DORCHESTER AT POINCIANA CONDOMINIUM ASSN., 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 LEASE ☐ of 3286 Arcara Way, Unit #_____**

Desired date of occupancy _____ Closing Date if purchase: _____

Applicant Name: _____ Phone _____

Co-Applicant Name:_____ Phone _____

E-mail(s): _____Email: _____

Current Owner(s): _____ Phone _____

BOARD APPROVAL REQUIRED PRIOR TO OCCUPANCY. – NO PETS ALLOWED
Processing may take up to 30 days. Two-sided pages will NOT be accepted
The following must accompany this application or it will not be processed
Applications will not be processed if pages are missing or application is incomplete.
Out of State or foreign background checks will incur additional fee
650 MINIMUM CREDIT SCORE REQUIRED FOR ALL APPLICANTS

- ☐ **APPLICATION PROCESSING FEE:** *NON-REFUNDABLE* $150.00 required Per Applicant or legally Married Couple, Cashier's Check or Money Order Made payable to CMC MANAGEMENT. **Additional occupants 18 years of age or older require separate application.**
- ☐ **$35,000.OO MINIMUM ANNUAL INCOME (BASED ON LAST THREE YEARS TAX RETURNS)**
- ☐ **IF FINANCED, A MINIMUM DOWN PAYMENT OF 20% REQUIRED**
- ☐ **Copy of your Driver's License(s)**
- ☐ **Copy of vehicle registration(s)**
- ☐ **Copy of Purchase or lease contract**
- ☐ **Lease Restrictions: Unit must be owned for two (2) years before it can be rented out. Leases cannot be for less than three (3) months, and may be leased a maximum one time per year.**
- ☐ **Lease Requirement: Owner(s) account must be current and violations corrected**

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.

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. Current owner must provide governing documents to purchaser, or they can be purchased at www.condocerts.com.

Revised 10/2025

CMC PROPERTY MANAGEMENT

DORCHESTER CONDOMINIUM

APPLICANT(S) INFORMATION (Check one) ☐ PURCHASE or ☐ LEASE

Name: _____Date of Birth: _____

Spouse' Name: _____Date of Birth: _____

Other Occupants: _____Date of Birth: _____
Relationship: _____

Other Occupants: _____Date of Birth: _____
Relationship: _____

RESIDENCE HISTORY

Present address: _____

Own ☐ or Lease ☐ How Long? _____Present Landlord_____

Phone: _____

Previous address: _____

Own ☐ or Lease ☐ How Long? _____Previous Landlord_____

Phone: _____

EMPLOYMENT HISTORY

Employed by: _____ Income: $_____

Address: _____

Position: _____How long? _____ Phone: _____

Military Status: Active? ☐ Yes ☐ No

* Minimum of 5 years employment history required for Single person or married couple. Please attach additional pages if necessary.

SPOUSE EMPLOYMENT HISTORY

Employed by: _____ Income: $_____

Address: _____

Position: _____How long? _____ Phone: _____

Military Status: Active? ☐ Yes ☐ No

References:

Name: _____

Address: _____

Name: _____

Address: _____

VEHICLES:

State _____Make/year: _____Color/Model_____

Tag # _____ Insurance Carrier: _____

State _____Make/year: _____Color/Model_____

Tag # _____ Insurance Carrier: _____

IN CASE OF EMERGENCY CONTACT:

Name _____ Phone_____

Name _____ Phone_____

FAIR HOUSING ACT AGE VERIFICATION FORM

DORCHESTER AT POINCIANA CONDOMINIUM ASSOCIATION, INC.

3286 ARCARA WAY, UNIT # _____, LAKE WORTH, FL 33467

Instructions: The following information is requested of all unit owners and/or permanent occupants residing in the above referenced unit. The verification form is required pursuant to the Fair Housing Amendments Act of 1988 in order to verify that at least eighty percent of the homes in the community are occupied by **at least one person 55 years of age or older**. Please execute this form and return it to the Association at the following address:

Dorchester at Poinciana Condominium Association, Inc.
C/o CMC Management, Inc.
2950 Jog Road
Greenacres, FL 33467

Additionally, a copy of any one of the following documents as proof of age must be provided:

- r Birth Certificate
- r Drivers License/State issued I.D.
- r Voting Registration Card
- r Passport

Name of Occupant(s) over 55 years of age who occupies the above mentioned unit at Dorchester at Poinciana Condominium : _____

_____

DATED this _____ day of _____ , 20____.

DORCHESTER AT POINCIANA CONDO ASSN., INC.

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

NEW OWNER UNIT FILE

Date: _____

ADDRESS: 3286 ARCARA WAY, UNIT #_____

Purchaser(s) Name(s): _____ _____ _____ __

_____ _____ __

Other Occupants: Name: _____ _____ Relationship _____

Name: _____ _____ Relationship _____

ALTERNATE MAILING ADDRESS: _____ _____ _____ __

_____ _____ _____ __

Which address shall be used as your mailing address? (Check one box) ¨ Unit address or ¨ Alternate

*HOME PHONE # _____ CELL PHONE # _____

*E-MAIL: _____ _____ ALT/PHONE # _____

Will you live in your unit full time? r YES r NO ~ If NO, will you be renting out your unit? r YES r NO

If Renting Out, you must have potential renters fill out an application and submit it to the Management Company for approval.

Vehicle #1

Tag #_____

Year_____ Color _____ Make/Model_____ _____

Vehicle #2

Tag #_____

Year_____ Color _____ Make/Model_____ _____ _____

EMERGENCY CONTACT: Please indicate an individual who has a key to your unit and may be contacted to gain access to your unit 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, Management, Police, or Emergency Rescue, however, the Association has no intention of sharing your private e-mail addresses, phone numbers or social security numbers as part of the official records.**_

DORCHESTER AT POINCIANA

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

NEW RENTER UNIT FILE

Date: _____

ADDRESS: 3286 ARCARA WAY UNIT #_____

Renter(s) Name(s): _____ _____ _____ _____

_____ _____ __

Other Occupants: Name: _____ _____ Relationship _____

Name: _____ _____ Relationship _____

*HOME PHONE # _____ CELL PHONE # _____ _____

*E-MAIL: _____ _____ ALT/PHONE # _____

Vehicle #1

Tag #_____

Year_____ Color _____ Make/Model_____ _____ _____

Vehicle #2

Tag #_____

Year_____ Color _____ Make/Model_____ _____ _____

EMERGENCY CONTACT: Please indicate an individual who has a key to your unit and may be contacted to gain access to your unit 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, Management, Police, or Emergency Rescue, however, the Association has no intention of sharing your private e-mail addresses, phone numbers or social security numbers as part of the official records.**_

DORCHESTER AT POINCIANA CONDO. ASSN., 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 Dorchester at Poinciana Condo Association, Inc., 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. I also understand that I am responsible for the actions of my family, guests, lessees, invitees, etc.***

_____ _____ _____ _____
Signature of Applicant Signature of Co - Applicant

_____ _____ _____ _____
Signature of Witness Date

FOR RENTERS:

All renters of units in the Dorchester at Poinciana Condo Association, Inc., 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

DORCHESTER AT POINCIANA CONDOMINIUM ASSOCIATION, INC.
C/o CMC Management, Inc.
2950 Jog Road, Greenacres, FL 33467
561-641-1016 ~ 561-641-9118 Fax

Some of our Rules and Regulations. Please read. By initialing you understand and agree to the following:

Initials	Rule
_____	I/we understand All applicants must have a minimum 650 credit score as provided by TransUnion
_____	I/we understand $35,000.00 minimum annual income (based on the last three years tax returns)
_____	I/we understand that if financed, a minimum down payment of 20% required.
_____	I/we understand that occupancy prior to approval is prohibited.
_____	Pets are not permitted at the Dorchester. I/we promise I will not harbor a pet anywhere on the property or within the unit either temporarily or permanently. Vistors/guests may **not** bring pets to the building.
_____	I/we must be present when guests, relatives, visitors, children occupy the unit.
_____	I/we will not park a commercial vehicle or pickup truck overnight anywhere on the property.
_____	I/we understand I/we must own the unit for two (2) years before renting out, and I/we may not rent out our unit for less than three (3) months and maximum one time per year.
_____	I/we understand that I/we may not sublease the unit.
_____	I/we understand that this is an over 55 community and at least one person permanently residing in the unit must be at least 55 years of age or older. Proof of age has been provided. The proper paperwork has been completed.
_____	I have received, from current owner, a copy of the Association Documents & Rules and Regulations.
_____	I/We undersand that I/we are responsible for any damage caused to the interior fire sprinkler heads and will be charged to cost to repair/replace them.

Signature: _____Date_____

Signature: _____Date_____

Witness: _____Date_____

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

All Questions must be answered - write N/A if not applicable

□ This is a Purchase or □ This is a Rental

Association: Dorchester Condominium

If Purchase, projected closing date: _____

If Rental, Lease Term from _____ to _____

Address of Unit: _____

Applicant Name: _____

Co-Applicant Name: _____

If purchase, will you live on property:

full time □ or part time □ or not at all □ ***(if part time resident-must inform CMC when you will be in residence at the association or away at your alternate address, each time, and any changes of alternate address must be reported to CMC)***

Alternate mailing address:

_____

_____

Phone # _____ Phone #_____

Email: _____

Email: _____

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This form should be given to the property manager with the application and a copy retained at front desk to be submitted to A/R with Warranty Deed when received.

DORCHESTER CONDOMINIUM ASSOCIATION, INC.
C/o CENTURY MANAGEMENT CONSULTANTS, INC.
2950 JOG ROAD, GREENACRES, FL 33467
561-641-1016 PHONE ~ 561-641-9118 FAX
INFO@CMCMANAGEMENT.BIZ

ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate documents entitled "DISCLOSURE REGARDING BACKGROUND INVESTIGATION AND A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT", and certify that I have read and understand both of these documents. I/we hereby authorize the obtaining of "consumer reports" including but not limited to credit, eviction and criminal backgrounds. To this end, I/we hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested by Background Screeners of America, 9333 Melvin Ave., Northridge, CA 91324; 866-570-4949; **www.backgroundscreenersofamerica.com** and/or Employer, Homeowner Association, Condominium Association or Cooperative Association. I further agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original, and will hold harmless CMC Management, their employees, agents and/or affiliates, i.e., HOAs etc., and Background Screeners of America, their employees or agents and other organizations that provide information, from any and all liabilities arising out of the use of such information in connection with Background Screeners of America.

BACKGROUND INFORMATION – to be completed by all applicants 18 years of age or older. Unmarried co-applicants must fill out separate Acknowledgement/background information form.

Last Name: _____ First: _____ Middle: _____

Other Name (Alias) _____

Social Security #_____ Date of Birth _____

Driver's License # _____ State issued: _____

Present Address: _____City_____

State: _____ Zip Code _____ Phone: _____

*Email: _____

Signature: _____ Date: _____

SPOUSE:

Last Name: _____ First: _____ Middle: _____

Other Name (Alias) _____

Social Security #_____ Date of Birth _____

Driver's License # _____ State issued: _____

Present Address: _____City_____

State: _____ Zip Code _____ Phone: _____

*Email: _____

Signature: _____ Date: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

  In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You many limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	 a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357