



Condominium Owner's Association

1100 Green Pine Blvd, West Palm Beach, FL 33409

Phone: (561) 689-7171 Fax: (561) 689-1491

Email: palmclubvillageii@yahoo.com Website: www.palmclubvillage2.com

DATE APPLICATION SUBMITTED:	
Building & Unit:	Applying as:
Name:	<input type="checkbox"/> Owner/Purchaser
Move In/Closing Date:	<input type="checkbox"/> Tenant
	<input type="checkbox"/> Roommate/Occupant of Owner
	<input type="checkbox"/> Roommate/Occupant of Tenant
\$150 Non-Refundable Application Fee	
\$100 Non-Refundable Parking Decal/Transponder Fee (per vehicle)	
One Month Rent Security Deposit payable to the Association	
Copy of the Lease or Sales Contract	
Current City of West Palm Beach Tax License (if Leasing)	
Proof of Income (if leasing, two paystubs, W2, 1099)	
Copy of Valid Driver's License	
Proof of Citizenship or Legal Residency	
Copy of Vehicle Registration	
Estoppel (if purchasing)	
Application (Filled Out):	
Signed Release Form	
Acknowledgement of Rules and Regulations	
Resident Information Sheet	
Signed Assignment of Rent (Leasing only)	
Acknowledgment of Screening Criteria	
Residential History/References (Last 3) Residences	
Minimum Credit Score	
Background Check Received	
Board of Directors Approval:	
Sign Here:	

Application for Occupancy

Property Address: _____

Current Homeowner Name: _____

Lease Dates: _____

Signed Approval will be given to the tenant and/or agent upon completion.

Agent for Owner: Name: _____ Email: _____

Agent for Tenant: Name: _____ Email: _____

Tenant/Adult Occupant Information

Occupant's Name	Home Phone #	Cell Phone #
Email Address	Employer Name	Employer Phone#

Tenant/Adult Occupant Information

Occupant's Name	Home Phone #	Cell Phone #
Email Address	Employer Name	Employer Phone#

Tenant/Adult Occupant Information

Occupant's Name	Home Phone #	Cell Phone #
Email Address	Employer Name	Employer Phone#

Name/Ages of children (under 18 years) who will occupy unit:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

PALM CLUB VILLAGE II VEHICLE INFORMATION

Please print all information

Vehicle Information

**NOTE: NO MORE THAN TWO (2) VEHICLES ALLOWED PER UNIT
NO COMMERCIAL VEHICLES ALLOWED**

Vehicle One	Year	Vehicle Two	Year
Make	Model	Make	Model
Tag	Color	Tag	Color

Verbal Confirmation Code:

(This will be the code the security guard will ask for when calling in and admitting your guest)

GUEST LIST

Guests listed here will be admitted WITHOUT a call to Security

1. Name: _____
2. Name: _____
3. Name: _____
4. Name: _____
5. Name: _____

Emergency Contact Name & Phone:

Name: _____ Phone: _____

Name: _____ Phone: _____

Property Manager/Caretaker of your property if applicable

Name: _____ Phone: _____

Email: _____

Please Indicate Yes or No Below

1ST APPLICANT: Have you ever been convicted or pled guilty to a crime? (Circle one) Yes / No. If yes, please state date(s) charge(s) and disposition(s);

2nd APPLICANT: Have you ever been convicted or pled guilty to a crime? (Circle one) Yes / No. If yes, please state date(s) charge(s) and disposition(s);

Acknowledgement

1. I hereby agree for myself and on behalf of all persons who may use the unit which I seek to occupy:
 - a. I will abide by all restrictions contained in the Governing Documents, By-Laws, and Rules & Regulations which are or may in the future be imposed by **Palm Club Village II**.
 - b. I understand that no more than two (2) persons may reside in each bedroom, including dependent children.
 - c. I understand that I must be present when any guest, relatives, visitors, or children who are not permanent residents use the recreational facilities.
 - d. I understand that sub-leasing or occupancy of a nonresident of this unit in my absence is prohibited.
 - e. I understand that any violation of these terms, provisions, conditions, and covenants of the **Palm Club Village II** documents provides cause for immediate action of violation(s)
2. I have received a copy of all condominium Rules and Regulations and agree to abide by them.
3. ***I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. The Board of Directors is entitled to a MINIMUM of 14 days to provide an answer to this application. Occupancy prior to Board approval is strictly prohibited.***
4. I understand that the acceptance to reside in a unit at Palm Club Village II Condominium Association, Inc. is conditioned on the truth and accuracy of this application and upon the approval of the Board of Directors. ***Any misrepresentation or falsification of information on these forms will result in the automatic rejection of this application. Occupancy prior to approval is prohibited.***
5. I understand that the Board of Directors of the Palm Club Village II Condominium Association, Inc. may cause to be instituted such an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors 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 and Officers of the Association 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.

Applicants Signature: _____ Date: _____

Joint Applicant Signature: _____ Date: _____

AUTHORIZATION TO RELEASE INFORMATION

All applicants 18 and older must complete this form

I hereby authorize, Palm Club Village II Condo Assoc. herein referred to as *Association* and/or its assigns to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for occupancy. Said report may contain information about me from consumer reporting agencies including but not limited to indebtedness, mode of living, present and previous employers and/or employment contracts, driving record/license, validity of social security number, personal references, criminal records, and any information that I have disclosed on my applications and/or any attachments, exhibits.

I authorize the *Association* to contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by the *Association* to furnish the above-mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and/or resumes are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed affect my application.

This authorization and consent shall be valid in original, fax or photocopy form.

I authorize the ongoing procurement of the above-mentioned information/reports by the Association at any time during my occupancy with the *Association*.

The nature and scope of the consumer report and/or investigative consumer report along with the name, address and telephone number of the agency providing the report will be disclosed to you upon timely written request to the Association, and within 5 days of the request.

A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your Rights Under FCRA along with the name, address and telephone number of the agency furnishing the information will be provided before any adverse action is taken by the *Association* based on information contained in the report.

Upon proper identification and payment permissible by law, you have the right to request from the Association a copy of any information in its file on you at the time of your request.

By signing below, I acknowledge understanding of the purpose of this Authorization Form and its intended use.

Applicant Information

Print Name: _____ Social Security Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Driver's License # _____ State: _____

IMPORTANT: The following information will be used by First Advantage, Inc. for identification purposes only to perform a background check.

Maiden, Other and/or Former Name(s)

Signature: _____ Date: _____

Lease Applicants

If any of the Rules and Regulations are violated or ignored, you will be notified by mail. The Board of Directors has the option of recommending denial of lease renewal or eviction (for lease or non-owner) or initiation of legal action.

I hereby, through my signature below, agree to abide by the Rules and Regulations of Palm Club II, as well as the Governing Documents of the Association and state statutes.

Name (Print): _____
Signature: _____ Date: _____

Name (Print): _____
Signature: _____ Date: _____

Landlord/Owner Consent Agreement

If an occupant is moving in with owner please disregard below and write N/A and sign.

We require your authorization before your tenant is given his or her authorization to add an occupant to reside in your unit and receive a parking decal and transponder. It is your responsibility to notify the office when your tenant (s) vacates the property or send copy of lease renewal.

You, as the owner are permitted to enter Palm Club through the visitor entrance by properly identifying yourself at the gate and receiving a guest pass. Please fill out the information listed below.

Owners Name: _____ Building: _____ Unit: _____

Email: _____ Phone: _____

Tenant Name: _____

Tenant Name: _____

Tenant Name: _____

Lease Start Date: _____ End Date: _____

Owner Signature: _____

Tenant Signature: _____

Tenant Signature: _____

Tenant Signature: _____



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PET REGISTRATION FORM
IF NO PETS, WRITE 'N/A' AND SIGN BELOW

You must provide a recent photograph and current rabies vacation certificate when submitting this form.

Only one pet, up to 25lbs is allowed in each unit.

BUYER(S) _____

ADDRESS: _____

TYPE OF PET: DOG/CAT/OTHER: _____

BREED: _____

COLOR: _____ CURRENT WEIGHT: _____

AGE OF PET: _____ NAME OF PET: _____

VETERINARIAN: _____

CONTACT # _____

VACCINE LICENSE # _____

BUYER(S) SIGNATURE _____

All pets must be on a leash always and under control of a responsible person anytime the pet is outside of the dwelling. You must pick up after your animal.



WTC Backgrounds & Drug Testing, Inc.

"We're The Choice!"

- | | |
|--|---|
| <input type="checkbox"/> Criminal History Statewide (FL) | <input type="checkbox"/> Statewide Eviction |
| <input type="checkbox"/> Criminal History/Out of State
State: _____ | <input type="checkbox"/> SSN Verification |
| <input type="checkbox"/> FDLE | <input type="checkbox"/> Sexual Offender Search |
| <input type="checkbox"/> Driving Records/History
(MUST HAVE DL#) 3 YR | <input type="checkbox"/> Credit Reports |
| <input type="checkbox"/> FACIS | <input type="checkbox"/> Education Verification |

LAST NAME: _____ FIRST: _____ MI: _____

ADDRESS: _____

D.O.B.: _____ SEX: _____ RACE: _____

SSN: _____ DL#: _____

COMPANY: PALM CLUB VILLAGE II DATE: _____

Applicant Release

In connection with WTC 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 limited to, driving, credit, criminal, and civil history.

I authorize any party or agency contacted by WTC Backgrounds, Inc. 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

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