income _____

Supervisor/Manager Name:_____

C. Bank Reference _____ Phone _____

How long_____ Ck. Acct. No. _____ Sav. Acct. No. _____

Address _____ Zip _____

CHARACTER REFERENCES & VEHICLE INFORMATION

1. _____
Name *Address* *Phone (Residential & Office)*

2. _____
Name *Address* *Phone (Residential & Office)*

Driver's Lic. No. #1 _____ #2 _____ State_____

Make_____ Model _____ Year _____ Plate No._____ Color _____ State_____

Make_____ Model _____ Year _____ Plate No._____ Color _____ State_____

Have you or the co-applicant ever file for bankruptcy, evicted from any tenancy, ever broken lease? If YES Explain:_____

Have you or the co-applicant been arrested or convicted of any crime. Including Misdemeanors,DUI, etc or any criminal charge pending? If Yes Explain:_____

If this application is NOT legible or is not completely and accurately filled out, Verify Screening Solutions (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, Verify Screening Solutions may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. Any misrepresentation, falsification or omission of information may result in your disqualification. If any question is not answered or left blank, this application may be returned, not processed or not approved. Missing information will cause delays in processing your application.

Signature_____ Signature _____

Applicant Date Applicant's Spouse Date

INTERNATIONAL

VERIFY SCREENING SOLUTIONS
TENANT & EMPLOYMENT BACKGROUND CHECKS

Credit Check Form

Important – to be completed by employer or recruiter

1. *Photocopy **1 piece** of identification, ID must be government issued with candidate's picture and signature.*
2. *Scan these pages and Email to* support@verifyssi.com *or Fax to* 305-521-1994
3. *When photocopying ID, ensure it is clear and can be read.*

Services Ordered: Credit Bureau Inquiry [X]

Identification Verification of employee by employer or recruiter

Verify Screening Soulutions	Verify Screening Solutions Inc.	support@verifyssi.com
Company	**Client Code/Name/Location**	**Manager's Email Address**
David	Cifuentes	X David Cifuentes
Manager's First Name	**Last Name**	**Manager's Signature**

Candidate Consent

Candidate First Name	**Middle Name**	**Last Name**
Maiden Name(s) / Alias (Other Names)	**Birth Date** ____ ____ ____ (Month Day Year)	**Gender** M [ ] F [ ]

Social Insurance Number (SIN) _____

Present Address (street name, number, city, province, postal code)	**Telephone**
Previous Address (if present address is less than 5 years)	**Place of Birth** (Town, Prov., Country or Hospital) / **Email Address**

In connection with my application for employment with Verify Screening Soulutions I understand that background check process includes a Canadian credit bureau inquiry with retrieval of information from a major Canadian credit bureau. I hereby consent to a Canadian credit bureau inquiry on behalf of Verify Screening Soulutions which will include information about me, including any previous bankruptcies, legal proceedings, collection actions, negative banking items and other information reported by my creditors and I hereby authorize any public or private institution to provide and release Triton information related to my credit record. I authorize Triton to release all personal information obtained during the above Canadian credit bureau inquiry to Verify Screening Soulutions and hold harmless TRITON upon the release of this information or its findings to Verify Screening Soulutions.

X_____	_____
Candidate's Signature Authorizing Credit Bureau Inquiry	**Date**

AUTHORIZATION FOR FILE DISCLOSURE

PLEASE ATTACH DRIVER'S LICENSE OR PHOTO ID TO THIS FORM

APPLICANT/TENANT CONSENT

I hereby consent to allow Verify Screening Solutions, Inc., through its designated agent/employee, to obtain and verify my consumer reports, including but not limited to, my credit report, criminal information, and eviction information for the purpose of determining my eligibility to lease/purchase an apartment. I further understand if I lease/purchase an apartment, I consent to allow Verify Screening Solution, Inc. and its designated agent/employee, for the duration of my lease, to review the following list of information to assess risk, for analytics, for process improvement, and other uses: my consumer reports, including but not limited to my credit report, criminal information, eviction information, my rental payment history, and occupancy history, and other information. The facts set forth in my application for residency are true and complete. False, fraudulent or misleading information on an application may be grounds for denial of residency or subsequent eviction. Results will be provided to

X_____

Signature Date

_____

Full Name - First, Middle, and Last Name (Please Print)

_____

Home Address (Unit # if applicable) APPLICANTS CONTACT #(REQUIRED)

_____

CITY STATE ZIP

_____

Social Security Number Date of Birth Driver's License Number and **State Issued**

PARADISE HARBOUR APARTMENTS INC.
300 GOLDEN ISLES DRIVE
HALLANDALE BEACH, FLORIDA, 33009

INFORMATION SHEET

Relationships: Spouse/Significant Other _____

_____

Children: _____

_____

Other: _____

_____

Emergency: _____ Tel:_____

Rules and Regulations: Your Initial: _____

No Animals Allowed: Your Signature:_____

Leasing: Minimum of Three (3) Months

****NOTE: AT LEAST ONE TENANT MUST BE 55 YEARS OR OLDER

Your Initials:_____