

# SCREENING FEE SHEET

## **SOUTH COVE HOA AT RIVER BRIDGE, INC.**

C/O CMC MANAGEMENT, INC., 2950 JOG ROAD, GREENACRES, FL 33467

561-641-1016 ~ 561-641-9118 FAX

\*(Please check one) Application for PURCHASE \_\_\_ **OR** RENTAL \_\_\_ of # \_\_\_\_\_ Cove Road.

Term of Lease: from \_\_\_\_\_ to \_\_\_\_\_ **(Must be for 1 year)**

**OR** Closing Date if purchase: \_\_\_\_\_

Present Owner Name(s): \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Buyer/Renter Name(s): \_\_\_\_\_ Phone \_\_\_\_\_

Buyer/Renter Name(s): \_\_\_\_\_ Phone \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

### **BOARD APPROVAL REQUIRED PRIOR TO OCCUPANCY.**

#### **THE FOLLOWING ITEMS MUST BE PROVIDED WITH THIS APPLICATION**

**(Background checks will be required of buyer(s) or lessee(s))**

- SCREENING FEE:** \$100 \*NON-REFUNDABLE\* Check or Money Order Made payable to South Cove HOA.
- PROCESSING FEE:** \$60 \*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

**\*Homes must be owned by the new owner for at least one year from date of closing before the home can be rented.** It is the purchaser(s) or Lessee(s) responsibility to acquire a copy of the River Bridge Property Owners Association and South Cove HOA Documents from the current owner. These important documents specify the regulations of the community, including occupancy restrictions, parking restrictions, dues and assessments, architectural changes, use of public facilities, etc.

**Please Note: 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.**

***A Certificate of Approval, which is required to close and prior to moving in, will be provided to the purchaser. If purchasing, 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.***

RETURN TO:  
CMC MANAGEMENT  
**PROPERTY MANAGER SOUTH COVE**

**LEASE OR PURCHASE APPLICATION**  
**SOUTH COVE HOMEOWNERS ASSOCIATION, INC.**  
C/o CMC Management, Inc.  
2950 Jog Road, Greenacres, FL 33467  
Phone (561) 641-1016 Fax (561) 641-9118

Date \_\_\_\_\_ APPLICATION FOR \_\_\_\_\_ SALE \_\_\_\_\_ LEASE

**PART 1** Part one (THIS PAGE) should be filled out by the Association Member (owner) when the residence is first offered for lease or sale. **No lease shall be for less than one year.**

This application is composed of two parts. This page-Part 1 - should be returned to CMC for the South Cove Homeowners' Association before the residence is put on the market or as soon after as possible.

Part 2 should be returned just before lease or sale is complete. (Return to \_\_\_\_\_ or \_\_\_\_\_).

Background checks will be required of buyer(s) or lessee(s)

Present owner's name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Present owner's E-mail: \_\_\_\_\_

Date residence is to be (was) put on the market for sale/lease \_\_\_\_\_

If listed with an agent, put company's name here \_\_\_\_\_

1. It is the responsibility of the property owner to provide the buyer/lessee a copy of the South Cove Homeowners Association Documents & Amendments and copies of the River ridge POA Document. Copies are available from either association at cost.
2. Access to home by realtor or prospective buyer must be approved by the present owner. Names should be left at the gate house or added to the owner's permanent guest list at the gate house.
3. No lease shall be for less than one year.
4. No sign may be placed on the property or residence.
5. A copy of the signed lease must be provided to the Association. Monetary amount may be blacked out.
6. If leased, the owner shall be responsible for payment of all assessments, including any assessment which may occasioned by such lessee.
7. Resident delegates his rights to the use and enjoyment of common area to the lessee, unless expressly provided to the contrary in the lease.
8. When the sale or lease is final, please provide the gate house personnel with the change of resident information.
9. As the owner, I will allow South Cove Homeowners Association to collect the rental check from the renter if I am delinquent to the Association on the due date as required by the Association.

\_\_\_\_\_  
Unit owner's Signature

\_\_\_\_\_  
Date

PLEASE DO NOT WRITE BELOW THIS LINE

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DATE RECEIVED \_\_\_\_\_

BOARD OF DIRECTORS' COMMENTS:

ACTION TAKEN \_\_\_\_\_

DATE \_\_\_\_\_

BOARD MEMBER'S SIGNATURE \_\_\_\_\_

WHEN PART TWO HAS BEEN SUBMITTED AND SALE/LEASE HAS BEEN APPROVED BY THE SOUTH COVE HOMEOWNERS' ASSOCIATION BOARD OF DIRECTORS, AN APPROVAL FORM, WHICH MAY BE NEEDED FOR CLOSING, WILL BE PROVIDED.

PLEASE RETURN THIS PAGE WHEN COMPLETED TO: CMC MANAGEMENT

**LEASE OR PURCHASE APPLICATION**  
**SOUTH COVE HOMEOWNERS ASSOCIATION, INC.**  
**RIVER BRIDGE**  
**PART 2 PAGE 1**

**MUST BE FILLED OUT AND SUBMITTED** BY THE HOMEOWNER (OR AGENT) TO SOUTH COVE HOMEOWNERS' ASSOCIATION BEFORE LEASE OR SALE IS COMPLETED. If any question is left unanswered, the application may not be processed and may not be approved.  
Date \_\_\_\_\_ APPLICATION FOR \_\_\_\_\_ SALE \_\_\_\_\_ LEASE

Present Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_

**TO BE FILED OUT BY THE LESSEE OR PURCHASER(S).** Subleasing or Rental of individual rooms is not permitted. The owner/owners must own the home for one (1) year from date of closing before it can be leased or rented.

APPLICANT NAME: \_\_\_\_\_ APPLICANT 2: \_\_\_\_\_  
APPLICANT EMAIL: \_\_\_\_\_

NUMBER OF OCCUPANTS (Adults 18 or over): \_\_\_\_\_ #CHILDREN UNDER 18-(If occupants): \_\_\_\_\_

NAME OF ADULT FAMILY OCCUPANTS	NAME(S) OF CHILDREN - If occupant	AGE OF CHILDREN
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER OCCUPANTS: NAMES	RELATIONSHIP
_____	_____
_____	_____
_____	_____

**RESIDENCE HISTORY**

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ HOW LONG \_\_\_\_\_ OWN \_\_\_\_\_ OR LEASE \_\_\_\_\_  
PRESENT LANDLORD \_\_\_\_\_ PHONE \_\_\_\_\_  
PREVIOUS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ HOW LONG \_\_\_\_\_ OWN \_\_\_\_\_ OR LEASE \_\_\_\_\_  
PREVIOUS LANDLORD \_\_\_\_\_ PHONE \_\_\_\_\_  
PREVIOUS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOW LONG \_\_\_\_\_ OWN \_\_\_\_\_ OR LEASE \_\_\_\_\_

**VEHICLES OWNED BY RESIDENTS**

YEAR/MAKE	MODEL	STATE AND TAG NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

At least 3 years employment history required for single person or married couple. Please attach additional pages if necessary.

**EMPLOYMENT HISTORY:**

**MILITARY STATUS: ACTIVE? YES  NO**

EMPLOYER \_\_\_\_\_ PHONE# \_\_\_\_\_ HOW LONG \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSITION \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE# \_\_\_\_\_ HOW LONG \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSITION \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE# \_\_\_\_\_ HOW LONG \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSITION \_\_\_\_\_

**SPOUSE EMPLOYMENT HISTORY:**

**MILITARY STATUS: ACTIVE? YES  NO**

SPOUSE'S EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_ HOW LONG \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSITION \_\_\_\_\_

SPOUSE'S EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_ HOW LONG \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSITION \_\_\_\_\_

SPOUSE'S EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_ HOW LONG \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSITION \_\_\_\_\_

**CHARACTER REFERENCES FOR LESSEE ONLY (OTHER THAN RELATIVES)**

NAME	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____

**Commercial vehicles, or vehicles with advertising on the exterior, trucks, boats, trailers, vans, RV's, etc., will not be parked outside of the individual garages over-night. Vehicles of any type may not be parked in the street overnight.**

**AGREEMENT**

I/we hereby agree for myself and on behalf of all persons who may use the home which I seek to purchase/lease that:

1. I/we have received a copy of the By-Laws and the Covenants, Conditions and Restrictions of the South Cove Homeowners' Association and copies of the River Bridge POA Documents.
2. It is understood that the applicant(s) fully understand and have read the Rules and Regulations, Declaration of Covenants and Restrictions, Articles of Incorporation, By-Laws and any and all amendments thereof, that can relate to their actions while occupying these premises and the actions of their relatives and guest. It is further understood that it shall remain the applicant's responsibility to inquire as to said rules regulations, etc.
3. I/we understand that any violation of the terms provisions, conditions and covenants of South Cove Homeowners'; Association Documents provides cause for immediate action as therein provided. Action may include termination of the leasehold under appropriate circumstances or fines in the case of an owner.
4. I/we will abide by all of the restrictions contained in the By-laws, Rules and Regulations and Restrictions which are or may in the future be revised or amended by South Cove Homeowners' Association, Inc. or the River Bridge POA.
5. I/we understand that subleasing or occupancy of this home by anyone in my absence is prohibited.
6. I/we understand that the acceptance of a purchase/lease of a home in South Cove is conditioned upon the truth and accuracy of this application and upon the approval of the South Cove Board of Directors. Any misrepresentations or falsifications of information on this form may result in the automatic rejection of this application.
7. I/we understand that the Board of Directors of South Cove Homeowners' Association may cause to be instituted such an investigation of my background as the Board of Directors may deem necessary. Accordingly, I specifically authorize the Board of Directors to make such investigation and agree that the information contained in this application may be used in such investigation, and that the Board of Directors and Officers of South Cove Homeowners' Association, Inc. itself shall be held harmless from any action or claim by me in connection with the use of the information contained therein or any investigation conducted by the Board of Directors for this matter.
8. As lessee, I/we will allow South Cove Homeowners' Association to collect the rental check from me if the owner is delinquent to the Association on the due date as required by the Association. In making the foregoing application, I/we are aware that the decision of South Cove Homeowners' Association, Inc. will be final. I agree to be governed by the determination of the Board of Directors for this matter.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_

Return pages 1, 2 and 3 To: **CMC MANAGEMENT**  
**SOUTH COVE PROPERTY MANAGER**



# WTC

## BACKGROUNDS & DRUG TESTING, INC.

"We're The Choice"

### Action Request

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Rental Package (credit, criminal & eviction)   | <input type="checkbox"/> Employment Verification     |
| <input type="checkbox"/> Criminal History  | <input type="checkbox"/> SSN Verification            |
| <input type="checkbox"/> F.D.L.E. (Florida Department of Law Enforcement   | <input type="checkbox"/> Sexual Offender Search      |
| <input type="checkbox"/> DL Records/History (Include DL #: <input type="checkbox"/> 3 Year <input type="checkbox"/> 7 Year | <input type="checkbox"/> Credit Report (Stand Alone) |
| <input type="checkbox"/> FACIS   | <input type="checkbox"/> Education Verification      |

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

First	Full Middle Name	Last
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ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

DOB (MONTH, DAY, YEAR) _____	SEX _____	RACE _____
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SS # _____	DRIVERS LICENSE NUMBER & STATE _____
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<b>SOUTH COVE HOA AT RIVERBRIDGE</b>	<b>561-641-9118</b>
COMPANY NAME	COMPANY FAX

#### APPLICANT RELEASE

For employment and/or residency, I undersatnd that investigative background 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 _____
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# WTC

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"We're The Choice"

### Action Request

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Rental Package (credit, criminal & eviction)               | <input type="checkbox"/> Employment Verification     |
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| <input type="checkbox"/> FACIS   | <input type="checkbox"/> Education Verification      |

Name: \_\_\_\_\_  
                            First  Full Middle Name  Last

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

DOB (MONTH, DAY, YEAR) \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_

SS # \_\_\_\_\_ DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_

**SOUTH COVE HOA AT RIVERBRIDGE**  
COMPANY NAME

**561-641-9118**  
COMPANY FAX

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APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**SOUTH COVE HOA @ RIVERBRIDGE**

C/o CMC Management, Inc.  
2950 Jog Road, Greenacres, FL 33467  
561-641-1016 ~ 561-641-9118 fAX

**CERTIFICATE OF APPROVAL FOR PURCHASE\_\_\_ or RENTAL\_\_\_**

Pursuant to the Declaration of Covenants of South Cove Homeowners Association, Inc.; the association, by and through its president, secretary or their designee certifies approval of the following transaction between:

\_\_\_\_\_ as Seller(s) or lessor(s)  
and \_\_\_\_\_ as Buyer(s) or lessee(s)

For the \_\_\_\_\_ **purchase or** \_\_\_\_\_ **rental** of the following property which is located in Palm Beach County, Florida:

\_\_\_\_\_ Cove Road, West Palm Beach, FL 33413

In Witness Thereof, executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Approved by: \_\_\_\_\_ Witness: \_\_\_\_\_  
Print Name Print Name

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Board of Directors  
*South Cove Homeowners Association, Inc.*