COLONIAL RIDGE LEXINGTON INC.

C/O CMC MANAGEMENT, INC., 2950 JOG ROAD, GREENACRES, FL 33467
561-641-1016 ~ 561-641-9118 FAX

NO PETS OF ANY KIND

Application for Purchase ☐ OR Lease ☐

Desired date of occupancy or closing _____ 5505 No. Ocean Blvd., Bldg. #13, Unit #_____

Applicant Name(s): _____ **Phone** _____

_____ **Phone** _____

Email Address: _____

Email Address: _____

Realtor Information: _____ **Phone**_____

All applicants for purchase or lease are subject to approval of the Association.
THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS APPLICATION

- ☐ **APPLICATION FEE**: $100.00 NON-REFUNDABLE Check or Money Order made payable to Colonial Ridge LEXINGTON. Separate $100.00 Application & Fee required for unmarried co-applicants.
- ☐ **PROCESSING FEE:** $60.00 NON-REFUNDABLE Check or Money order made payable to CMC MANAGEMENT.
- ☐ Copy of your Driver's License(s)
- ☐ Copy of vehicle registration(s)
- ☐ Copy of purchase or rental contract

FOR PURCHASERS: TITLE COMPANY OR CLOSING ATTORNEY MUST REQUEST AN ESTOPPEL BEFORE CLOSING TO DETERMINE MONIES OWED TO THE ASSOCIATION BY THE OWNER OF THE PROPERTY. IF THIS PROCESS IS NEGLECTED, THE NEW OWNER MAY END UP BEING LIABLE FOR DELINQUENCY-ESTOPPELS AND QUESTIONS CAN BE OBTAINED AT www.condocerts.com. **A Certificate of Approval, which is required to close, will be provided to the purchaser after the interview.** ***You must supply the Management Company with a copy of your Warranty Deed and mailing address after closing. Purchaser is also required to inform the management company of any changes in mailing address.***

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED - PLEASE KEEP ALL PAGES INTACT & PLEASE ALLOW UP TO 30 DAYS FOR PROCESSING.

Owner Maintenance fees are due the 1st of each month
$50 Late fee incurs on the 10th of the month

WTC

BACKGROUNDS & DRUG TESTING, INC.
"We're The Choice"
Action Request

_X_Rental Package (credit, criminal & eviction)	**____Employment Verification**
____Criminal History	**____SSN Verification**
____F.D.L.E. (Florida Department of Law Enforcement	**____Sexual Offender Search**
____DL Records/History (Include DL #:__3 Year __7 Year	**____Credit Report (Stand Alone)**
____FACIS	**____Education Verification**

Name:_____
First **Full Middle Name** **Last**

_____
ADDRESS

_____
CITY, STATE & ZIP CODE

_____ _____ _____
DOB (MONTH, DAY, YEAR **SEX** **RACE**

_____ _____
SS # **DRIVERS LICENSE NUMBER & STATE**

COLONIAL RIDGE LEXINGTON **561-641-9118**
COMPANY NAME **COMPANY FAX**

APPLICANT RELEASE

For employment and/or residency, I undersatnd that investigative backround inquiries are to be made on meincluding Consumer Credit, criminal conviction, motor vehicles and other reports. I further understand that WTC Backgrounds & Drug Testing, Inc. will be requesting information from various state and other agencies which maintain records about my history. These records include, but are not limited to, driving, credit, criminal and civil history.

I authorize any party or agency contracted by WTC Backgrounds & Drug Testing, Inc. to furnish the above mentioned information and release all parties involved from liability for doing so This authorization and consent shall be valid in original, fax or copy form.

_____ _____
APPLICANT SIGNATURE **DATE**

1897 PALM BEACH LAKES BLVD., SUITE 222 WEST PALM BEACH, FLORIDA 33409
OFFICE 561-296-1746: FAX 561-370-6850: WWW.WTCBACKGROUNDS.COM

WTC

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Name:_____
First **Full Middle Name** **Last**

_____
ADDRESS

_____
CITY, STATE & ZIP CODE

_____ _____ _____
DOB (MONTH, DAY, YEAR **SEX** **RACE**

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COLONIAL RIDGE LEXINGTON, INC.

UNMARRIED CO-APPLICANTS USE SEPARATE APPLICATION

Date_____ Home Phone _____ Desired Date Of Occupancy_____

Apt. No._____ Bldg. No._____ Purchase _____ OR Lease _____

Name_____SS # _____-_____-_____ DOB_____/_____/_____
Last First MI Jr/Sr Prior

Spouse_____SS #_____-_____-_____ DOB_____/_____/_____
Last First MI Jr/Sr. Prior

Other_____SS #_____-_____-_____ DOB_____/_____/_____
Last First MI Jr/Sr. Prior

Occupants_____SS #_____-_____-_____ DOB_____/_____/_____

Present Address_____
Street Apt # City State Zip Code

Present Landlord or Mortgage Co_____Phone (_____)_____

Length of Residence:_____/_____ TO _____/_____ Monthly Rent/Mort$_____ #Pets_____Type_____Weight_____
Mo Yr. Mo. Yr.

Previous Landlord_____Phone(_____)_____

Length of Residence _____/_____ TO _____/_____ Monthly Rent $_____
Mo. Yr. Mo. Yr.

Present Employer_____ City & St._____PH ( )_____

Position_____Dates Employed _____/_____ TO _____/_____ Income $_____per_____
Mo. Yr. Mo. Yr.

Previous Employer_____ City & St._____PH (____)_____

Position_____Dates Employed _____/_____ TO _____/_____ Income $_____per _____
Mo. Yr. Mo. Yr.

Spouse Present Employer _____ City & St_____ PH (_____)_____

Position_____Dates Employed _____/_____ TO _____/_____ Income $_____per _____
Mo. Yr. Mo. Yr.

In Case of Emergency Notify_____(_____)_____
Name Relationship Address Phone Number

MILITARY STATUS: ACTIVE? YES_____ NO_____

Have you ever left owing money to an owner or landlord? Applicant: Yes _____ No _____ Spouse: Yes _____ No _____
Have you ever been arrested for a felony? Applicant: Yes _____ No _____ Spouse: Yes _____ No _____
Have you ever been convicted of a felony? Applicant: Yes _____ No _____ Spouse: Yes _____ No _____
If you have answered yes to any of the above questions, please explain the circumstances regarding the situation on back of this sheet.

AUTHORIZATION OF RELEASE OF INFORMATION: Applicant(s) represents that all of the above information and statements on the application for rental are true and complete, and hereby authorizes verification of any and all information relating to residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. This application must be signed before it can be processed by management. **Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State.** No oral agreements have been made.

_____ _____ _____ _____
Applicant's Signature Date Spouse's Signature Date

COLONIAL RIDGE LEXINGTON

c/o CMC Management, Inc., 2950 Jog Road, Greenacres, FL 33467
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NEW UNIT-OWNER INFORMATION

Date: _____

ADDRESS: 5505 No. Ocean Blvd., Bldg 13, Unit #_____

OWNER(S) NAME(S): _____

ALTERNATE ADDRESS: _____

_____

*HOME PHONE # _____ CELL PHONE # _____

*E-MAIL: _____ ALT/PHONE # _____

Do you live in your unit full time? ❒ YES ❒ NO

If yes, please name the individuals of all who are living with you in your unit:

Name: _____ Relationship _____Birthdate_____

Name: _____ Relationship _____Birthdate_____

Name: _____ Relationship _____Birthdate_____

Are you renting out your unit? ❒ YES (Term of lease from _____ to_____) ❒ NO

If yes, please supply names of individuals who have been approved to live in your unit, and include their contact information:

Name: _____ Birthdate_____ Phone #_____

Name: _____ Birthdate_____ Phone #_____

Name: _____ Birthdate_____ Phone #_____

Name: _____ Birthdate_____ Phone #_____

EMERGENCY CONTACT: Please indicate a local individual who may be contacted in an emergency:

Name: _____ Address: _____

Phone # _____ Cell # _____

*_**Your information shall be kept on file and may be used to contact you by the Association Board of Directors or Management, however, the Association has no intention of sharing your private e-mail addresses and phone numbers as part of the official records without your permission.**_

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CONDITION FOR LEASE APPROVAL

Please Read Carefully and sign where indicated

In the event the Owner is delinquent in the payment of assessments (which includes maintenances fees and any other charges owed to the Association, the Association has the right to notify the Lessee of the delinquency and in such event, the Lessee shall be obligated to commence paying all future rent payments to the Association, until the delinquent assessments and related charges are paid in full to the Association. At such time that the Lessee is paying his rent to the Association, the Unit Owner may not evict the Lessee for non-payment of rent. However, if the Lessee does not pay the rent to the Association as required herein, the Association shall have the authority to evict the Lessee. In such an event, the Unit Owner shall be obligated to reimburse the Association for the costs and attorneys fees incurred by the Association.

****This form must be signed by both the Unit Owner and the Lessee****

I am over 18 years of age and the owner of the unit mentioned above. I have read, understand and agree to the Condition for Lease approval above.

.

5505 No. Ocean Blvd., Bldg 13, Unit #_____

Term of Lease: Start date: _____ End date: _____

UNIT OWNER INFORMATION:

Name _____ **Phone #** _____
PRINT

_____ **Date:** _____
SIGNATURE

TENANT/LESSEE INFORMATION:

I am over 18 years of age or older, and a member of the household that will reside at the above address/unit. I have read and understand the above conditions

Name _____ **Phone #** _____
PRINT

_____ **Date:** _____
SIGNATURE

.....

FOR SCREENING COMMITTEE USE ONLY:

Screened by: _____ _____ _____
PRINT NAME **SIGNATURE** **DATE**

COLONIAL RIDGE LEXINGTON, INC.

C/o Century Management Consultants, Inc.
2950 Jog Road, Greenacres, FL 33467

561-641-1016 ~ 561-641-9118 Fax

FOR PURCHASERS:

All purchasers of units in the Colonial Ridge LEXINGTON, Inc. are subject to all the rules of the Governing Documents, its By-Laws, Restrictions, Rules and Regulations. I/we have been provided with the Association's Governing Documents. I have also read and understand the Restrictions and Rules and Regulations of this Association, and promise to abide by them.

_____ _____

Signature of Applicant Signature of Co - Applicant

_____ _____

Signature of Witness Date

FOR RENTERS:

All renters of units in The Colonial Ridge LEXINGTON, Inc. are subject to all the rules of the Governing Document, Restrictions, and Rules and Regulations. I/we have been provided with, have read and understand The Rules and Regulations, and promise to abide by them.

_____ _____

Signature of Applicant Signature of Co - Applicant

_____ _____

Signature of Witness Date

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OWNER☐ OR RENTER☐

VEHICLE REGISTRATION: Vehicles that shall be parked on the property

DATE _____ UNIT # _____ PARKING SPACE #_____

Vehicle Owner
Name _____

HOME PHONE_____ WORK PHONE_____ CELL PHONE_____

Vehicle #1
Tag #_____

Color/Year/Make/Model _____

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CERTIFICATE OF APPROVAL FOR PURCHASE ☐ or RENTAL ☐

Pursuant to the Declaration of Condominium of COLONIAL RIDGE LEXINGTON, INC.; the association, by and through its president, secretary or their designee certifies approval of the following **purchase or rental** of the following property which is located in Palm Beach County, Florida:

5505 No. Ocean Blvd., Bldg _____, Unit #_____, Ocean Ridge, FL 33435

By _____ as Buyer(s) or lessee(s)

In Witness Thereof, executed this _____ day of _____, 20_____.

Approved by: _____
Print Name

_____
Signature

_____
Position
Board of Directors
COLONIAL RIDGE LEXINGTON INC.