

THE PALMBEACHER APARTMENTS, 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 Unit # _____,
3030 South Ocean Blvd., Palm Beach, FL 33480

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:** \$165.00 *NON-REFUNDABLE* Per Applicant 18 yrs. or older, or Married Couple; Check or Money Order Made payable to The Palmbeacher Apartments, 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 Closing Papers and mailing address after closing. Purchaser is also required to inform the management company of any changes in mailing address.

CURRENT OWNER IS RESPONSIBLE FOR PROVIDING GOVERNING DOCUMENTS TO PURCHASER OR THEY CAN BE PURCHASED AT www.condocerts.com . CURRENT OWNER IS ALSO RESPONSIBLE FOR PROVIDING CURRENT RULES AND REGULATIONS TO THEIR TENANT.

HAVE YOU BEEN PROVIDED WITH THE GOVERNING DOCUMENTS?

HAVE YOU BEEN PROVIDED WITH THE CURENT RULES AND REGULATIONS?



THE PALMBEACHER APARTMENTS, INC.
APPLICATION FOR OCCUPANCY/APPROVAL

For Unit # _____, 3030 South Ocean Blvd., Palm Beach, FL 33480

- INSTRUCTIONS:
1. Applicants are not legally married, an application on each person must be completed.
 2. Print legibly or type all information. Account and telephone numbers and complete addresses are required.
 3. If *any* question is not answered or left blank, this application may be returned, not processed or not approved.
 4. Missing information will cause delays in processing your application.
 5. Any misrepresentation, falsification or omission of information may result in your disqualification.
 6. Only the applicants are authorized to sign all forms on page 2.

PRINT OR TYPE (Use Black Ink) Purchase Or Lease Term from _____ to _____

Date: _____, 20____ Desired date of occupancy: _____

Name (Mr./Mrs./Ms.) _____ Date of Birth _____ Social Security # _____
(Passport, Alien, Green Card, Social Insurance No.)

Spouse (Mr./Mrs./Ms.) _____ Date of Birth _____ Social Security # _____
(Passport, Alien, Green Card, Social Insurance No.)

Sngl. Married Window(er) Sep _____ Div. _____ Maiden Name: _____
(How long) (How long)

Number of people who will occupy unit: Adults (over age 18) _____ Children (over 18) _____ Children (Under 18) _____

Names & ages of children who will occupy: _____

Description of Pets (Breed, Size, Color, Weight, Etc.) _____

In case of emergency notify: _____
Name Address Telephone #

RESIDENCE HISTORY

A. Present Address: _____ Phone () _____
(Street address, apt No. City, State, Zip)

Name of Apt./Condo: _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone () _____

Address: _____ Mtg. No. _____

B. Prior Address: _____ Phone () _____
(Street address, apt No. City, State, Zip)

Name of Apt./Condo: _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone () _____

Address: _____ Mtg. No. _____

C. Prior Address: _____ Phone () _____
(Street address, apt No. City, State, Zip)

Name of Apt./Condo: _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone () _____

Address: _____ Mtg. No. _____

EMPLOYMENT

A. Employed by (Business name): _____ Phone () _____
(Or retired from)

How Long? _____ Dept/position _____ Monthly income: _____

Address: _____ Zip Code: _____

B. Spouse's Employment (Business name): _____ Phone () _____
(Or retired from)

How Long? _____ Dept/position _____ Monthly income: _____

Address: _____ Zip Code: _____

THE PALMBEACHER APARTMENTS, INC.
APPLICATION FOR OCCUPANCY/APPROVAL
For Unit # _____, 3030 South Ocean Blvd., Palm Beach, FL 33480

BANK REFERENCES

A. Bank Reference: _____ Phone () _____
How Long? _____ Ck. Acct. No.: _____ Savings Acct. No.: _____
Address: _____ Zip Code: _____

B. Bank Reference: _____ Phone () _____
How Long? _____ Ck. Acct. No.: _____ Savings Acct. No.: _____
Address: _____ Zip Code: _____

CHARACTER REFERENCES ~ NO FAMILY MEMBERS

1. _____
Name Address Phone (Resident & Office)
2. _____
Name Address Phone (Resident & Office)
3. _____
Name Address Phone (Resident & Office)

Driver's License #1 _____ State _____ #2 _____ State _____

Vehicles:

Make _____ Color & Model _____ Year _____ Tag # _____ State _____

Make _____ Color & Model _____ Year _____ Tag # _____ State _____

If this application is NOT legible or is not completely and accurately filled out, the Association and/or management company shall not be held responsible or liable for any inaccurate information in the investigation and related report caused by such omissions or illegibility. By signing, the applicant(s) recognize that the Association or their agent may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

**THE PALMBEACHER APARTMENTS, INC.
3030 S. OCEAN BOULEVARD
PALM BEACH, FL 33480**

BLDG. _____

APT. _____

APPLICATION FOR MEMBERSHIP, GIFT, DEVISE OR INHERITANCE APPROVAL

- 1 -This application, and an application for occupancy and authorization forms must be completed in detail by each proposed adult occupant, other than husband/wife or parent/dependent child (which is considered one applicant).
- 2 -If any question is not answered or left blank, this application will be returned, not processed and not approved.
- 3 -Please attach a copy of the sales contract to this application.
- 4 -Please attach a non-refundable application fee of \$165.00 to this application, made payable to **THE PALMBEACHER APARTMENTS, INC.** for each applicant, other than husband/wife or parent/dependent child (which is considered one applicant).
-Acceptance of the processing fee does not in any way constitute approval of this transaction.
- 5 -The completed application must be submitted to the Association office at least 30 days prior to the expected closing date.
- 6 -All applicants must make themselves available for a personal interview prior to final Board of Directors approval. Occupancy prior to Board approval is prohibited.
- 7 -**THE PALMBEACHER APARTMENTS, INC.** is a community designed and intended to provide housing for residents who are age 55 or over. No permanent occupancy of any unit is permitted by a person under age 18. In addition, units must be permanently occupied by at least one person age 55 or over.
- 8 -No pets allowed at any time.
- 9 -Use of this apartment is for single family residence only. No corporation, company, or partnership purchase an apartment.
- 10 -Commercial vehicles, campers, recreational vehicles and motor homes **MUST** be parked across the street in the west parking lot.
-Only 1 assigned parking space available per apartment.
- 11 -The seller (current owner) must provide the purchaser with a copy of all Association Documents and Rules & Regulations otherwise, you must purchase them from the Association.
- 12 -Purchaser must notify the Association office with the exact date of their closing.

MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Date _____ Lease Term: from _____ to _____

Owner's Name _____ Tele. No. _____

Owner's Present Address _____

Name of Realtor handling lease _____ Tele. No. _____

NAME of proposed Lessee (as Lease will appear):

a. _____ b. _____ (Spouse)

OTHER PERSONS who will occupy the apartment with you (if any):

Name

Age

Relationship / Occupation

<u>Name</u>	<u>Age</u>	<u>Relationship / Occupation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever seasonally resided in Florida before? ____ If yes, please state the name, address and dates of residency:

If retired, please state the company's name and address retired from and when retired:

Have you or any proposed occupant ever been convicted of or pled to a crime? ____ If yes, please state the date(s), charge(s), disposition(s) and location(s):

1. In making the foregoing application, I represent to the Board of Directors that the purpose for the Purchase of an apartment at **THE PALMBEACHER APARTMENTS** is as follows:

Permanent Residence ____ Seasonal Residence ____ Other(Explain)

2. I hereby agree for myself and on behalf of all persons who may use the apartment which I seek to purchase that I will abide by all of the restrictions contained in the By-Laws, Rules and Regulations, Association Documents, and restrictions which are or may in the future be imposed by **THE PALMBEACHER APARTMENTS, INC.**

3. I have received a copy of all Association Documents: Yes ____ No
I have received a copy of the Rules & Regulations: Yes ____ No

4. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. Occupancy prior to Board approval is prohibited.

5. If this application is accepted, I will provide the Association with a copy of the Assignment of Lease at closing.

6. I understand that there is a restriction on pets and that I may not bring a pet, nor may any guest, visitor or tenant bring a pet into **THE PALMBEACHER APARTMENTS**, nor acquire one, either temporarily or permanently after occupancy.

7. I understand that the acceptance for purchase of an apartment at **THE PALMBEACHER APARTMENTS** is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of the information on these forms will result in the automatic disqualification of your application. Occupancy prior to Board of Directors approval is prohibited.

8. I understand that the Board of Directors of **THE PALMBEACHER APARTMENTS, INC.** may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management and **RENTERS REFERENCE OF FLORIDA, INC.** to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors, Officers and Management of **THE PALMBEACHER APARTMENTS, INC.** itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

In making the foregoing application, I am aware that the decision of **THE PALMBEACHER APARTMENTS, INC.** will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

Date: ____ APPLICANT _____ APPLICANT _____

Submitted by: _____
Member Tenant/s

APPROVED BY: _____

Confirmed: / /20__ BOARD OF DIRECTORS

By: _____
Director

Screening Committee

**RULES AND REGULATIONS FOR PETS AND
FOR SERVICE OR ASSISTANCE ANIMAL
REQUIRED PURSUANT TO THE FAIR HOUSING ACT**

The following rules apply to residents with assistance animal which have been approved by the Palmbeacher Apartments, Inc. ("Association") as required accommodations for disabilities under the Fair Housing Act. These rules have been enacted for the sole purpose of ensuring the health, safety, and quiet enjoyment of all our residents.

1. No Owner/Resident shall be permitted to keep an assistance animal that demonstrates violent tendencies on the Association Property ("Property") and no dog which has been classified as a dangerous dog or vicious dog under Florida law, County or municipal ordinance, shall be kept on the Property. Further, the foregoing provisions notwithstanding, the Association shall have the power to require and enforce the removal of any assistance animal from a unit should the resident not comply.
2. An Owner/ Resident with an approved assistance animal shall not allow such to create a nuisance or become a nuisance as may be determined by the Board in its sole discretion. The term nuisance in this paragraph shall include but not be limited to aggressive behavior and disturbances to other residents by barking, scratching, screeching, howling and other sounds. Further, an Owner/ Resident with an assistance animal shall properly maintain the assistance animal's living conditions in the Unit, to prevent an unsanitary condition from developing. An Owner/Resident shall not allow fecal matter to accumulate in the Unit or on Common Elements.
3. Assistance animal shall always be on a fixed, short leash when on the Property outside of owner/resident's unit.
4. All sliding doors and other doors to the unit where the assistance animal resides shall be closed when the assistance animal is left unattended in the unit. Assistance animal shall not be permitted on unit balcony(s) unattended and shall not be left tethered on the common elements (balcony and or any other area of the building). The balcony may not be utilized as a bathroom for the assistance animal.
5. Assistance animal shall be walked on the Property in an area designated by the Association. Owner/Resident must immediately pick up and dispose of assistance animal's waste unless unable due to a physical limitation. Solid animal waste must be bagged before disposed in a manner so as not to create odors or exposure to waste.
6. Owner/Resident shall be responsible for the cost of any and all repair of damage to the common elements caused by the animal.
7. Owner of the assistance animal acknowledges that they shall be responsible for any injury sustained by assistance animal on Association property or common elements.
8. Owner of the assistance animal acknowledges that the Association shall not be responsible for any injury sustained by assistance animal on Association property or common elements.
9. Owner/Resident is responsible for maintaining the assistance animal in a "flea free" condition and obtaining all appropriate inoculations on a current basis. Further, the Owner/Resident shall properly maintain the assistance animal's living conditions in the unit to prevent an unsanitary condition from developing.

10. Owner/Resident shall abide by all local laws regarding animal safety and care. Owner/Resident shall, upon request, provide proof to the Association that the assistance animal is properly registered in Palm Beach County and has up-to-date vaccinations as required by Palm Beach County. While on the common elements, assistance animal shall wear current, county required registration tags securely fastened about the assistance animal's neck by a collar, harness or other substantial device so as to be clearly visible at all times.
11. Owner/Resident agrees to hold the Association harmless for injuries and/or damages caused by his/her assistance animal.
12. Owner/Resident shall comply with the Association's governing documents and rules and regulations as they apply, including but not limited to undue disturbances and nuisances to other residents. The Association will pursue all available remedies under the law and the Governing Documents for any violation of the rules and regulations promulgated by the Board.

These rules are subject to change and modification at any time by the Board of Directors.

I acknowledge that I have read, understood and agreed to comply with the foregoing.

OWNER / RESIDENT

BY: _____

Print name: _____

Date:

ASSOCIATION

BY: _____

Print Name and Title: _____

Date:

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.**

THE PALMBEACHER APARTMENTS, 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, 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 _____

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