CROSSWINDS AT RIVERBRIDGE

c/o CMC Management Inc.
2950 Jog Road
Greenacres FL, 33467

Application for Sale☐ or Lease☐

(check one)

Address to be purchased or leased: _____

Please include the following:

- ☐ **Copy of Executed Sales Contract or Lease**
- ☐ **Copy of Driver's License(s)**
- ☐ **Copy of Vehicle Registration(s)**
- ☐ **$100.00 Application Fee check or money order, per person over 18 or Married Couple. Make check payable to Crosswinds Condo Assn. (NO CASH OR CREDIT CARDS ACCEPTED)**
- ☐ **$60.00 Processing Fee. Make check or money order payable to CMC Management**

Interviews will be held at CMC OFFICE, please allow 10-14 days for processing before an interview will be scheduled.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

All applications must be filled out completely. False or omitted information may be grounds for rejection.

Marty Grant, LCAM
Property Manager
561-641-1016

CROSSWINDS AT RIVERBRIDGE CONDO ASSOCIATION

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

Vehicle #1 _____ #2 _____
Year Make Model Tag # State Year Make Model Tag # State

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.** NON-REFUNDABLE APPLICATION FEE – Applicant(s) agree to pay $100.00 for a non-refundable application fee. No oral agreements have been made.

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

CROSSWINDS AT RIVERBRIDGE CONDO ASSOCIATION

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

Vehicle #1 _____ #2 _____
Year Make Model Tag # State Year Make Model Tag # State

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.

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

WTC BACKGROUNDS, INC.

"We're The Choice!"

ACTION REQUEST

X RENTAL HISTORY (Criminal, Credit & Eviction)

___ FDLE

___Criminal History Statewide (FL)

___ Workers' Comp Record

___ Criminal History/Out of State

____ SSN Verification

___Civil Record by State

____ Credit Report

___Driving Records/History **(MUST HAVE DL #**

_____ Sexual Offender Search

NAME_____FIRST_____MI_____

ADDRESS_____

DOB_____SEX_____RACE_____

SSN_____**D.L.#**_____

COMPANY: _CROSSWINDS @ RIVERBRIDGE CONDO ASSN INC

DATE_____

Applicant Release

In connection with for employment and or residency, I understand that investigative background inquiries are to be made on me including consumer credit, criminal conviction, motor vehicles, and other reports. Further I understand that WTC Backgrounds, Inc. will be requesting information from various State and other agencies which maintain records about my history. These records include but not limited to driving, credit criminal, and civil history.

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

Applicant Signature Date

WTC BACKGROUNDS, INC.

"We're The Choice!"

ACTION REQUEST

X RENTAL HISTORY (Criminal, Credit & Eviction)

___ FDLE

___Criminal History Statewide (FL)

___ Workers' Comp Record

___ Criminal History/Out of State

____ SSN Verification

___Civil Record by State

____ Credit Report

___Driving Records/History **(MUST HAVE DL #**

_____ Sexual Offender Search

NAME_____FIRST_____MI_____

ADDRESS_____

DOB_____SEX_____RACE_____

SSN_____**D.L.#**_____

COMPANY: _CROSSWINDS @ RIVERBRIDGE CONDO ASSN INC

DATE_____

Applicant Release

In connection with for employment and or residency, I understand that investigative background inquiries are to be made on me including consumer credit, criminal conviction, motor vehicles, and other reports. Further I understand that WTC Backgrounds, Inc. will be requesting information from various State and other agencies which maintain records about my history. These records include but not limited to driving, credit criminal, and civil history.

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

Applicant Signature Date

Crosswinds Condominium at River Bridge

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

According to Crosswinds Condominium association amended bylaws, units may not be rented until the unit has been owned for a period of one year. Any violations of this rule will result in the association taking legal action.

By signing below you are acknowledging that you understand this rule and agree to abide by it.

Address_____ Date _____

Unit Owner Signature(s)_____ _____

Print Name(s) _____ _____

CROSSWINDS AT RIVERBRIDGE CONDOMININIUM ASSOCIATION, INC.
c/o CMC Management, Inc., 2950 Jog Road, Greenacres, FL 33467
561-641-1016 ~ 561-641-9118 Fax

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****

Address: _____ **Unit #**_____

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

UNIT OWNER INFORMATION:

Name _____ **Phone #** _____
PRINT

_____ **Date:** _____
SIGNATURE

TENANT/LESSEE INFORMATION:

Name _____ **Phone #** _____
PRINT

_____ **Date:** _____
SIGNATURE

.....

FOR SCREENING COMMITTEE USE ONLY:

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

CROSSWINDS AT RIVERBRIDGE CONDOMINIUM ASSOCIATION, 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 Crosswinds at Riverbridge Condominium Association, 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 Crosswinds at Riverbridge Condominium Association, 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.

_____ _____
Signature of Applicant Signature of Co - Applicant

_____ _____
Signature of Witness Date

Crosswinds Condominium Association at River Bridge

Rules & Regulations:

The following Rules and Regulations have been approved by your Board of Directors, as provided by the Declaration of Condominium, CROSSWINDS AT RIVER BRIDGE CONDOMINIUM ASSOCIATION INC., under Articles of Incorporation, article IV, paragraph 4.2 Section E or B page 1150.

The facilities of Crosswinds are for the use and enjoyment of residents and house guests only. Visitors will be permitted to use the facilities only with the approval of the resident owner, who will remain responsible for the actions of their guests. The Property Manager, under instructions of your Board of Directors, has been instructed to enforce these Rules and Regulations.

*** The forgoing rules and regulations were designed for the benefit and protection of the all unit owners and lessees. Owners are responsible for informing their lessees, family and guests, of all rules and regulations and insuring their compliance. Owners and lessees will be responsible for the infraction of any rules by their lessees and guests.

1. Each unit shall only be occupied by the owner of the unit, their guests, or lessees, as a residence and for no other purpose. The number of persons occupying a unit shall at all times be reasonably related to the size of the unit. No unit may be divided or subdivided into smaller units, nor any portion sold or otherwise transferred without amending this Declaration to show the changes in the units to be affected. Leasing or renting of a condominium unit by a unit owner is permitted.

2. No resident shall make or permit any disturbing noises, nor do anything by other persons that will interfere with the rights, comfort or convenience of any residents. No resident shall play any musical instrument, television or radio in the demised premise, if it shall disturb or annoy other occupants of the building.

3. Pets over 26 pounds shall not be allowed. Offensive pets may be removed, after notice to the resident, with the prevailing party being entitled to recover the cost of proceedings and reasonable attorney's fees.

4. No pets are permitted in the recreational areas of Crosswinds. Any pet creating a nuisance or unreasonable disturbance anywhere in Crosswinds shall be permanently removed from the property upon 3 days written notice from the association.

5. Pets shall be on a leash at ALL TIMES while on the grounds of Crosswinds.

6. Trucks, motorcycles, campers, boats, boat trailers, trailers and other types of vehicles shall not be parked over night, within the confines of Crosswinds, except in garages of individual's unit.

7. For sanitary reasons, all trash except newspapers shall be in plastic bags and tied securely before being placed in trash receptacle.

8. No maintenance work may be authorized by residents directly with maintenance employees.

9. No clothing, towels, surfboards, beach equipment, barbeques, ect. are to be hung or stored outside the unit or on patios to detract from the appearance of the buildings. They must be kept inside or in the garage.

10. Nothing is to be attached to the railing, temporarily or permanently, except the United States flag or holiday decorations, firmly attached. Nothing shall be hung from window sills, windows or balconies. No sweeping of balconies onto the areas below is permitted. No plants, receptacles or any moveable objects shall be placed or maintained on balcony rails. No fires or cookouts of any kind are permitted on balconies or lanais.

11. All doors and windows shall be locked when a resident is away from the premises.

12. Residents shall not give keys to any non-residents without knowledge of the Property Manager, nor shall any resident allow the use of his unit by others without prior notification to the Property Manager.

13. Bicycles shall be stored inside unit garages, not in areas visible from the street, rear or sides of any buildings.

14. Because of insurance and City Fire Marshall Regulations, the following rule must be complied with: Volatile liquids, paint thinners, paint removers, paints and lacquers must not be placed in garage or common areas,

15. All owners will be held responsible for the behavior of their guests.

    - No guest is permitted to stay more than 30 days, unless approved by the Board.
    - In the owner's absence, approved house guests may NOT have overnight guests of their own
    - All owners MUST supply guests with a copy of the Rules and Regulations.

16. Each owner who plans to be absent for an extended period of time, especially during the hurricane season, must also prepare their residence prior to their departure and remove everything from their balcony. They should designate some responsible firm or individual to care for their residence and take necessary precautions to prevent hurricane damage and to remedy damage if it does occur. The name of such firm or individual to care for his residence shall be sent in writing to the Management Company. Storm shutters on porches or lanais which are approved in advance by the Association may remain in place while unit owner is not in residence. Other external windows may be protected by storm shutters or plywood only when unit owner is in residence, or a storm is imminent. Such shutters or plywood must be removed when storm is over.

17. In case of an emergency originating in or threatening any unit, the Property Manager or Board of Directors shall have the right to enter such unit to remedy the situation. Such right of entry shall be immediate. In order to facilitate entry, each unit owner shall leave a key to their unit with the Property Manager, in order to eliminate the possibility of a necessary break-in of a door at the owner's expense.

18. No owner may change the appearance of his residence or common areas of Crosswinds.

19. As an owner of Crosswinds, you are entitled to use the pool facilities, providing that the pool rules are observed at all times.

LATE MAINTENANCE:

This is to notify you that your Board of Directors has adopted the following steps in treating delinquent maintenance assessments. It should be noted that the preliminary purpose for these guidelines is to insure that every homeowner make every attempt to make their payments on time, to avoid getting involved with lengthy and costly charges that will be assessed to delinquent residents. It has also been adopted as a matter of policy by the Board, that the Board of Directors of Crosswinds disclaims any owner not receiving the billing through the U.S. mail that is due on the first of the month of each quarter of every calendar year.

1. Maintenance payments are due on the first day of January, April, July and October of every year.

2. Late charges are to be assessed if maintenance fees are not received in the Association office by noon on the 10th day of the month that payments are due. Interest on past due amounts shall be charged at the highest rate allowed by Florida Law from the date payment was due.

3. The Association will assess the late charge, and if the resident has not responded within 7 days after the late charge was assessed, the Association will further assess interest on the unpaid balance as allowed by the Declaration of the Condominium plus the Association will accelerate the remainder of the maintenance fees due for the balance for that fiscal year in which the resident is delinquent.

4. If the delinquency has not been corrected as outlined above and/or no response has been received, by the 35th day, the Association will proceed to file lien on the delinquent owner's unit and will notify the owner as required by law of such action. The Association will also advise the owner that at this point they then become liable for any and all legal fees incurred by the association to enforce collection of the delinquent maintenance assessments, late charges, and interest allowed.

5. Transponders will be turned off after 35 days of non payment.

6. On the 65th day the Association will then be empowered to foreclose on the lien. Every resident is reminded that should the last stop take place, it is conceivable that they could lose title to their unit if the proper monies are not paid. Again, the Board wishes to inform all residents that the reason for adopting this policy is to protect the owners who pay on time, and not saddle them with the extra administrative cost involve in securing payments for delinquent residents.

Important Phone Numbers:

Emergency- 911

FPL Electric- 561-627-5000

Gate House- 561-969-2626

CMC Management- 561-641-1016

River Bridge POA Office- 561-968-6054

CROSSWINDS POOL RULES:

- Residents under the age of 16 must be accompanied by an adult at all times.
- Residents using the pool/cabana area are responsible for any kind of damage during their use.
- No animals of any kind are permitted in the pool area.
- Intoxicated persons are not permitted in the pool area.
- Pool use is at resident's risk- the Management Company and Association are not responsible for accidents or injury.
- Pool use is limited to: owners, adult guests of owners, and guests under 16 accompanied by an adult.
- Pool hours are from 9:00am to dusk.
- All people must shower before entering the pool. Soap is not allowed in the pool area.
- Persons with any skin disease, open cuts or blisters ect. may not enter the pool.
- No glass containers of any kind are permitted in the pool area.
- Excessive splashing will not be permitted.
- The use of rafts, scuba equipment, fins or Styrofoam floats will not be permitted.
- Crosswinds reserves the right to deny the use of the pool to anyone at anytime. The unit owner and lessees are responsible for any damage to the pool area due to their use.

Residents may reserve the pool area for personal social functions on a first come first serve basis, an with the posting of a $100 security deposit in advance with a Board Member. The security deposit will be returned in full the next day, as long as the reserved area is neat and orderly.

****I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS.**

Sign _____ **DATE**_____

CROSSWINDS CONDOMINIUM @ RIVER BRIDGE
C/O CENTURY MANAGEMENT CONSULTANTS, INC.
2950 JOG ROAD
GREENACRES, FL 33467
561-641-1016 ` 561-641-9118(FAX)

CERTIFICATE OF APPROVAL FOR SALE OR LEASE

This is to certify that _____
has/have been approved by CROSSWINDS CONDOMINIUM , as purchaser(s)/renter(s) of the following described property in Palm Beach County, Florida:

Address:_____

Dated this _____day of _____20_____.

Approved By:_____
Print Name

_____
Signature