# GEORGETOWN ASSOCIATION, INC.

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

*(Please check one) **Application for** PURCHASE ☐ or LEASE ☐ of **1630 Embassy Dr, Unit #_____**

**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:** $200.00 *NON-REFUNDABLE* Check or Money Order Made payable to Georgetown Association, Inc.
- ☐ **PROCESSING FEE:** $100.00 *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, 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

CMC PROPERTY MANAGEMENT

# GEORGETOWN ASSOCIATION, INC.

UNMARRIED CO-APPLICANTS USE SEPARATE APPLICATION PAGE

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

# GEORGETOWN ASSOCIATION, INC.

UNMARRIED CO-APPLICANTS USE SEPARATE APPLICATION PAGE

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_____**

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

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

## OWNER☐ OR RENTER☐

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

**DATE _____ UNIT # _____ PARKING SPACE #_____**

Vehicle Owner: _____

Phone # _____ Alternate Phone #_____

Email: _____

Year_____Color_____Make_____Model_____

Tag # _____ Issuing State_____

Vehicle Owner: _____

Year_____Color_____Make_____Model_____

Tag # _____ Issuing State_____

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

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## CONDITION FOR LEASE APPROVAL

*Please Read Carefully and sign where indicated*

In the event the Owner is delinquent in the payment of assessments (which includes maintenances fees and any other charges owed to the Association, the Association has the right to 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****

I am over 18 years of age and the owner of the unit mentioned above. I have read, understand and agree to the Condition for Lease approval above.

.

**1630 Embassy Drive, Unit # _____, West Palm Beach, FL 33401**

Term of Lease: Start date: _____ End date: _____

**UNIT OWNER INFORMATION:**

**Name** _____ **Phone #** _____
**PRINT**

_____ **Date:** _____
**SIGNATURE**

**TENANT/LESSEE INFORMATION:**

***I am over 18 years of age or older, and a member of the household that will reside at the above address/unit. I have read and understand the above conditions***

**Name** _____ **Phone #** _____
**PRINT**

_____ **Date:** _____
**SIGNATURE**

.....

**FOR SCREENING COMMITTEE USE ONLY:**

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

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**2950 Jog Road, Greenacres, FL 33467**

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**FOR PURCHASERS:**

All purchasers of units in the Georgetown Association, 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 Georgetown Association, 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 and or Governing Documents.

_____ _____
Signature of Applicant Signature of Co - Applicant

_____ _____
Signature of Witness Date

# <u>TO BE FILLED OUT BY APPLICANT(S)</u>

**(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: __________________________________________________________**

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

**GEORGETOWN 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, 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 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<br>1700 G Street, N.W.<br>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 |

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| in addition to the CFPB: | Washington, DC 20580<br>(877) 382-4357 |
| 2. To the extent not included in item 1 above:<br><br>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks<br><br>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<br><br>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations<br><br>d. Federal Credit Unions | <br><br>a. Office of the Comptroller of the Currency<br>Customer Assistance Group<br>1301 McKinney Street, Suite 3450<br>Houston, TX 77010-9050<br><br>b. Federal Reserve Consumer Help Center<br>P.O. Box. 1200<br>Minneapolis, MN 55480<br><br>c. FDIC Consumer Response Center<br>1100 Walnut Street, Box #11<br>Kansas City, MO 64106<br><br>d. National Credit Union Administration<br>Office of Consumer Protection (OCP)<br>Division of Consumer Compliance and Outreach (DCCO)<br>1775 Duke Street<br>Alexandria, VA 22314 |
| 3. Air carriers | Asst. General Counsel for Aviation Enforcement & Proceedings<br>Aviation Consumer Protection Division<br>Department of Transportation<br>1200 New Jersey Avenue, S.E.<br>Washington, DC 20590 |
| 4. Creditors Subject to the Surface Transportation Board | Office of Proceedings, Surface Transportation Board<br>Department of Transportation<br>395 E Street, S.W.<br>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<br>United States Small Business Administration<br>409 Third Street, S.W., 8th Floor<br>Washington, DC 20416 |
| 7. Brokers and Dealers | Securities and Exchange Commission<br>100 F Street, N.E. |

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| | Washington, DC 20549 |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations | Farm Credit Administration<br>1501 Farm Credit Drive<br>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<br>Washington, DC 20580<br>(877) 382-4357 |