

**THE FRENCH QUARTERS II HOA, 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: # \_\_\_\_\_ Regal Court \_\_\_\_\_, Wellington, FL 33414

Desired date of occupancy \_\_\_\_\_ Closing Date if purchase: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**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:** \$100.00 \*NON-REFUNDABLE\* Per Applicant 18 yrs. or older, or Married Couple; Money Order Made payable to The French Quarters II HOA, Inc.
- PROCESSING FEE:** \$150.00 \*NON-REFUNDABLE\* Money Order Made payable to CMC MANAGEMENT.
- Copy of your Driver’s License(s)/Photo I.D./Passport
- Copy of vehicle registration(s) **COMMERCIAL VEHICLES NOT PERMITTED**
- Copy of signed purchase or lease contract
- Lease Requirement: Owner(s) account must be current and violations corrected**
- No pets over 25 lbs at maturity**

**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/orientation.*

*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](http://www.condocerts.com)



**THE FRENCH QUARTERS II 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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UNMARRIED CO-APPLICANTS USE SEPARATE APPLICATION

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Last First MI Jr/Sr Prior

Spouse \_\_\_\_\_ SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First MI Jr/Sr Prior

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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.

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2950 Jog Road, Greenacres, FL 33467

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

[www.cmcmanagement.biz](http://www.cmcmanagement.biz)

## FOR PURCHASERS:

All purchasers of units in The French Quarters II 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 French Quarters II 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 of the Governing Documents, Restrictions and The Rules and Regulations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co - Applicant

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

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**OWNER  OR RENTER**

**VEHICLE REGISTRATION: Vehicles that shall be parked on the property**

DATE \_\_\_\_\_ Address: \_\_\_\_\_

Vehicle Owner: \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

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

Year \_\_\_\_\_ Color \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Tag # \_\_\_\_\_ Issuing State \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Tag # \_\_\_\_\_ Issuing State \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Tag # \_\_\_\_\_ Issuing State \_\_\_\_\_

**Please provide copies of valid registration for each vehicle**

**THE FRENCH QUARTERS II 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](mailto: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](http://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: \_\_\_\_\_

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Year \_\_\_\_\_ Color \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Tag # \_\_\_\_\_ Issuing State \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Tag # \_\_\_\_\_ Issuing State \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Tag # \_\_\_\_\_ Issuing State \_\_\_\_\_

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