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** o **or RENTAL** o of # _____

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

Buyer/Renter Name(s): _____ _____ Phone _____

_____ _____ _____ Phone _____ _____

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:** $100.00 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.
- Copy of your Driver's License(s)
- Copy of vehicle registration(s)
- Copy of purchase or rental contract
- Co-applicants must fill out separate WTC forms
- Unmarried co-applicants must complete separate application pages and WTC forms
- If rental, copy of owner's license to rent

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 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.***

REALTOR: _____ PHONE: _____

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: _____ _____

Pint name: _____ _____

Owner signature: _____ _____

Pint name: _____ _____ ___

561-641-1016 – 561-641-9118 Fax

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

OCCUPANTS' NAMES	AGE	DOCUMENT ENCLOSED	TYPE OF OCCUPANCY 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,
GREENACRES, FL 33463

INTENTION TO LEASE

In accordance with the Provisions of the Declaration of Covenants governing the Manors at Wedgewood Lake Homeowners Association, Inc., NO OWNER SHALL LEASE THEIR UNIT WITHOUT NOTICE AND APPROVAL OF THE Board of Directors. No unit shall be leased by owners for two (2) years from date of acquired ownership (Article X Section 7). No lease shall be for less than one (1) calendar year. No unit owner shall allow the lessee to sublet the unit. The owner must submit a renewal request to the Board of Directors and/or Management Company upon the annual anniversary of the lease date. Lessee must provide A "Fair Housing Act Age Verification Form" prior to approval of lease.

The owner must complete and return this "Intent to Lease Form" to a member of the Board of Directors and/or the Management Company for approval.

This shall constitute notice of our intention to lease the property located at:

Print Street Address:_____

Term of Lease: Start Date: ___/____/_____ End Date: ____/____/_____

Signed:

Unit Owner: _____
Print

Lessee: _____
Print

Phone #: _____

Date: _____ _____

Prior to occupancy, a meeting will be scheduled at a convenient time with the prospective (lessee(s) and Century Management Consultants, Inc. (CMC) who will provide a copy of the Manors Information Guide.

We, the owners, will advise the applicants of the pre-screening non-refundable application fee(s) and processing fees for each potential occupant.

Owners must inform Real Estate Brokers/Agents and potential renters that manors at Wedgewood Lake is an **over 55 community – proof of age required.**

If relevant, realtor responsible for leasing property is:

Name: _____

Phone: _____

MANORS AT WEDGEWOOD LAKE HOMEOWNERS ASSOCIATION, INC,
GREENACRES, FL 33463

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Signed:

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Print

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Date: _____ _____

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Owners must inform Real Estate Brokers/Agents and potential renters that manors at Wedgewood Lake is an **over 55 community – proof of age required.**

If relevant, realtor responsible for leasing property is:

Name: _____

Phone: _____

WTC BACKGROUNDS, INC.

"We're The Choice!"

ACTION REQUEST

X RENTAL HISTORY (Criminal, Credit & Eviction)

___ FDLE

___Criminal History Statewide (FL)

___ Workers' Comp Record

___ Criminal History/Out of State

____ SSN Verification

___Civil Record by State

____ Credit Report

___Driving Records/History **(MUST HAVE DL #**

_____ Sexual Offender Search

NAME_____FIRST_____MI_____

ADDRESS_____

DOB_____SEX_____RACE_____

SSN_____**D.L.#**_____

COMPANY: _MANORS @ WEDGEWOOD LAKE HOA, INC.

DATE_____

Applicant Release

In connection with for employment and or residency, I understand that investigative background inquiries are to be made on me including consumer credit, criminal conviction, motor vehicles, and other reports. Further I understand that WTC Backgrounds, Inc. will be requesting information from various State and other agencies which maintain records about my history. These records include but not limited to driving, credit criminal, and civil history.

I authorize any party or agency contacted by WTC Backgrounds Inc. to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

Applicant Signature Date

WTC BACKGROUNDS, INC.

"We're The Choice!"

ACTION REQUEST

X RENTAL HISTORY (Criminal, Credit & Eviction)

___ FDLE

___Criminal History Statewide (FL)

___ Workers' Comp Record

___ Criminal History/Out of State

____ SSN Verification

___Civil Record by State

____ Credit Report

___Driving Records/History **(MUST HAVE DL #**

_____ Sexual Offender Search

NAME_____FIRST_____MI_____

ADDRESS_____

DOB_____SEX_____RACE_____

SSN_____**D.L.#**_____

COMPANY: _MANORS @ WEDGEWOOD LAKE HOA, INC.

DATE_____

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I authorize any party or agency contacted by WTC Backgrounds Inc. to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

Applicant 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.** NON-REFUNDABLE APPLICATION FEE – Applicant(s) agree to pay $150.00 for a non-refundable application fee. No oral agreements have been made.

_____ _____ _____ _____
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

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Year Make Model Tag # State Year Make Model Tag # State

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_____ _____ _____ _____
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 o **OR RENTER** o

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

ÿ **This is a Purchase** **or** ÿ **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 MANORS AT WEDGEWOOD LAKE HOMEOWNERS ASSOCIATION, INC.
GREENACRES, FLORIDA 33463

CERTIFICATE OF APPROVAL

THIS IS TO CERTIFY THAT:

_____

has/have been approved by The Manors at Wedgewood Lake Homeowners Association, Inc., as the purchaser(s) of the following described property:

Located at _____,
Greenacres,

Florida, 33463.

Purchaser has been given a copy of the Declaration of Covenants, Articles of Incorporation and By-Laws governing the Association.

Dated: _____

By: _____ ,

Title: _____

Century Management Consultants, Inc.