

MURANO AT VENETIAN ISLES HOMEOWNERS ASSOCIATION, INC.  
8850 VENETIAN ISLES BLVD. BOYNTON BEACH, FLORIDA 33472  
PHONE (561) 735-9168  
FAX (561) 736-3469

**LEASE REQUIREMENTS**

55 & OVER COMMUNITY

COPY OF DRIVER'S LICENSE FOR ALL OCCUPANTS

COMPLETED APPLICATION REQUIRED

APPLICATION FEE- \$100.00 PAYABLE BY CHECK OR MONEY ORDER MADE PAYABLE TO MURANO  
HOMEOWNERS ASSOCIATION

COPY OF LEASE CONTRACT REQUIRED

CERTIFICATION OF COMPLETION FORM

Property Address: \_\_\_\_\_ Date: \_\_\_\_\_

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**INSTRUCTIONS FOR APPLICATION FOR LEASE**

1. Complete every line/blank on the attached documents. All questions must be answered. All blanks completed. Should the question not apply, answer "N/A". Print complete mailing addresses, including zip codes. THIS APPLICATION WILL NOT BE PROCESSED UNTIL FULLY COMPLETE.
2. Application fee of \$100.00 made payable to Murano Homeowners Association, is required. Check or money order only.
3. Return the attached forms to Castle Group at the Venetian Isles Clubhouse Office at the address listed at the top of this form, along with a copy of the lease.
4. Should the unit have funds owed to the Association, an application for lease will not be considered a valid one; until such time as all balances due to the Association have been satisfied or arrangement for payment have been made. Such funds are not deemed paid in full until all checks have cleared the bank. Please allow additional time for all out of area checks to clear before requesting an interview. The Association has thirty (30) days from the time of full satisfaction of all balances owed in which to process the application.
5. It is the Lessor's obligation to furnish the following to the Lessees:
  - a. A current copy of the Documents and Rules & Regulations.
  - b. Keys to the home, mailbox, community gates and access device to community gates.
  - c. It is the Lessor's obligation to keep the Lessees advised of any changes in rules & regulations or other community information applicable to the Lessee during the term of the lease.
6. It is the unit owner's obligation to ensure that correct mailing addresses and telephone numbers are kept up to date with the Management Company.

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**INSTRUCTIONS FOR APPLICATION FOR LEASE (CONT'D)**

I UNDERSTAND THE REQUIREMENTS AND OBLIGATIONS, AS SET FORTH ABOVE AND AGREE TO COMPLY WITH THE SAME.

Owner: \_\_\_\_\_  
Signature Date

Owner: \_\_\_\_\_  
Signature Date

Lessee: \_\_\_\_\_  
Signature Date

Lessee: \_\_\_\_\_  
Signature Date

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**LEASE APPLICATION**

Date: \_\_\_\_\_ Date of Occupancy: \_\_\_\_\_

New Tenant Name: \_\_\_\_\_

Spouse / Other Occupant: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Current Owner's Name: \_\_\_\_\_

Select One:    ☐ Single        ☐ Married        ☐ Widow        ☐ Separated        ☐ Divorced

Number of Individuals who will occupy unit (adults): \_\_\_\_\_

Vehicles:

(1) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Lic. Tag: \_\_\_\_\_

(2) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Lic. Tag: \_\_\_\_\_

(Additional): \_\_\_\_\_

In case of emergency please notify: \_\_\_\_\_

**If this application is not legible or is not completely and accurately filled out, Castle Group 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, Castle Group, may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association.**

\_\_\_\_\_  
Print Name- Applicant

\_\_\_\_\_  
Signature - Applicant

\_\_\_\_\_  
Print Name- Spouse / Other

\_\_\_\_\_  
Signature - Spouse / Other

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**AGE VERIFICATION CERTIFICATE**

The following information must be furnished by the owner or owners of each residence so that the Association may monitor the percentage of residences occupied by at least one person 55 years of age or older in order to preserve the status of Murano at Venetian Isles as a community of housing for older persons in accordance with the Murano at Venetian Isles documents and the Federal Fair Housing Act.

Lot#: \_\_\_\_\_ Address: \_\_\_\_\_

Owner(s) as they appear on the last recorded deed:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupant(s) Include owner(s) above if an occupant:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The undersigned certify that the above information is true and correct and that within fifteen (15) days after any changes thereof the undersigned will notify the Board of Directors of Murano at Venetian Isles Homeowners Association, Inc., of such changes in writing.

\_\_\_\_\_ Tenant

\_\_\_\_\_ Tenant

\_\_\_\_\_ Tenant

\_\_\_\_\_ Tenant

Date: \_\_\_\_\_

**Please attach hereto the following:**

- 1.) A photocopy of the last recorded deed or closing statement for the property.**
- 2.) A photocopy of a driver's license (or other proof of age if occupant is not licensed) for each person listed above.**

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**CERTIFICATE OF COMPLETION FOR LEASE**

The undersigned representative of Murano at Venetian Isles Homeowners Association, Inc., hereby certifies that the Board of Directors of the Association approves the conveyance / lease of the unit located at:

Address: \_\_\_\_\_

From (Owner): \_\_\_\_\_

To (Tenant): \_\_\_\_\_

And further certifies that the Association authorizes the undersigned to execute this Certificate of Completion on behalf of the Association.

By: \_\_\_\_\_  
Manager / Officer

By: \_\_\_\_\_  
Witness

Date: \_\_\_\_\_

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**GATE INFORMATION CHANGE SHEET**

RESIDENT NAME: \_\_\_\_\_

RESIDENT ADDRESS: \_\_\_\_\_

RESIDENT PIN NUMBER: \_\_\_\_\_

RESIDENT TELEPHONE NUMBER: \_\_\_\_\_

RESIDENT CELL PHONE NUMBER: \_\_\_\_\_

ADD TO MY PERMANENT GUEST LIST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DELETE FROM MY PERMANENT GUEST LIST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MISCELLANEOUS REQUESTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**Venetian Isles Barcode Authorization Form**

Resident Name: \_\_\_\_\_

Address: \_\_\_\_\_

Community: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Lease \_\_\_\_\_

Vehicle Owner Name: \_\_\_\_\_

<u>Vehicle Make</u>	<u>Year</u>	<u>Color</u>	<u>License Plate Number</u>	<u>State</u>	<u>Bar Code Number</u>	<u>Effective Date</u>	<u>Expiration Date</u>

The undersigned Resident takes full responsibility for the Barcode affixed to the above vehicle(s). The cost of the ORIGINAL Barcode is \$15.00. If the Barcode is lost, stolen or car replaced, the Resident will receive a replacement Barcode at the cost of a \$15.00 administrative fee. Upon the sale of the property, the undersigned Resident will notify the VI administrative offices. The VI Homeowners Association has the right to suspend the use of the Resident Gate/Barcode for any infraction of the Documents and/or the non-payment of any fees due. The Resident still has the right to enter the community through the Guest Gate.

\_\_\_\_\_  
Print Name- Applicant

\_\_\_\_\_  
Signature - Applicant

\_\_\_\_\_  
Date

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**VENETIAN ISLES BARCODE FORM INSTRUCTIONS**

The cost of the Barcode will be \$15.00 per car, if you replace the original car with another car, the old Barcode will be deactivated, and the new car's Barcode will be given out at a cost of \$15.00.

Remember your registration must match your VI address. Florida Law states that you must notify the state when you move within 10 days for your license and car registration. This Barcode will be issued for the time of the lease only.

Barcodes can be obtained at the Property Manager's office in the clubhouse.

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**VENETIAN ISLES CLUB**  
**GATE CARD & ID CHECKLIST**

Please confirm the following items have been received and processed prior to issuing a Gate Card or ID badge:

**RENTERS**

- 1.) Murano at Venetian Isles Homeowners Association, Inc. has approved tenant.  
(Confirm by checking records or call management office) \_\_\_\_\_

**ONCE THESE ITEMS HAVE BEEN RECEIVED AND APPROVED, THE GATE CARDS AND / OR ID BADGE CAN  
BE GIVEN TO THE PROSPECTIVE OWNER.**

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**Rental Checklist**

Please confirm the following items have been received and processed:

- 1.) Lease/Resale Instruction Sheet (Signed) \_\_\_\_\_
  - 2.) Lease/ Resale Application \_\_\_\_\_
  - 3.) Age Verification Form \_\_\_\_\_
- \*\*CONFIRM AT LEAST ONE (1) OWNER OR LESSEE IS OVER THE AGE OF 55\*\*** \_\_\_\_\_

**ONCE THESE ITEMS HAVE BEEN RECEIVED AND APPROVED, THE "CERTIFICATE OF COMPLETION" CAN BE GIVEN TO THE PROSPECTIVE OWNER.**

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Dear Resident:

IN ORDER TO PROVIDE FOR THE BENEFIT OF THE COMMUNITY AND TO TRY TO AVOID ANY PET BECOMING A NUISANCE, THE PET POLICY OF SIENA LAKES IS AMENDED AS FOLLOWS:

- 1.) All owners are allowed to have two (2) pets (dogs and cats). No other type of pet will be allowed. Small indoor caged birds and tropical fish are not considered pets for the purpose of this policy.
- 2.) No pets that are listed below on "Dangerous Dog List" are allowed. All existing pets are grandfathered, but no new or replacement pets on "Dangerous Dog List" are allowed as of the date of this amendment. The Board reserves the right to amend this list at any time deemed appropriate.
- 3.) All owners of existing pets are required to furnish the name of the pet, type/breed of pets, and proof of inoculations.
- 4.) The "Dangerous Dog List" classification applies to all non-owner dogs including owner's guests and tenants.
- 5.) Service Dogs and Seeing Eye Dogs will be exempt from these provisions provided that proper documentation is furnished to Management.

All other provisions contained in the Corsica Park Homeowners Association Amended and Restated Declaration dated January 18, 2000, unless changed by the above motion, shall remain in effect.

Siena Lakes Homeowners Association  
Board of Directors

" Dangerous Dog List"

- 1.) Pit Bulls
- 2.) Rottweilers
- 3.) German Shephards
- 4.) Siberian Huskies
- 5.) Alaskan Malamutes
- 6.) Doberman Pinchers
- 7.) Chow Chow
- 8.) St. Bernard
- 9.) Perro De Presa Canarios
- 10.) Wolf-Hybrids

Note: ANY DOG THAT HAS ANY OF THE ABOVE BREEDS IN THEIR BLOOD LINE.

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**PET REGISTRATION FORM**  
(ONE FORM FOR EACH PET)

Lot#:\_\_\_\_\_ Telephone#:\_\_\_\_\_

Owner / Tenant Name:\_\_\_\_\_

Address:\_\_\_\_\_

Type and Breed of Pet:\_\_\_\_\_

Color of Pet:\_\_\_\_\_ Name of Pet:\_\_\_\_\_

Distinct Markings:\_\_\_\_\_

Name and Telephone Number to Call in Case of Emergency or Any Problems with the Pet:

Name:\_\_\_\_\_ Telephone #:\_\_\_\_\_

Name:\_\_\_\_\_ Telephone #:\_\_\_\_\_

**IF YOU DO NOT HAVE ANY PETS, PLEASE CHECK HERE:** \_\_\_\_\_

\_\_\_\_\_  
Signature Date

•Please note: The HOA requires proof of current year's shots as required by law for your pet. Attach a photograph of your pet and this would be helpful should the pet get lost.