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

REQUIREMENTS FOR SALE APPLICATION:

1. APPLICATION FEE: $100.00 PER APPLICANT UNLESS HUSBAND & WIFE THEN ONLY $100.00 FEE FOR BOTH. $100 PER APPLICANT. PAYABLE TO: "SOUTHBRIDGE CONDOMINIUM ASSOC." & $100 CHECK PAYABLE TO "CMC MANAGEMENT INC." FEES ARE NON-REFUNDABLE.

2. PRESENT UNIT OWNER MUST FILE AN INTENT-TO-SELL WITH ASSOCIATION AT LEAST THIRTY (30) DAYS PRIOR TO SUBMITTING A SALE APPLICATION, AN ESTOPPEL MUST BE REQUESTED PRIOR TO CLOSING. FALURE TO DO SO MAY CAUSE NEW OWNER LIABLITY FOR PAST UNIT DELINQUENCY.

3. COPY OF SALE CONTRACT REQUIRED

4. BACKGROUND CHECK ON APPLICANT (Initiated by Management Company) WTC FORM MUST BE FILLED OUT FOR EACH APPICATNT OVER AGE OF **18. Effective January** 2016, **a 600 minimum credit score for all applicants will be required.**

5. COPY OF APPLICANT(S) DRIVERS LICENSE AND VEHICLE REIGISTRATION (S)

6. COPY OF CURRENT LICENSE AND VACCINATION CERTIFICATE FOR ALL PETS MUST BE
7. INCLUDED

8. PICTURE OF PET(S)

9. BOARD APPROVAL REQUIRED FOR LEASE APPROVAL — Association shall have thirty (30) days from receipt of fully executed sale application to approve or disapprove. Tenant may NOT move in until approved.

10. **COMPLETE** EVERY LINE ON THE APPLICATION; ALL QUESTONS MUST BE ANSWERED. Should the question not apply, answer "N/A". INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. ALL PAGES MUST BE SUBMITTED TOGETHER WITH APPROPRIATE FEES.

Resident is subject to penalty for **occupancy without PRIOR Association Approval.**

IF NEEDED, HOMEOWNER'S DOCUMENTS CAN BE PURCHASED AT www.condocerts.com.

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**

SOUTHBRIDGE CONDOMINIUM ASSOCIATION, INC

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

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

SOUTHBRIDGE CONDOMINIUM ASSOCIATION, INC
C/O CMC Inc. 2950 Jog Rd, Greenacres, FL. 33467
(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: _____

SOUTHBRIDGE CONDOMINIUM ASSOCIATION, INC

c/o CMC Management, Inc. 2950 Jog Rd, Greenacres, FL_ 33467

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

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.

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

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**

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

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

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: _SOUTHBRIDGE CONDOMINIUM ASSOCIATION

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: _SOUTHBRIDGE CONDOMINIUM ASSOCIATION

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

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.