

MANORS AT WEDGEWOOD LAKE HOA

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 **RENTAL** of # _____

Desired date of closing or occupancy _____ Closing Date if purchase: _____

Applicant Name: _____ Phone _____

Co-applicant Name: _____ Phone _____

Email: _____ Email: _____

650 - 725 MINIMUM CREDIT SCORE RANGE REQUIRED

***MANORS AT WEDGEWOOD LAKE IS AN OVER 55 COMMUNITY. AGE VERIFICATION IS REQUIRED.**

BOARD APPROVAL REQUIRED PRIOR TO OCCUPANCY.

THE FOLLOWING ITEMS MUST BE PROVIDED WITH THIS APPLICATION*

- APPLICATION FEE:** \$200.00 ***NON-REFUNDABLE*** Check or Money Order Made payable to Manors at Wedgewood Lake. Separate \$200.00 Application Fee required for unmarried co-applicants. This fee includes a copy of the Association Documents and pool key.
- PROCESSING FEE:** \$150.00 each person over 18 ***NON-REFUNDABLE*** Check or Money Order **Made payable to CMC Management, Inc.** Additional fees for foreign or out of state background checks will be the responsibility of the applicant.
- Capital Contribution equaling three months maintenance required at closing**
- Copy of your Driver's License(s)
- Copy of vehicle registration(s)
- Copy of purchase or rental contract
- Unmarried co-applicants must complete separate application pages background check forms
- Rental Requirement: Copy of owner's license to rent, 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. Governing Documents should be provided by the current owner, or can be purchased at www.condocerts.com.

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 by the management company.

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. Application fee includes copy of docs and pool key. ***Maintenance fees are due the 1st of each month.***

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. ALL PAGES MUST BE INTACT AND REQUIRED COPIES ABOVE MUST BE PROVIDED WITH THE APPLICATION.



Notice of Intent to Sell or Deed Unit

Manors Wedgewood Homeowner Association
c/o CMC Management Consultants, Inc
2950 Jog Road Greenacres FL, 33467

To: Manors Wedgewood Homeowner Association, Inc.
Attn: Board of Directors

We, the undersigned owners of Unit# _____ of Manors Wedgewood Homeowner Association notify Manors Wedgewood Homeowner Association, (the "Association") that we intend to transfer our unit by sale/deed. This notice is made pursuant to the governing documents of the Association and applicable Florida law, including but not limited to, Section 6 Article XV of the Declarations.

The prospective purchaser(s) of the unit is/are

Name(s): _____

Street address: _____

City / State: _____

Telephone: _____

Email: _____

We understand and have informed the prospective purchaser(s) that:

1. No unit may be transferred by sale without the prior consent of the Board of Directors of the Association, and that any sale attempted in violation of this requirement is void.
2. A complete application on the form(s) provided by the Association, with all attachments and supporting documents (including a legible copy of the sales contract), must be promptly submitted to the Association once a contract for sale has been agreed to between the parties, and that the Association is entitled to conduct an investigation prior to approving or disapproving the proposed sale - which must occur prior to any closing
3. The Management Company will process the application(s), conduct appropriate investigation and make a report and recommendation to the Association's Board of Directors, who ultimately will, conduct an in-person interview of the prospective purchaser(s), and approve or disapprove the proposed sale.
4. If the proposed sale is approved by the Board of Directors, the Association will issue a written Consent to the transfer that must be recorded in the Public Records of Palm Beach County at our expense and which must be obtained prior to closing.
5. We and the prospective purchaser(s) must comply with all requirements of the Declaration of Condominium, Articles of Incorporation, Bylaws, and Rules & Regulations of the Association, as well as Florida law, in effecting the sale of the unit

Dated: _____, 20_____

Owner signature: _____

Print name: _____

Owner signature: _____

Print name: _____

MANORS AT WEDGEWOOD LAKE HOMEOWNERS ASSN., INC.

FAIR HOUSING ACT AGE VERIFICATION FORM

Property Address: _____

INSTRUCTIONS: The following information is requested of all unit owners and/or occupants residing in the above referenced unit. Owners are responsible for providing this form to their tenants. 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:

**Manors at Wedgewood Lake Homeowners 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 for the over 55 years of age qualifier must be provided:

- 1. Birth Certificate
- 2. Driver's License
- 3. Any State, National or International Official Document verifying age
- 4. Military I.D.
- 5. Passport
- 6. Immigration Card

<u>OCCUPANTS' NAMES</u>	<u>AGE</u>	<u>DOCUMENT ENCLOSED</u>	<u>TYPE OF OCCUPANCY</u> Owner/occupant; Renter; Seasonal Owner/Occupant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are an occupant of the unit, please return with this form, the proof of age document requested above.

Dated this _____ day of _____, 20 ____.

Enclosures:
Photocopies of proof of age documents

MANORS AT WEDGEWOOD LAKE HOMEOWNERS 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 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

MANORS @ WEDGEWOOD LAKE HOA ASSOCIATION, INC.

C/O CMC MANAGEMENT

(561)641-1016 (561)641-9118 FAX

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 _____ / _____ / _____

Military Status: Active? YES NO SPOUSE: Military Status: Active? YES NO

Present Address _____
Street Apt # City State Zip Code

Present Landlord _____ Phone (_____) _____

Length of Residence: _____ / _____ TO _____ / _____ Monthly Rent \$ _____ #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

Vehicle #1 _____ #2 _____
Year Make Model Tag # State Year Make Model Tag # State

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.**

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

MANORS @ WEDGEWOOD LAKE HOA ASSOCIATION, INC.

C/O CMC MANAGEMENT

(561)641-1016 (561)641-9118 FAX

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 _____ / _____ / _____

Military Status: Active? YES NO SPOUSE: Military Status: Active? YES NO

Present Address _____
Street Apt # City State Zip Code

Present Landlord _____ Phone (_____) _____

Length of Residence: _____ / _____ TO _____ / _____ Monthly Rent \$ _____ #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

Vehicle #1 _____ #2 _____
Year Make Model Tag # State Year Make Model Tag # State

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.**

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

**MANORS AT WEDGEWOOD LAKE HOA, INC.
PET REGISTRATION**

PETS SHALL BE RESTRICTED TO NO MORE THAN TWO PETS PER DWELLING. THE TWO PETS COMBINED SHALL NOT EXCEED 25 TOTAL LBS. AT MATURITY. THE TERM PET SHALL MEAN CAT OR DOG.

Shot records must be attached.....

Owner/Tenant Name: _____

The Manors Address: _____

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

Pets owned:

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

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

Veterinarian information:

**MANORS AT WEDGEWOOD LAKE HOA, INC.
VEHICLE REGISTRATION**

DATE _____

(CHECK ONE) I AM THE OWNER OR RENTER

ADDRESS: _____

NAME: _____

HOME PHONE _____ **WORK PHONE** _____ **CELL PHONE** _____

E-MAIL _____

Vehicle owner Name _____

Vehicle #1

Tag # _____

Year/Make/Model _____

Color _____

Vehicle owner Name _____

Vehicle #2

Tag # _____

Year/Make/Model _____

Color _____

APPLICATION OF COMPLIANCE FOR LESSEE(S)

THE MANORS AT WEDGEWOOD LAKE HOMEOWNERS ASSOCIATION, INC.

GREENACRES, FL 33463

TO: Board of Directors of the Manors

FROM: CMC Management, Inc.

RE: Meeting with Prospective Lessee(s)

Date: _____

Prospective Lessee(s) have completed all documentation and will be residing at

The Manors at Wedgewood Lake

It was confirmed at this meeting; the prospective Lessee(s) met with CMC Management, Inc. and received the Manors Information Guide.

CMC REPRESENTATIVE:

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.