

THE ENCLAVE AT FAIRWAY ISLES HOMEOWNERS' ASSOCIATION, INC.

C/o Century Management Consultants, Inc., 2950 Jog Road, Greenacres, FL 33467
561-641-1016 ~ 561-641-9118 Fax
www.cmcmangement.biz

*(Please check one) **Application for** PURCHASE or LEASE of

Address to be purchased or leased at The Enclave # _____

Desired date of occupancy _____ Closing Date if purchase: _____

Applicant Name: _____ Phone: _____

Co-applicant Name: _____ Phone: _____

Email: _____ Email: _____

700 CREDIT SCORE OR HIGHER REQUIRED FOR ALL APPLICANTS

Processing may take up to 30 days

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

- A Background Check will be performed. See attached.
- APPLICATION FEE:** \$200.00 *NON-REFUNDABLE* Per Applicant 18 yrs. or older, or Married Couple; Check or Money Order Made payable to Enclave at Fairway Isle HOA, Inc. ***If married couple have different last names, a marriage certificate must be supplied as well.***
- PROCESSING FEE:** \$150.00 *NON-REFUNDABLE* Check or Money Order Made payable to CMC MANAGEMENT.
- Copy of your Driver's License(s)/Photo I.D./Passport
- Copy of vehicle registration(s)
- Copy of signed purchase or lease contract
- Lease Requirement: Owner(s) account must be current and violations corrected**

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 is required to close and prior to moving in. Interviews/orientations are held at the Board Meetings on the second Tuesday of every month at 7:00 PM at CMC Management, 2950 Jog Road, Greenacres, FL 33467. Applicant(s) will be notified upon completion of processing and must be present.

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 BUYER OR THEY CAN BE PURCHASED AT www.condocerts.com



THE ENCLAVE AT FAIRWAY ISLES HOA, 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

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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 _____ PRINT	Phone # _____
_____	Date: _____
SIGNATURE	

TENANT/LESSEE INFORMATION:

Name _____ PRINT	Phone # _____
_____	Date: _____
SIGNATURE	

FOR SCREENING COMMITTEE USE ONLY:

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

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OWNER OR RENTER

VEHICLE REGISTRATION: Vehicles that shall be parked on the property

DATE _____ Address at Enclave: _____

Vehicle Owner: _____

Phone # _____ Alternate Phone # _____

Email: _____

Year _____ Color _____ Make _____ Model _____

Tag # _____ Issuing State _____

Vehicle Owner: _____

Phone # _____ Alternate Phone # _____

Email: _____

Year _____ Color _____ Make _____ Model _____

Tag # _____ Issuing State _____

Vehicle Owner: _____

Phone # _____ Alternate Phone # _____

Email: _____

Year _____ Color _____ Make _____ Model _____

Tag # _____ Issuing State _____

Please provide copies of valid registration for each vehicle

**THE ENCLAVE AT FAIRWAY ISLES
PET REGISTRATION**

PETS SHALL BE RESTRICTED TO NO MORE THAN TWO PETS PER DWELLING. THE TERM PET SHALL MEAN CAT OR DOG, AND DOGS SHALL NOT EXCEED 40 POUNDS IN WEIGHT AT MATURITY.....ARTICLE IX SECTION C2.

Shot records must be attached.....

Owner/Tenant Name: _____

The Enclave Address: _____

Phone #: _____ **Cell Phone #:** _____

Pets owned:

#DOGS: _____	Breed: _____	Breed: _____
	Color: _____	Color: _____
	Name: _____	Name: _____
	Tag #: _____	Tag #: _____

#CATS: _____	Breed: _____	Breed: _____
	Color: _____	Color: _____
	Name: _____	Name: _____
	Tag #: _____	Tag #: _____

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 ENCLAVE AT FAIRWAY ISLES HOA, 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, 18344 Oxnard Street, Suite 101, Tarzana, CA 91356: Tel. #1-877-251-5656; 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 may 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
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>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</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
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., 8 th 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 <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357