PARK PLACE TOWNHOMES, INC.

C/O CMC MANAGEMENT, INC., 2950 JOG ROAD, GREENACRES, FL 33467
561-641-1016 ~ 561-641-9118 FAX

Application for Purchase ☐ OR Lease ☐ of #_____ELMHURST RD

Desired date of occupancy or closing _____

Applicant Name(s): **_____ Phone _____**

_____ Phone _____

Email Address: **_____**

Realtor Information: **_____ Phone_____**

All applicants for purchase or lease are subject to approval of the Association.
THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS APPLICATION

- ☐ **APPLICATION FEE**: $200.00 NON-REFUNDABLE Check or Money Order made payable to Park Place Townhomes. Separate $200.00 Application & Fee required for unmarried co-applicants.
- ☐ **PROCESSING FEE:** $100.00 NON REFUNDABLE Check or Money order made payable to CMC MANAGEMENT.
- ☐ **Background check will be performed. Credit score of 600 or higher is required.**
- ☐ Copy of your Driver's License(s)
- ☐ Copy of vehicle registration(s)
- ☐ Copy of vehicle insurance card
- ☐ Copy of purchase or rental contract

All above documents must be provided, or parking decal will not be issued, resulting in vehicle being towed. Parking Decals require a $10 check payable to Park Place Townhomes.

FOR PURCHASE: 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, will be provided to the purchaser after the interview.

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.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED - PLEASE KEEP ALL PAGES INTACT.
PLEASE ALLOW A MINIMUM OF TWO WEEKS FOR PROCESSING

PARK PLACE TOWNHOMES, INC.

UNMARRIED CO-APPLICANTS USE SEPARATE APPLICATION

Date_____ Home Phone _____ Desired Date Of Occupancy_____

Apt. No._____ Bldg. No._____ Purchase _____ OR Lease _____

Name_____SS # _____-_____-_____ DOB_____/_____/_____
Last First MI Jr/Sr Prior

Spouse_____SS #_____-_____-_____ DOB_____/_____/_____
Last First MI Jr/Sr. Prior

Other_____SS #_____-_____-_____ DOB_____/_____/_____
Last First MI Jr/Sr. Prior

Occupants_____SS #_____-_____-_____ DOB_____/_____/_____

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

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

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 a non-refundable application fee. No oral agreements have been made.

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

WTC

BACKGROUNDS & DRUG TESTING, INC.

"We're The Choice"

Action Request

_X_ Rental Package (credit, criminal & eviction)
____Criminal History
____F.D.L.E. (Florida Department of Law Enforcement
____DL Records/History (Include DL #:__3 Year __7 Year
____FACIS
____Employment Verification
____SSN Verification
____Sexual Offender Search
____Credit Report (Stand Alone)
____Education Verification

Name:_____
First Full Middle Name Last

_____
ADDRESS

_____
CITY, STATE & ZIP CODE

_____ _____ _____
DOB (MONTH, DAY, YEAR **SEX** **RACE**

_____ _____
SS # **DRIVERS LICENSE NUMBER & STATE**

PARK PLACE TOWNHOMES INC. **561-641-9118**
COMPANY NAME **COMPANY FAX**

APPLICANT RELEASE

For employment and/or residency, I undersatnd that investigative backround inquiries are to be made on meincluding Consumer Credit, criminal conviction, motor vehicles and other reports. I further understand that WTC Backgrounds & Drug Testing, Inc. will be requesting information from various state and other agencies which maintain records about my history. These records include, but are not limited to, driving, credit, criminal and civil history.

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

_____ _____
APPLICANT SIGNATURE **DATE**

1897 PALM BEACH LAKES BLVD., SUITE 222 WEST PALM BEACH, FLORIDA 33409
OFFICE 561-296-1746: FAX 561-370-6850: WWW.WTCBACKGROUNDS.COM

WTC

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Action Request

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____Criminal History
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____DL Records/History (Include DL #:__3 Year __7 Year
____FACIS
____Employment Verification
____SSN Verification
____Sexual Offender Search
____Credit Report (Stand Alone)
____Education Verification

Name:_____
First Full Middle Name Last

_____
ADDRESS

_____
CITY, STATE & ZIP CODE

_____ _____ _____
DOB (MONTH, DAY, YEAR **SEX** **RACE**

_____ _____
SS # **DRIVERS LICENSE NUMBER & STATE**

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COMPANY NAME **COMPANY FAX**

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APPLICANT SIGNATURE **DATE**

1897 PALM BEACH LAKES BLVD., SUITE 222 WEST PALM BEACH, FLORIDA 33409
OFFICE 561-296-1746: FAX 561-370-6850: WWW.WTCBACKGROUNDS.COM

PARKPLACE HOMEOWNERS ASSN
Rules & Regulations (Revised March 2019)

1. Occupants and guests must not engage in any noisy, obnoxious and/or offensive activities.
2. Any damage to HOA property or equipment by any resident or guest shall be replaced at the expense of the homeowner.
3. BBQ grills must be used at least 10 feet away from the Building.
4. Remove all potted plants from common areas, this includes ALL grassy areas. Please do not plant anything without Board approval.
5. (2) Pets per unit. Pit Bulls, Rottweilers, Mastiffs, American Staffordshire Terriers, Staffordshire Bull Terriers are not permitted on the property
6. Owners MUST pick up all droppings deposited by their animal while on common property and the property of others. Violators will be subjected to fines without warning.
7. Hurricane protection must be put up 72 hours before an expected hurricane. Hurricane protection must be stored outside of the eyesight of other homeowners
8. All furniture and removable items must be removed from the patio and porch prior to hurricane.
9. Parking in grassy areas, mailboxes, fire lanes, dumpsters areas are prohibited at ALL times. Violators will be subjected to booting and fines without warning.
10. No commercial vehicles, trailers, motorhomes or boats are permitted on property.
11. No maintenance or repair shall be done to any vehicle on property.
12. (2) Community stickers and (1) guest pass per Unit. Guest pass is not to be used for permanent parking.
13. Only patio furniture may be used on the patio. Clothing, bedding, rugs or mops shall not be hung, dried or stored on patios.
14. ALL garbage must be wrapped and tied in plastic bags, then put in the dumpster. If your garbage is not tied in garbage bags. Violators will be subjected to fines without warning.
15. **Bulk trash is only to be placed out on Thursday evening (for pickup on Friday)** Violators will be subjected to fines without warning. You are being recorded 24/7.
16. Vegetation, boxes and electronics are to be placed inside the dumpsters.
17. No signs are allowed (except security company signs)
18. After midnight (12:00 am), cars must display the proper community sticker or guest pass on the rearview mirror. No reverse parking permitted. Violators will be subjected to booting or fines.
19. Car must be in good operating condition and free of excessive visual body rust or other visible deterioration.
20. Pool rules: Please follow rules and regulations which are posted in pool area.
21. Satellite dishes are not permitted to be installed in the roof.

FULL NAME _____ **Date:** _____

ADDRESS _____

PARK PLACE TOWNHOMES, INC.

c/o CMC Management, Inc., 2950 Jog Road, Greenacres, FL 33467
561-641-1016 ~ 561-641-9118 Fax

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****

Address: _____ **Unit #**_____

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

UNIT OWNER INFORMATION:

Name _____ **Phone #** _____
PRINT

_____ **Date:** _____
SIGNATURE

TENANT/LESSEE INFORMATION:

Name _____ **Phone #** _____
PRINT

_____ **Date:** _____
SIGNATURE

.....

FOR SCREENING COMMITTEE USE ONLY:

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

PARKPLACE HOA ASSOCIATION

PARKING RULES

- Parking decal is required for resident parking on property. Decal must be displayed on bottom of driver's rear windshield.
- Guests parking over night (midnight – 6:00am) must display guest pass on rearview mirror.
- The following violations are subject for immediate towing, booting or fining without warning at owners' expense:
  - **parked on the grass, curbside or in the roadway**
  - **blocking emergency access, dumpsters, mailboxes**
  - **cars parked overnight without decal or guest pass**
- The following violations are subject to booting, towing or fining after a violation notice is given:
  - **expired, altered or no license plate displayed**
  - **vehicles for sale**
  - **commercial vehicles**
  - **expired tags**
  - **disabled or abandoned vehicles**
- Decals registered to one vehicle may not be used by another vehicle.
- Residents are allowed only two (2) decals and (1) guest pass, per unit.
- When you acquire another vehicle, you must turn in old decal and purchase a new decal for your vehicle.

NOTE: THE DEADLINE TO RETRIEVE YOUR NEW PARKING DECAL WILL BE NOVEMBER 2ND, 2018.

VEHICLE #1	
LICENSE PLATE #	
YEAR / MAKE:	
MODEL:	
COLOR	
VEHICLE #2	
LICENSE PLATE #	
YEAR / MAKE:	
MODEL:	
COLOR	

I have read and understand the rules and regulations regarding car decals, guest passes and parking policy

NAME _____ **Date:** _____

ADDRESS _____

PHONE NUMBER _____

EMAIL _____

PARK PLACE TOWNHOMES, INC.

c/o Century Management Consultants, Inc.
2950 Jog Road, Greenacres, FL 33467

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

www.cmcmanagement.biz

FOR PURCHASERS:

All purchasers of units in Park Place Townhomes, 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 located in Park Place Townhomes, 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.

_____ _____
Signature of Applicant Signature of Co - Applicant

_____ _____
Signature of Witness Date

PARK PLACE TOWNHOMES

c/o CMC Management, Inc., 2950 Jog Road, Greenacres, FL 33467
561-641-1016 ~ 561-641-9118 Fax

NEW UNIT-OWNER INFORMATION

Date: _____

ADDRESS: UNIT # _____Elmhurst Road

OWNER(S) NAME(S): _____

ALTERNATE ADDRESS: _____

_____

*HOME PHONE # _____ CELL PHONE # _____

*E-MAIL: _____ ALT/PHONE # _____

Do you live in your unit full time? ❒ YES ❒ NO

If yes, please name the individuals of all who are living with you in your unit:

Name: _____ Relationship _____Birthdate_____

Name: _____ Relationship _____Birthdate_____

Name: _____ Relationship _____Birthdate_____

Are you renting out your unit? ❒ YES (Term of lease from _____ to_____) ❒ NO

If yes, please supply names of individuals who have been approved to live in your unit, and include their contact information:

Name: _____ Birthdate_____ Phone #_____

Name: _____ Birthdate_____ Phone #_____

Name: _____ Birthdate_____ Phone #_____

Name: _____ Birthdate_____ Phone #_____

EMERGENCY CONTACT: Please indicate a local individual who may be contacted in an emergency:

Name: _____ Address: _____

Phone # _____ Cell # _____

*_**Your information shall be kept on file and may be used to contact you by the Association Board of Directors or Management, however, the Association has no intention of sharing your private e-mail addresses and phone numbers as part of the official records without your permission.**_

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.

PARK PLACE TOWNHOMES, INC.

c/o CMC Management, Inc.
2950 Jog Road, Greenacres, FL 33467
561-641-1016 ~ 561-641-9118 fAX

CERTIFICATE OF APPROVAL FOR PURCHASE ☐ or RENTAL ☐

Pursuant to the Declaration of Covenants of Park Place Townhomes, Inc.; the association, by and through its president, secretary or their designee certifies approval of the following transaction between:

_____as Seller(s) or lessor(s)

and _____ as Buyer(s) or lessee(s)

For the **purchase or rental** of the following property which is located in Palm Beach County, Florida:

#_____Elmhurst Road, West Palm Beach, Florida

In Witness Thereof, executed this _____ day of _____, 20_____.

Approved by: _____
Print Name

_____
Signature

_____
Position
Board of Directors
Park Place Townhomes, Inc.

Witness: _____
Print Name

_____
Signature

_____
Position