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

*(Please check one) Application for **PURCHASE ☐ or RENTAL ☐** of #_____

Desired date of closing or occupancy _____ Closing Date if purchase: _____

Present Owner Name(s): _____Phone_____
_____Phone _____

Buyer/Renter Name(s): _____ Phone _____
_____ Phone _____

BOARD APPROVAL REQUIRED PRIOR TO OCCUPANCY.
THE FOLLOWING ITEMS MUST BE PROVIDED WITH THIS APPLICATION

- ☐ **APPLICATION FEE:** $100.00 *NON-REFUNDABLE* Check or Money Order Made payable to THE COLONY AT BOYNTON BEACH HOA. Separate $100.00 Application Fee required for unmarried co-applicants
- ☐ **PROCESSING FEE:** $100.00 *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

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 or renter after the interview.

CURRENT OWNER MUST PROVIDE GOVERNING DOCUMENTS TO BUYER

ASSOCIATION SHALL HAVE THIRTY (30) DAYS TO FROM RECEIPT OF FULLY EXECUTED APPLICATION.

REALTOR: _____PHONE: _____

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

_____
CITTY, STATE & ZIP CODE

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

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

THE COLONY AT BOYNTON BEACH HOMEOWNERS ASSN., INC. 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 Coinsumer 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 561-688-9991: FAX 561-370-6850: WWW.WTCBACKGROUNDS.COM

WTC

BACKGROUNDS & DRUG TESTING, INC.

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____FACIS	**____Education Verification**

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

_____
ADDRESS

_____
CITTY, STATE & ZIP CODE

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

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

THE COLONY AT BOYNTON BEACH HOMEOWNERS ASSN., INC. 561-641-9118
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APPLICANT SIGNATURE **DATE**

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THE COLONY AT BOYNTON BEACH HOA, INC.

UNMARRIED CO-APPLICANTS USE SEPARATE APPLICATION

Purchase ☐ OR Lease ☐ OF _____

ADDRESS TO BE PURCHASED OR LEASED AT THE COLONY AT BOYNTON BEACH

Date_____ Home Phone _____/Cell_____ Desired Date of Occupancy_____

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/Mortg _____Phone (_____)_____

Length of Residence:_____/_____ TO _____/_____ Mortg/rent/mo $_____ #Pets_____Type_____Weight_____
Mo Yr. Mo. Yr.

Previous Landlord_____Phone(_____)_____

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

MILITARY STATUS: ACTIVE? ☐ YES ☐ NO

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

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 . No oral agreements have been made.

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

THE COLONY AT BOYNTON BEACH HOMEOWNERS ASSOCIATION, INC.

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

CONDITION FOR LEASE APPROVAL

In the event the Unit Owner is delinquent in the payment of assessments (which includes maintenances fees and any other charges owed to the Association) for more than thirty (30) days, the Association may 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 of 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**

_____ _____ _____
PRINT NAME **SIGNATURE** **DATE**

THE COLONY AT BOYNTON BEACH HOA, INC.

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

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

www.cmcmanagement.biz

FOR PURCHASERS:

All purchasers of units in the THE COLONY AT BOYNTON BEACH HOA, Inc. are subject to all the rules of the Governing Documents, its By-Laws, Restrictions, Rules and Regulations. I 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 THE COLONY AT BOYNTON BEACH HOA, Inc. are subject to all the rules of the Governing Document, Restrictions, and Rules and Regulations. I have been provided with, have read and understand The Rules and Regulations.

_____ _____

Signature of Applicant Signature of Co - Applicant

_____ _____

Signature of Witness Date

THE COLONY AT BOYNTON BEACH HOA
VEHICLE REGISTRATION

DATE _____

(CHECK ONE) I AM THE OWNER ☐ OR RENTER ☐

ADDRESS:_____

NAME: _____

HOME PHONE_____ WORK PHONE_____ CELL PHONE_____

E-MMAIL _____

Vehicle owner Name_____

Vehicle #1

Tag #_____

Year/Make/Model _____

Color_____

Vehicle owner Name_____

Vehicle #2

Tag #_____

Year/Make/Model _____

Color_____

THE COLONY AT BOYNTON BEACH HOMEOWNERS ASSOCIATION INC.
Rules & Regulations

In living as neighbors, we have obligations that we owe to other homeowners. These rules and regulations are for the mutual benefit of everyone living in The Colony. Failure to follow the rules of the community will result in fines.

1. *Each home occupant has a duty to maintain and repair their property as needed. Any visible damage or aging of any part of the home must be repaired or replaced.*
2. *Before any changes or improvements can be made to the outside of your home, you must first submit an ACC form (available on our website at* ***www.colonyatbb.com*** *or by request) that must be submitted to the ACC committee for approval. Changes requiring prior approval include painting, adding/changing driveways, landscaping, fences, patios, pool or any other type of structural modification or alterations.*
3. *Vegetation is only to be left out on* ***Friday*** *afternoon, No other days is permitted. No trash should be placed in the storm drains.*
4. *Owners* ***MUST*** *pick up any droppings deposited by their animals while on common property and the property of others. (No animals in the clubhouse pool or Jacuzzi).*
5. *Children* ***under15 years of age*** *are not permitted to use the pool or Jacuzzi without proper adult supervision, or use the gym equipment.*
6. *Pool and Jacuzzi is open from* ***Dawn*** *to* ***Dusk*** *"****State Law****". Gym is closed at* ***10pm*** *alarm sets automatic.*
7. *Trash may only be put out after 6:00pm the night prior to the pick-up day.*
8. *All garbage, recycling and bulk must be placed in front of each residence in accordance with the policies of the Solid Waste Authority. No waste matter may ever be placed along the main road. Trash cans and recycle bins must be picked up by 6pm and stored.*
9. *Parking on grassy areas, other than the swale, within the community common areas are prohibited.*
10. *Do not feed the wild animals (Peacocks, Ducks or Feral Cats) in the community.*
11. *When opening the gate to the community* ***press 9*** *on your phone both gates will open and allow large vehicles to enter.*
12. *No parking on the roadway* ***12am*** *to* ***6am*** *vehicles maybe booted or towed at owner's expense. Parking passes are available from property manager or board members.*
13. *No vehicle repairs or maintenance is allowed on properties except in garage.*
14. *No* ***unregistered*** *motorized or electrical recreational vehicles should be driven on the streets of the community, example:* ***Golf Carts, 4x4 Motor Bikes, and Scooters.***
15. *Hurricane shutters should not be closed for a period longer than* ***4 weeks*** *after a hurricane watch.*
16. *No cutting of Lawns before* ***8.am*** *and no commercial vehicles Lawn service on Sundays.*
17. *Basketball hoops should be stored in garage or on the side of property zero lot.*

A fine will be applied against any resident who refuse to follow the Rules and Regulations for the Community.

REVISED 3/2019 **Received:** _____ **Date:** _____

TO BE FILLED OUT BY APPLICANT(S)
(Please type information or print clearly)
FOR CMC OFFICE USE ONLY

☐ **This is a Purchase** **or** ☐ **This is a Rental**

Association: ____

If Purchase, projected closing date: __________________

If Rental, Lease Term from ____________________ **to** _____________________

Address of Unit: ____

Applicant Name: ____

Co-Applicant Name: ____

Billing Address if different from Unit Address: ____________________________

____

Phone # ____________________________ **Phone #**_________________________

Email: ____

Email: ____

****

This form is to be submitted to the Accounting Department by the Manager after approval of application.

THE COLONY AT BOYNTON BEACH HOMEOWNERS ASSOCIATION,INC.
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 THE COLONY AT BOYNTON BEACH 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:

_____, Boynton Beach, FL 33436

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

Approved by: _____
Print Name

_____
Signature

_____
Position

THE COLONY AT BOYNTON BEACH