



11198 Polo Club Road ♦ ♦ Wellington, FL 33414

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## SAIL HARBOUR HOMEOWNERS ASSOCIATION

### APPLICATION FOR PURCHASE

**ALL FORMS MUST BE FILLED OUT COMPLETELY. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR PROCESSED. ALL FEES MUST BE PAID BY MONEY ORDER, CASHER'S CHECK, OR PERSONAL CHECKS. NO EXCEPTIONS. PLEASE ALLOW A MINIMUM OF TWO FULL WEEKS FOR THE APPLICATION TO BE PROCESSED.**

PROPERTY ADDRESS: \_\_\_\_\_

NAME OF APPLICANT/S: \_\_\_\_\_

NAME OF CURRENT OWNER/S \_\_\_\_\_

TELEPHONE NUMBER OF APPLICANT/S: \_\_\_\_\_

EMAIL OF APPLICANT/S: \_\_\_\_\_

DATE OF INTENDED MOVE-IN/CLOSING: \_\_\_\_\_

### APPLICATION CHECK LIST

\_\_\_ \$150 application fee (single or per married couple) **with proof if last name is different**, payable to JDM Property Managers. Non-married couples must pay \$150 per applicant.

\_\_\_ \$75 screening fee for each applicant 18 years of age or older, payable to JDM Property Managers, LLC. Note: Applicants without social security numbers AND passport must pay an international screening fee of \$200.

\_\_\_ Copy of executed lease or purchase contract with all signatures.

\_\_\_ Copies of all valid driver licenses.

\_\_\_ Copies of all CURRENT car registrations for vehicles that will be parked on property.

\_\_\_ All forms completed in full including the "collection of rent form" signed by owner and renter.

\_\_\_ Applicants with pets-2 PETS MAXIMUM. No aggressive breeds allowed. Include a photo of the pet(s) in a standing position and copies of current vaccination records.

**APPLICATION FOR OCCUPANCY**  
**SAIL HARBOUR HOMEOWNER'S ASSOCIATION**

**APPLICANT INFORMATION:**

Full Name(s) of Applicants/Resident:

<b>Name:</b>	<b>Relationship:</b>	<b>D.O.B:</b>
_____	_____	_____
<b>Name:</b>	<b>Relationship:</b>	<b>D.O.B:</b>
_____	_____	_____
<b>Name:</b>	<b>Relationship:</b>	<b>D.O.B:</b>
_____	_____	_____
<b>Name:</b>	<b>Relationship:</b>	<b>D.O.B:</b>
_____	_____	_____

No. of occupants: \_\_\_\_\_ Adults \_\_\_\_\_ Children under age of 18 \_\_\_\_\_  
Pets(number and type): \_\_\_\_\_

**APPLICANT #1:**

**RESIDENCE HISTORY:**

Present Address: \_\_\_\_\_  
How long at present address: \_\_\_\_\_  
Landlord's name: \_\_\_\_\_  
Landlord's phone: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Employer: \_\_\_\_\_  
Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
How Long: \_\_\_\_\_  
Supervisor Phone: \_\_\_\_\_

**REFERENCES:**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Have you or any occupant filed Bankruptcy in the last 5 years: YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

**APPLICANT #2:**

**RESIDENCE HISTORY:**

Present Address: \_\_\_\_\_

How long at present address: \_\_\_\_\_

Landlord's name: \_\_\_\_\_

Landlord's phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_

How Long: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

**REFERENCES:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Have you or any occupant filed Bankruptcy in the last 5 years: YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

**Person To Be Notified In Case Of Emergency:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

I represent that the information provided in the Application is true and correct to the best of my knowledge. The Board of Directors or Property Management Company is authorized to verify the references and employment information given in the Application and to request a credit check.

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Applicant #1 Signature

Date

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Applicant #2 Signature

Date

IT IS AGAINST THE LAW TO DISCRIMINATE AGAINST PROSPECTIVE TENANTS/OWNERS ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, AGE, AND DISABILITY OF FAMILY STATUS. LOCAL OR STATE LAW MAY INCLUDE ADDITIONAL CLASSES WHICH ARE PROTECTED FROM DISCRIMINATION IN HOUSING.

The information provided by the prospective applicant(s) may be used by JDM Property Managers, LLC to determine whether to accept this Application. Upon written request JDM Property Managers, LLC. will disclose to the Applicant in writing the nature and scope of any investigation as requested, and will, if the Application is refused, state in writing the reason for said refusal.

**Current Owner is required to provide the applicant(s) with a copy of the Governing Documents and Rules and Regulations of the Association.**

AUTHORIZATION AGREEMENT FOR ASSOCIATION TO COLLECT  
RENT UPON DELINQUENCY IN MAINTENANCE PAYMENTS

WHEREAS, \_\_\_\_\_ (herein "Owner"), is the record owner(s) of Unit \_\_\_\_\_ located at \_\_\_\_\_ West Palm Beach, FL in Sail Harbour.

WHEREAS, Sail Harbour Homeowners Association (herein "Association") is the entity charged with the operation and management of the Condominium; and

WHEREAS, Owner desires to lease the unit to \_\_\_\_\_ (herein "Lessee(s)") pursuant to a lease submitted herewith; and

WHEREAS, the parties desire the approval of the Association for the lease, pursuant to Article 18.6 of the Declaration.

NOW, THEREFORE, in consideration of the mutual covenants contained herein and for other good and valuable consideration, the receipt and adequacy of which is expressly acknowledged, the parties hereto agree as follows:

1. Upon the execution and delivery of this Authority Agreement, the Association shall provide the necessary approval for the lease.
2. If, at any time during the pendency or term of the lease, Owner becomes delinquent in payment of assessments to Association, owner and Lessee(s) agree that the Association shall have the power, right and authority to demand lease payments directly from the Lessee(s) and deduct such past due assessments, costs and attorney fees, if any, as may be delinquent. Further, owner and Lessee(s) agree that Lessee(s) will pay the full rental payment due, to the Association, upon written demand. Owner expressly absolves Lessee(s) from any liability to Owner for unpaid rent under the Lessee Agreement. If such payment is made directly to Association upon demand from Association. If any funds are left over, the Association shall immediately remit the balance to Owner at the address listed in the Association records.
3. Should Lessee(s) fail to comply with the demand of the Association within three(3) days of receipt of a demand for payment hereunder, the Association is hereby granted the authority to obtain a termination of the tenancy, in the name of Owner, through eviction proceedings, or to seek injunctive relief or specific performance under this contract. Owner and Lessee(s) further agree that, if s such legal action becomes necessary, the Association shall be entitled to recover reasonable attorney's fees and costs, including appeals, from owner.

Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

OWNER \_\_\_\_\_ LESSEE(S) \_\_\_\_\_

By: \_\_\_\_\_ Attest: \_\_\_\_\_

# SAIL HARBOUR CONDOMINIUM ASSOCIATION

## PET APPLICATION - REGISTRATION FORM

No pet(s) will be allowed on the premises except with prior permission of the Association. The pet owner must obtain written approval from the Association, through this registration form, prior to any pet being kept or maintained on the premises. Notice must be given to the Association when the original pet dies or is removed. No replacement pet is allowed without the proper registration with the approval of the Association. Only 2 pets allowed (50 lbs max). **No aggressive breeds allowed.**

**The pet owner must provide a photo of the pet in a standing position and a recent vaccination report.**

Please follow the reference in the Association Rules and Regulations on the allowed size and conditions of certain pets.

Unit # \_\_\_\_\_

Name of owner: \_\_\_\_\_

Name of pet owner (if not unit owner): \_\_\_\_\_

Phone number of pet owner: \_\_\_\_\_

Type of pet: \_\_\_\_\_

Type of pet: \_\_\_\_\_

Color of pet: \_\_\_\_\_

Age of pet: \_\_\_\_\_

Pet gender: \_\_\_\_\_

Has pet been neutered or spayed? \_\_\_\_\_

Do you have insurance that will cover possible damages caused by your pet: \_\_\_\_\_

Give details: Insurance Company, policy number, phone number: \_\_\_\_\_

The undersigned owner(s) acknowledge receipt of the Association Pet Policy , and agrees to comply with all applicable city, state and federal statutes, ordinances and administrative regulations as well as the Association rules, and for assuring compliance by their family members, employees, visitors and all occupants of their unit. Violations of these rules will result in fines for which the owner(s) will be responsible. As owner(s), the undersigned indemnify the Association, its board of directors, managing agent, and their respective agents and employees, and hold them harmless against any loss or liability arising from the above pet.

Pet Owner (signature) \_\_\_\_\_ Date \_\_\_\_\_

Pet Owner (print name) \_\_\_\_\_

Unit Owner(signature) \_\_\_\_\_ Date \_\_\_\_\_

Unit Owner (print name) \_\_\_\_\_

Witnessed by Board of Director \_\_\_\_\_ Date \_\_\_\_\_

## Vehicle Registration Form

### SAIL HARBOUR HOMEOWNER'S ASSOCIATION

Number of vehicles that will be parked on the premises: \_\_\_\_\_  
Provide information for each and every vehicle you will park on the premises.

Make and Model of vehicle #1 \_\_\_\_\_  
Year: \_\_\_\_\_ Color: \_\_\_\_\_  
License tag/plate number: \_\_\_\_\_  
Submit a copy of this vehicle's registration along with this form.

Make and Model of vehicle #2 \_\_\_\_\_  
Year: \_\_\_\_\_ Color \_\_\_\_\_  
License tag/plate number: \_\_\_\_\_  
Submit a copy of this vehicle's registration along with this form.

Make and Model of vehicle #2 \_\_\_\_\_  
Year: \_\_\_\_\_ Color \_\_\_\_\_  
License tag/plate number: \_\_\_\_\_  
Submit a copy of this vehicle's registration along with this form.

Make and Model of vehicle #2 \_\_\_\_\_  
Year: \_\_\_\_\_ Color \_\_\_\_\_  
License tag/plate number: \_\_\_\_\_  
Submit a copy of this vehicle's registration along with this form.

All vehicles are required to be in good working condition, with a current license tag, and properly insured. Park only in your assigned space if assigned. Advise all guests to park in designated guest parking only.

# SAIL HARBOUR HOMEOWNERS ASSOCIATION

## APPLICATION TO PURCHASE

### BACKGROUND INVESTIGATION AUTHORIZATION

#### 1<sup>ST</sup> APPLICANT

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security #                      Date of Birth  
of Birth

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Current Address                      Zip  
Zip

#### 3<sup>RD</sup> APPLICANT

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security #                      Date of Birth  
of Birth

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Current Address                      Zip  
Zip

#### 2<sup>ND</sup> APPLICANT

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security #                      Date

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Current Address

#### 4<sup>TH</sup> APPLICANT

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security #                      Date

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Current Address

"I authorize **SAIL HARBOUR HOMEOWNERS ASSOCIATION AND ITS AGENTS** to conduct a background investigation on myself which may include, but is not limited to the following areas:

*A background security interview, civil records check, employment reference checks, education records check, character reference checks, Local, State and National criminal records check, motor vehicle records check, credit bureau records check, neighborhood reference check and immigration and naturalization service records.*

I do hereby release, absolve and agree to forever hold harmless **SAIL HARBOUR HOMEOWNERS ASSOCIATION INC. AND ITS AGENTS THEIR OFFICERS, EMPLOYEES AND REPRESENTATIVES FROM ANY LIABILITY RESULTING EITHER FROM THE BACKGROUND INVESTIGATION OR USE OF THE RESULTS AND OPINIONS OBTAINED THERE FROM.** This also applies to any and all suits, actions, or causes of actions at law, claim, demand or liability which I, my successors, assigns, heirs, executors, guardians or administrators have now or may ever have resulting directly, indirectly or remotely from said background investigation. I authorize any reference listed above to release any information requested by **SAIL HARBOUR HOMEOWNERS ASSOCIATION INC.** I release and forever hold harmless any reference providing information to **SAIL HARBOUR HOMEOWNERS ASSOCIATION INC.**

I certify that the information contained in the lease application forms and release is true and correct to the best of my knowledge, and I understand any falsification, misrepresentation or omission is grounds for refusal to approve this lease application.

I further authorize **SAIL HARBOUR HOMEOWNERS ASSOCIATION AND ITS AGENTS** to perform a third party investigation through the provider of their choice and to release all results, oral and written statements, opinions and other information derived from this background investigation to the Board of Directors.