

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



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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Last First MI Jr/Sr Prior

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

Other _____ SS # _____ - _____ - _____ DOB _____ - _____ - _____
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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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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

THE FRENCH QUARTERS II HOA, INC.
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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 QUARTER II, HOA, INC.
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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 _____

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Phone # _____ Alternate Phone # _____

Email: _____

Year _____ Color _____ Make _____ Model _____

Tag # _____ Issuing State _____

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Year _____ Color _____ Make _____ Model _____

Tag # _____ Issuing State _____

Please provide copies of valid registration for each vehicle