

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:	
	Owner/Purchaser	
Name	Tenant	
Move In/Closing Date:	Roommate/Occupant of Owner	
	Roommate/Occupant of Tenant	
\$150 Non-Refundable Application Fee	Roommate/Occupant of Tenant	
\$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 Purchase

Property Address	:			
Current Homeow	ner Name:			
		ill be given to the buyer and/or age	ent upon comple	tion.
Agent for Owner:	Name: Email:			
Agent for Buyer:	Name: Email:			
Buyer/Adult Occ	upant Informati	ion		
Occupant's Name	e	Home Phone #	Cell Ph	one #
For all Add				
Email Address		Employer Name	1	Employer Phone#
Buyer/Adult Occ	upant Informati	on		
Occupant's Name	В	Home Phone #	Cell Ph	one #
-				
Email Address		Employer Name	1	Employer Phone#
Buyer/Adult Occ	upant Informati	on		
Occupant's Name	2	Home Phone #	Cell Pho	one#
Email Address		Employer Name		Employer Phone#
Name/Ages of child	d <mark>r</mark> en (under 18 yea	rs) 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: Phone: Property Manager/Caretaker of your property if applicable Phone: Name: Email:

Please Indicate Yes or No Below

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

Acknowledgement

- 1. I hereby agree for myself and on behalf of all persons who may use the unit which I seek to purchase:
 - 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 <u>I will be advised by the Board of Directors of either acceptance or denial of this application</u>. 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 if a unit owner intends to lease his unit to a corporation or other deity, or to two or more persons who are not members of the same immediate family, the Association's approval is required of each occupant for the unit. If less than all applicants are approved, only the approved occupant(s) shall be deemed the lessee(s) of the unit and no other person will be entitled to occupy the unit in the absence of such approved occupant(s) without the approval of the Association.
- 5. I understand that the acceptance for purchase of a unit at Palm Club Village Il 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.
- 6. I understand that the Board of Directors of the Palm Club Village Il 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

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.

Signature:

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.

rint Name:	Applicant Information Social Security Number:		
treet Address:	City:		Zip:
Date of Birth:	Driver's License #		State:
MPORTANT: The followi	ng information will be used by First Advantage,	Inc. for identification p	ourposes
only to perform a backgr	ound check.		

Date:



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WRITTEN CONSENT TO ELECTRONIC TRANSMISSION THE PALM CLUB VILLAGE II CONDOMINIUM ASSOCIATION

As a Resident/ Unit Owner at The Palm Club Village II Condominium, you have the option of receiving notices via

electronic transmission from The Palm Club Village II Condominium Association, Inc. (the "Association"). Florida Administrative Code Section 61B-23.0029 establishes the rules for the providing of notices via electronic transmission. Pursuant to such section, "Electronic Transmission" is defined, as follows: ...any form of communication, not directly involving the physical transmission or transfer of paper, that creates a record that may be retained, retrieved, and reviewed by the recipient and that may be directly reproduced in a comprehensible and legible paper form by the recipient through an automated process such as a printer or a copy machine. Examples of electronic transmission include, but are not limited to, telegrams, facsimile transmission of images, and text that is sent via electronic mail between computers. Electronic transmission does not include oral communication by telephone. (Emphasis added.) With regard to the electronic transmission of Association notices, the Association has chosen to offer electronic transmission via facsimile (fax) or electronic mail (e-mail). Please choose one (1) of the options below with regard to delivery of notices via electronic transmission: I hereby elect to receive all Association notices via electronic transmission: If you wish to receive notices via electronic transmission, please provide your email address below: (Please print large and legibly) I do not wish to receive Association notices via electronic transmission Signature: ____ Unit Address:



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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:
	NAME OF PET:
VETERINARIA <mark>N:</mark>	
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.

by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

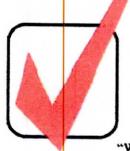
Condominium Association, Inc. will be final, and no reason will be given for any action taken by the

7. In making the foregoing application, I am aware that the decision of The Palm Club Village II

Board. I agree to be governed by the determination of the Board of Directors. Applicants Signature: _____ Date: _____ Joint Applicant Signature: ______ Date: _____ **Purchase Applicants** Maintenance assessment payments received after the 15th of the month due will be subject to late fees. An administrative late fee in the amount of twenty-five dollars will be applied for each delinquent payment. This includes special assessment payments. If account is delinquent, any payment received by the Association will be applied first (if applicable) to attorney fees and interest accrued by the Association, then to administrative late fees and then to the delinquent assessment. A lien will be filed against any delinquent unit that remains unpaid for forty-five days after the due date. Any and all assessments due for the remainder of the year will be accelerated. Purchase, Lease or Resident 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:



WTC Backgrounds & Drug Testing, Inc.

"We're The Choice!"

	Criminal History Statewide (F.	L)	Statewide Eviction
	Criminal History/Out of State State:		SSN Verification
	FDLE		Sexual Offender Search
—	Driving Records/History (MUST HAVE DL#) 3 YR		Credit Reports
	FACIS		Education Verification
LAS	Г NAME:	_ FIRST:	MI:
ADD	RESS:		
D.O.	В.:	SEX:	RACE:
SSN:		DL#:	
COM	IPANY: PALM CLUB VILLAC	GE II DA	ATE:
agencia and civ	es are to be made on me including consu I understand that WTC Backgrounds, I es, Which maintain records about my his it history. I authorize any party or agency contac	imer credit, cri nc. will be req fory. These rec eted by WTC E om liability and	elease idency. I understand that investigative background minal conviction, motor vehicles, and other reports uesting information from various state and other cords include, but limited to, driving, credit, criming ackgrounds. Inc. furnish the above mentioned responsibility for doing so. This authorization and
Appli	ant Signature	-	Date

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