SOUTHBRIDGE CONDOMINIUM ASSOCIATION, INC.

C/o CMC Management, Inc.
2950 Jog Road, Greenacres, FL 33467

*(Please check one) Application for **PURCHASE** ☐ of 3915 South Flagler, Unit #_____

Desired date of occupancy _____ **Projected Closing Date:** _____

APPLICANT: _____ **Phone** _____

Co-Applicant: _____ **Phone** _____

EMAIL: _____ **EMAIL:** _____

Current Owner: _____ **Phone:** _____

600 MINIMUM CREDIT SCORE REQUIRED
BOARD APPROVAL REQUIRED PRIOR TO OCCUPANCY.
OUT OF STATE OR FOREIGN BACKGROUND CEHCK WILL INCUR ADDITIONAL FEE
THE FOLLOWING ITEMS MUST BE PROVIDED WITH THIS APPLICATION

- ☐ ***INTENT TO SELL must be submitted to Association by current owner 30 days prior to submission of application.***
- ☐ **APPLICATION FEE:** $100.00 *NON-REFUNDABLE* Check or Money Order Made payable to THE Southbridge Condominium Assn. Separate $100.00 Application Fee required for unmarried co-applicants (ALL APPLICANTS 18 YEARS OF AGE OR OLDER)
- ☐ **PROCESSING FEE:** $100.00 *NON-REFUNDABLE* Check or Money Order Made payable to CMC MANAGEMENT.
- ☐ Copy of your Driver's License(s)
- ☐ Copy of vehicle registration(s)
- ☐ Photo of pet(s) including current vaccination and license records
- ☐ Copy of sales contract
- ☐ Lease requirement: Owner 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 after the interview. **APPLICATION MUST BE COMPLETE, ALL QUESTIONS MUST BE ANSWERED. INCOMPLETE APPLICATIONS WIL NOT BE PROCESSED.**

Background check will be performed on all applicants over 18 years of age or older, paperwork is attached and must be filled out in its entirety. CURRENT OWNER MUST PROVIDE GOVERNING DOCUMENTS TO BUYER OR CAN BE PURCHASED AT WWW.CONDOCERTS.COM.

ASSOCIATION SHALL HAVE THIRTY (30) DAYS TO FROM RECEIPT OF FULLY EXECUTED APPLICATION.

CMC PROPERTY MANAGEMENT

SOUTHBRIDGE CONDOMINIUM ASSOCIATION, INC
C/O CMG Inc. 2950 Jog Rd, Greenacres, FL. 33467
(561) 641-1016 Fax-(561) 641-9118

Please print information clearly- You will be contacted for an interview.

SALE APPLICATION

ADDRESS; 3915 South Hager Drive. Unit # _____ West Palm Beach, FL. 33405 (please indicate the address of the property located at Southbridge Condo)

UNIT OWNER NAME: _____Date of Application: _____

UNIT OWNER PHONE #: _____

E-MAIL ADDRESS OF UNIT OWNER: _____

APPLICANT #1 NAME: _____Date of Birth: ____/___/_____

ADDRESS: Social Security #: _____

APPLICANT #2 NAME: _____ Date of Birth: __/__/_____

ADDRESS: Social Security *#:* _____

HOME PHONE #: _____ WORK PHONE #:_____

E-MAIL **ADDRESS OF** LEASEE _____

EMERGENCY CONTACT(S): _____

PHONE #:

Other Persons who will be residing with you:
Name Age Relationship/Occupation

Name of Realtor handling lease _____Realtor phone number _____

Realtor e-mail address: _____

Owner/Lessee agrees that the terms of the attached lease are within the requirements of the SOUTHBRIDGE CONDOMINIUM ASSOCIATION, INC. documents.

APPLICANT:

APPLICANT:

SOUTHBRIDGE CONDOMINIUM ASSOCIATION, INC
C/O CMC Management, Inc. 2950 Jog Rd, Greenacres, FL. 33467
(561) 641-1016 Fax-(561) 641-9118

Purchaser's Agreement

In consideration of obtaining Association approval of the proposed sale, purchaser acknowledges that upon becoming a unit owner of the below listed unit, he/she does not have any claim against the Association for any damages which may have been sustained by the unit, prior to the closing date.

Unit #: _____

Owner's Name: _____

Purchaser's Name: _____

_____ _____

Purchaser #1 **Date** **Purchaser #2** **Date**

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C/O CMC Management, Inc. 2950 Jog Rd, Greenacres, FL. 33467
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By completing, signing and submitting this application, i/We represent to The Southbridge Condominium Association, inc.:

1) I/We will reside in the unit as a: Permanent Resident _____ or Seasonal Resident

Other (Please explain)

2) f/we as a purchaser they have received a complete copy of all Association Bylaws, rules, regulations, policies, procedures guidelines and all other documents pertinent to ownership from the previous owner. Digital copies can be obtained free by emailing to address above. Printed copies can be obtained for $70 at the above address.

3) I/we understand that I/we will be advised by the Property Manager regarding the acceptance or denial of this application, and that occupancy of the unit in question prior to approval from the Board is prohibited.

4) If accepted I/we will provide the Association, through the Property Managers office a copy of the Warranty Deed and/or closing papers within one month of closing.

5) The Association will conduct a background check(s) on all occupants 18 years of age or older. I/we agree that all information contained ***in*** this application may be used in this investigation and that the Association, its Board Members and Officers, and Property manager shall be held harmless from any action or claim by me/us in connection with the use of the information contained in this application and/or investigation of my/our background in connection with this application.

6) Any misrepresentation or falsification of information in this application will void and disqualify this application. The acceptance of this application is contingent in part to the truth and accuracy of the information contained herein.

7) A check in the amount of $100.00 for each applicant (married couple count as 1 applicant) must accompany this application. As well as a check for $100.00 made out to CMC Management, Inc.

8) Attach a copy of the sales contract.

9) Attach a copy of VVTC form(s)

_____	_____	_____	_____
Signature of applicant #1	Date	Signature of applicant #2	Date

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(561) 641-1016 Fax-(561) 641-9118

PERSONAL BACKGROUND

HAVE ANY OF THE LISTED APPLICAITONS EVER BEEN ARRESTED FOR ANYTHING OTHER THAN A MINOR TRAFFIC OFFENSE? YES ( ) NO ( )

If so explain:
_____
_____
_____

Applicate represents that all information given is true and correct, and understands that as part of our procedure for process application, an outside agency may be used to make an investigation from the information given and present their findings to us for review. The investigation may include, but is not limited to, character, general reputation, credit, residence and criminal search. Applicants agree not to hold the Association or its agent liable for the discovery or non-discovery of information or any actions taken as a result of this investigation. Authorization is hereby given release banking, credit, residency, employment and other information pertinent to this application.

Applicants Signature:_____

Applicants Signature: _____

Date: _____

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Building and Unit #: _____

Owner's Name: _____

Pet Type: _____ Breed: _____

Weight _____ Color: _____

Rules and Regulations:

1) No pet that is a nuisance will be allowed on Condominium property.

2) All pets must be registered and approved by the Association.

3) Proof of all required vaccinations must be provided.

4) Current photograph of your pet must be provided.

5) Owner(s) agree to abide by pet regulations established by the Declaration of Condominium.

6) No pet shall be tied out on the exterior of the unit or left unattended on the balcony or patio.

7) No pet shall be permitted outside except on a leash not to exceed 6 feet in length.

8) All pets must be cleaned up after, regardless of the size of feces or location where deposited. Kitty litter must be deposed of in a plastic bag, before disposing in dumpster_ Kitty litter or box are not to be stored on patio or balcony.

9) One (1) pet per unit and pet is not to exceed 15 lbs.

10) Pets are not allowed in fenced in pool area.

11) Disapproved pets/animals shall not be allowed to re-enter the property or the premises.

I have read and agree to the rules and regulations regarding pets. I agree to provide the association with copies of vaccination papers provided by my veterinarian, along with photo and agree to follow the rules.

_____	_____	_____	_____
Pet Owner	Date	Pet Owner	Date

Attach current shot records and current picture of your pet to this form.

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LEASING OR SHARING UNIT

I/we _____ _____ do hereby agree not to allow
anyone to move in to 3915 South Flager Drive. Unit # _____ West Palm Beach, FL 33405
without the following Association procedures:

1) Completed rental application.
2) Approval from the Association.

I/we understand that failure to comply with this agreement will be subject in immediate of anyone not listed on the deed to the unit.

_____ _____

Signature of Owner #1 Date Signature of Owner #2 **Date**

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VEHICLE INFORMATION DISCLOSURE

/we,_____ understand and fully agree not to park any commercial vehicles on the Association property at any time for any reason. I/we further agree that we will display a hanging parking permit on the rear view mirror at all times while parked at Southbridge. A single "guest pass" will be issued for guests to park overnight in the "guest" lot located on the east side of Flagler Drive and must be displayed on the rear view mirror also. Vehicles must exhibit the correct parking tag or pass for the parking spot they are in (parking spots and passes are numbered). Parking permits must not be altered.

Vehicles not conforming to the above rules will be towed.

Vehicle
Make:_____ Model: _____ Year: _____
Color: _____ License Plate and State Issued: _____

Each unit is assigned ONE parking space, regardless of the number of occupants in the unit. "Guest" parking spaces located on the East side of Flagler(near the intercostal), or in East side of the building, are reserved for guests ONLY, and are not meant to accommodate unit occupant overflow,

Replacement parking passes cost $25.00 each. Sold only to owners.

Please provide copy of driver's licenses, registrations and insurance certificates with this application.

_____ _____ _____ _____
Signature of applicant #1 Date Signature of applicant #2 Date

SOUTHBRIDGE CONDOMINIUM 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 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
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks 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 c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	 a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
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., 8th 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 or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

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.