

APPLICATION CHECK LIST
PACKAGE MUST BE COMPLETE

BUYER/RENTER'S NAME: _____

EMAIL: _____

PHONE NUMBER: _____

REALTOR: _____

PHONE NUMBER: _____ **EMAIL:** _____

THE FOLLOWING IS A LIST OF ALL OF THE DOCUMENTS THAT MUST BE TURNED IN WITH YOUR PURCHASE/ LEASE APPLICATION. **THE APPLICATION WILL NOT BE PROCESSED UNTIL WE HAVE ALL OF THE REQUIRED DOCUMENTS.**

- ☐ OWNER'S **SIGNED** NOTICE OF INTENT TO LEASE OR SELL
- ☐ APPLICATION TO LEASE OR PURCHASE – **NOTARIZED**
- ☐ APPLICATION FOR OCCUPANCY
- ☐ BACKGROUND CHECK AUTHORIZATION FORM – 1 PER APPLICANT
- ☐ COPIES OF DRIVER'S LICENSE AND SOCIAL SECURITY CARD
- ☐ **FOR FOREIGN NATIONALS – COPY OF PASSPORT AND OFFICIAL IDENTIFICATION FROM THEIR COUNTRY OF RESIDENCE**
- ☐ PROOF OF INCOME – 1 MONTH OF PAY STUBS AND 2 MONTHS OF BANK STATEMENTS
- ☐ APPLICATION FEE – \$150 PER PERSON OR MARRIED COUPLE MADE PAYABLE TO PACC 1
- ☐ FOR LEASES – COMMON AREA DAMAGE DEPOSIT
- ☐ **COPY OF THE PURCHASE CONTRACT OR LEASE AGREEMENT**
- ☐ FOR SALES – **PLEASE SEE THE ATTACHED FORM FOR ESCROW AND FINANCING REQUIREMENTS**
- ☐ FOR SALES – **IF CASH DEAL, PROOF OF FUNDS AS WELL AS LETTER FROM TITLE COMPANY CONFIRMING CASH TRANSACTION AND NO MORTGAGE WILL BE OBTAINED**

PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSN. #1, INC.

C/O CAMPBELL PROPERTY MANAGEMENT

3500 GATEWAY DRIVE #202

POMPANO BEACH, FL. 33069

PHONE: (954) 968-4481

LEASE REQUIREMENTS AND INSTRUCTIONS

- A. THIS APPLICATION MUST BE ACCOMPANIED BY A COPY OF THE LEASE.
- B. A **NON-REFUNDABLE** \$150.00 PER PERSON, MARRIED COUPLE, OR DOMESTIC PARTNERSHIP ROCESSING FEE (PAYABLE TO PALM AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION NO. 1) MUST ACCOMPANY THIS APPLICATION. PAYMENT OF THIS FEE DOES NOT INDICATE APPROVAL OF THIS LEASE.
- C. **LESSEE IS REQUIRED TO ATTACH A \$500 COMMON AREA DAMAGE DEPOSIT CHECK MADE PAYABLE TO THE ASSOCIATION.** ANY DAMAGE BY THE LESSEE, THEIR CHILDREN, GUEST(S) OR VISITORS SHALL BE DEDUCTED FROM THE COMMON AREA DAMAGE DEPOSIT. THIS DEPOSIT WILL BE KEPT IN A NON-INTEREST BEARING ACCOUNT. A REQUEST IN WRITING MUST BE MADE WITHIN FIFTEEN (15) DAYS AFTER THE EXPIRATION DATE OF THIS LEASE TO RECEIVE YOUR DEPOSIT REFUND.
- D. PLEASE ATTACH PROOF OF INCOME, 1 MONTHS WORTH OF PAY STUBS, AND 2 MONTHS WORTH OF BANK STATEMENTS.
- E. THE ASSOCIATION REQUIRES THAT A COMPLETED LEASE APPLICATION BE PRESENTED FOR CONSIDERATION AT LEAST THIRTY (30) DAYS PRIOR TO LEASE DATE (DATE OF DESIRED OCCUPANCY).
- F. THE BOARD OF DIRECTORS MAY REQUIRE A PERSONAL INTERVIEW PRIOR TO FINAL APPROVAL. IT IS THE OBLIGATION OF THE APPLICANT TO BE AVAILABLE FOR THIS INTERVIEW.
- G. THE MINIMUM LEASE PERIOD IS NINETY (90) DAYS.
- H. NO MORE THAN ONE (1) LEASE IN A TWELVE (12) MONTH PERIOD IS PERMITTED.
- I. ALL RENEWALS OF ANNUAL LEASES ARE SUBJECT TO RE-APPROVAL BY THE BOARD OF DIRECTORS.
- J. **NO PETS ALLOWED AT ANY TIME, BY LESSEE OR THEIR GUESTS.**
- K. USE OF THIS UNIT IS FOR SINGLE FAMILY RESIDENCE ONLY.
- L. NO COMMERCIAL VEHICLES, TRUCKS, BOATS, TRAILERS, MOTOR HOMES, MOPEDS ETC. PERMITTED ON THE CONDOMINIUM PREMISES.
- M. **THE OWNER (LANDLORD) MUST PROVIDE THE LESSEE WITH A COPY OF THE ASSOCIATION RULES AND REGULATIONS.**
- N. OCCUPANCY REGULATIONS:

ONE BEDROOM APARTMENT	NO MORE THAN 2 PERSONS
TWO BEDROOM APARTMENTS	NO MORE THAN 4 PERSONS
THREE BEDROOM APARTMENTS	NO MORE THAN 6 PERSONS
- O. ALL MAINTENANCE/ASSESSMENTS MUST BE CURRENT PRIOR TO PROCESSING/APPROVAL OF THIS LEASE.

**PALM AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION #1, INC.
C/O CAMPBELL PROPERTY MANAGEMENT
3500 GATEWAY DRIVE, SUITE 202
POMPANO BEACH, FL 33069
PHONE: 954-968-4481**

LEASE APPLICATION

THIS DOCUMENT MUST BE NOTARIZED

PAGE 1 OF 2

ALL QUESTIONS MUST BE ANSWERED IN FULL BY THE PURCHASER FOR THIS APPLICATION TO BE PROCESSED.

DATE: _____ LEASE TERM: FROM _____ TO _____

PROPERTY ADDRESS: _____

BLDG # _____ APT # _____

OWNER'S INFORMATION

OWNER'S NAME: _____

OWNER'S PRESENT ADDRESS: _____

TEL #: _____ EMAIL ADDRESS: _____

NAME OF REALTOR HANDLING LEASE: _____

TEL #: _____ EMAIL: _____

LESSEE'S INFORMATION

NAME OF PROSPECTIVE LESSEE (AS IT WILL APPEAR ON THE LEASE):

(A) _____ (B) _____

OTHER PERSONS WHO WILL OCCUPY THE APARTMENT WITH YOU:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____

HAVE YOU EVER SEASONALLY RESIDED IN PALM AIRE BEFORE? If yes, please state the name, address and dates of residency. _____

1. I hereby agree for myself and on behalf of all persons who may use the apartment which I intend to lease:
 - A. That I will abide by all the restrictions, conditions, covenants, and documents contained in the by-laws, rules and regulations, and restrictions which are or may in the future be imposed by Palm Aire Country Club Condominium Association No. 1, Inc. Any violation may be cause for action and possible termination of this lease.
 - B. I understand that I must be present when any guests, relatives, visitors or children who are not permanent residents occupy the apartment or use the recreational facilities.
 - C. I understand that sub-leasing or occupancy of this apartment in my absence is absolutely prohibited.
2. I have received a copy of the Rules & Regulations: Yes ☐ No ☐
3. I understand that I will be advised by the Board or Directors of either acceptance or denial of this application.
4. The acceptance for Lease at Palm Aire Country Club Condominium Association No. 1, Inc. is conditioned upon this application being true and accurate. Any misrepresentation or falsification of information on these forms will result in automatic rejection.
5. I understand that the Board of Directors Palm Aire Country Club Condominium Association No. 1, Inc. may investigate my background as the board may deem necessary. I authorize the Board of Directors and/or their agents 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 Palm Aire Country Club Condominium Association No. 1, Inc. itself shall be held harmless by me from any action or claim in connection with any action or claim arising from the use of the information contained in this document or any investigation conducted by the Board of Directors.

I am aware that the decision of Palm Aire Country Club Condominium Association No. 1, Inc. will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

APPLICANT'S SIGNATURE _____ APPLICANT'S SIGNATURE _____

PRESENT ADDRESS _____

CELL#: _____ EMAIL: _____

CELL#: _____ EMAIL: _____

THIS DOCUMENT MUST BE NOTARIZED

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 201____ BY _____ WHO IS/ARE PERSONALLY KNOWN TO ME ☐ OR PRODUCED IDENTIFICATION ☐ (Type of Identification produced: _____).

Notary Public

My Commission Expires:

FOR BOARD OF DIRECTORS' USE ONLY

APPROVED _____

DISAPPROVED _____

ASSOCIATION BOARD MEMBER _____ DATE: _____

NOTE: Complete all questions and fill in all blanks. If any question is not answered or left blank, this application may be returned, not processed, and/or not approved. Print legibly or type all information. Missing information will cause delays. All information on this application will be verified.

**THIS APPLICATION IS FOR A SINGLE PERSON, MARRIED COUPLE, OR DOMESTIC PARTNERSHIP ONLY.
ADULTS (18 YEARS OR OLDER) MUST SUBMIT AN APPLICATION ALONG WITH APPLICATION FEE.**

APPLICATION FOR OCCUPANCY

Client: **PALM AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION #1, INC.**

PROPERTY INFORMATION

PURCHASE ☐ LEASE ☐

PROPERTY ADDRESS: _____ BLDG: _____ UNIT: _____

APPLICANT'S INFORMATION

SINGLE ☐ MARRIED ☐ DIVORCED ☐

NAME: _____ MAIDEN NAME: _____

DATE OF BIRTH: _____ SOC. SEC. #: _____ (REQUIRED)

CELL #: _____ WORK PH: _____ HOME PH#: _____

EMAIL ADDRESS: _____

APPLICANT'S EMPLOYER: _____ PHONE: _____

ADDRESS: _____

HOW LONG: _____ POSITION: _____ MONTHLY INCOME: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES ☐ NO ☐

IF YES, DATE(S): _____ COUNTY/STATE CONVICTED IN: _____

CHARGES: _____

CO-APPLICANT'S INFORMATION

NAME: _____ MAIDEN NAME: _____

DATE OF BIRTH: _____ SOC. SEC. #: _____ (REQUIRED)

CELL #: _____ WORK PH: _____ EMAIL: _____

CO-APPLICANT'S EMPLOYER: _____ PHONE: _____

ADDRESS: _____

HOW LONG: _____ POSITION: _____ MONTHLY INCOME: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES ☐ NO ☐

IF YES, DATE(S): _____ COUNTY/STATE CONVICTED IN: _____

CHARGES: _____

RESIDENCE HISTORY *PLEASE PRINT FULL ADDRESS INCLUDING UNIT/APT NUMBER, CITY, STATE, & ZIP CODE*

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ FROM: _____ TO: _____

OWN ☐ RENT ☐ PARENT/FAMILY MEMBER ☐ OTHER ☐ RENT/MORTGAGE: \$ _____

NAME OF LANDLORD: _____ PHONE: _____

MORTGAGE HOLDER: _____ MORTGAGE NO.: _____

PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ **FROM:** _____ **TO:** _____

OWN ☐ RENT ☐ PARENT/FAMILY MEMBER ☐ OTHER ☐ RENT/MORTGAGE: \$ _____

NAME OF LANDLORD: _____ PHONE: _____

MORTGAGE HOLDER: _____ MORTGAGE NO.: _____

BANK INFORMATION

BANK NAME: _____ ACCT. #: _____ HOW LONG? _____

ADDRESS: _____ PHONE: _____

CHARACTER REFERENCES

NAME: _____ RESIDENCE PHONE: _____ BUSINESS PHONE: _____

ADDRESS: _____ CELL PHONE: _____

NAME: _____ RESIDENCE PHONE: _____ BUSINESS PHONE: _____

ADDRESS: _____ CELL PHONE: _____

NAME: _____ RESIDENCE PHONE: _____ BUSINESS PHONE: _____

ADDRESS: _____ CELL PHONE: _____

VEHICLE INFORMATION

NUMBER OF CARS (INCLUDING COMPANY CARS): _____

DRIVER'S LICENSE NUMBER (PRIMARY APPLICANT): _____ STATE: _____

DRIVER'S LICENSE NUMBER (CO-APPLICANT): _____ STATE: _____

VEHICLE #1 MAKE: _____ MODEL: _____

TYPE: _____ YEAR: _____ LICENSE PLATE NO.: _____

VEHICLE #2 MAKE: _____ MODEL: _____

TYPE: _____ YEAR: _____ LICENSE PLATE NO.: _____

IF THIS APPLICATION IS NOT LEGIBLE OR IS NOT COMPLETELY AND ACCURATELY FILLED OUT, SCOTT ROBERTS & ASSOC. AND THE ASSOCIATION WILL NOT BE LIABLE OR RESPONSIBLE FOR ANY INACCURATE INFORMATION IN THE INVESTIGATION AND RELATED REPORT (TO THE ASSOCIATION) CAUSED BY SUCH OMISSIONS OR ILLEGIBILITY.

BY SIGNING, THE APPLICANT RECOGNIZES THAT THE ASSOCIATION AND SCOTT ROBERTS & ASSOC. WILL INVESTIGATE THE INFORMATION SUPPLIED BY THE APPLICANT AND A FULL DISCLOSURE OF PERTINENT FACTS WILL BE MADE TO THE ASSOCIATION. THE INVESTIGATION MAY BE MADE OF THE APPLICANT'S CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, CREDIT STANDING, AND POLICE ARREST RECORD. THIS FORM IS FOR THE EXCLUSIVE USE OF SCOTT ROBERTS & ASSOCIATES, LLC.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

SCOTT-ROBERTS AND ASSOCIATES, LLC

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Campbell Property Management ("the Company") may obtain information about you from a consumer reporting agency for **tenant screening** purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records ("driving records"), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for residency is an investigation into your education and/or employment history conducted by **Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Lake Worth, Florida 33461, (888) 605-4265, www.scottrobertsassociates.com** ("Agency"), or another outside organization. **One form per applicant.** You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. By signing this document you agree you have read and understand this disclosure.

Consumer's Signature

Print Consumer's Name

Sign
Here

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the 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 those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my tenancy, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or other party to furnish any and all background information requested by **Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Lake Worth, Campbell Property Management**, and/or **Campbell Property Management** itself. I agree that a facsimile ("fax") or electronic or photographic copy of this Authorization shall be as valid as the original.

State of Washington applicants and/or residents only: You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.

New York applicants and/or residents only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

California applicants and/or residents only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

Sign
Here

Signature: _____

Date: _____

Note: ONE PERSON PER SIGNED AUTHORIZATION FORM. Please include copy of driver's license and Social Security Card to confirm identity. If you do not have a social security card, please include a copy of your passport and current identification card.

NOTICE OF INTENTION TO LEASE APARTMENT

DATE: _____

TO: PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION #1, INC.
3500 Gateway Drive, Suite 202 Pompano Beach, Fl. 33069

In compliance with the Condominium Declaration, I/We hereby serve notice that as owner(s) of Apartment # _____ in Building # _____, the undersigned intend(s) to offer said apartment for lease. This notification conforms with your right of first refusal.

Said apartment is to be leased for the period starting _____ and ending _____ at a rental rate of \$ _____ per _____.

I/We acknowledge that leases for less than NINETY (90) days are prohibited.

I/We acknowledge that this Notice must be accompanied by a copy of the proposed lease. Any changes to the lease must be submitted to the Association in advance of the tenant taking possession.

I/We hereby acknowledge our obligation and responsibility to ensure my/our tenants compliance with the Condominium Declaration and the Association Rules and Regulations, and the authority of the Association and the Management Firm, in the event the Association consents to a lease, to take such action as may be required to obtain compliance to the Lessee(s), and/or their guests, with the Condominium Declaration and the Association Rules and Regulations.

A completed Application by Proposed Lessee accompanies this Notice, together with a check in the amount of One Hundred Fifty Dollars (\$150.00) per person, married couple, or domestic partnership to cover the fee of processing this transaction.

Acceptance of the processing fee does not constitute approval of this transaction.

I/We understand that the tenant may not take possession of the above unit until written approval is received from the Association.

Owner's Signature

Owner's Printed Name

Owner's Signature

Owner's Printed Name

ADDENDUM TO LEASE AGREEMENT

PALM AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION #1, INC.

1. The Association and/or its authorized agent shall have the irrevocable right to have access to each unit from time to time during reasonable hours as may be necessary for inspection, maintenance, repair or replacement of any Common Elements therein or accessible therefrom, or for making emergency repairs therein necessary to prevent damage to the Common Elements to another unit or units.
2. The Lessee agrees not to use the demised premises, or keep anything in the unit which will increase the insurance rates of the unit or interfere with the rights of other residents of the Condominium Association or any other residents by unreasonable noises or otherwise; nor shall Lessee commit or permit any nuisance, immoral or illegal act in his unit, or the Common Elements, or the Limited Common Elements.
3. The Lessee covenants to abide by the Rules and Regulations of the Condominium, and the terms and provisions of the Declaration of Condominium, Charter and By-Laws of the Condominium Association, and agrees to be bound by the rules and guidelines of the Association and any other rules which may become operative from time to time during said leasehold.
4. A. The Owner/Lessor warrants that all payments of maintenance, assessment and other charges or obligations currently due will be or have been paid to this date.

B. The approval of the proposed Lease Agreement issued by the Association is to be expressly conditioned upon the Owner's/Lessor's and Lessee's observance of the provisions contained in this Addendum. Any breach of the terms hereof shall give the Association the authority to take immediate steps to terminate the Lease Agreement. The Owner/Lessor acknowledges that he remains ultimately responsible for the acts of Lessee and Lessee's family and guests and for any costs incurred by Association, including attorneys' fees, in remedying violations of this Addendum and/or violations of the condominium documents.
5. In the event the Owner/Lessor becomes delinquent in the payment of any sums and assessments due to the Association during the terms of the Lease Agreement, upon written demand by the Association, Lessee shall pay directly to the Association rental payments due to the Owner/Lessor. The Association shall be granted the full right and authority to demand and receive the entire rent due from the Lessee and deduct from the rent all assessments, interest, late charges and attorney's fees and costs, if any, due to the Association. The balance, if any, shall be forwarded to the Owner/Lessor at such address as the Owner may designate in writing. At such time as the delinquency no longer exists, the Association shall cease the demand and payments shall again be made by the Lessee directly to the Owner/Lessor. This right may be exercised by the Association at any time the Owner shall become delinquent.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seals, this
_____ day of _____, 20_____.

Signed, sealed and delivered in the presence of:

Owner(s):

SIGNATURE

SIGNATURE

Lessee(s):

SIGNATURE

SIGNATURE