THE PLUM AT BOCA POINTE CONDOMINIUM ASSOCIATION, INC.

APPLICATION TO PURCHASE

NOTES: You must allow up to 30 days for processing, longer if international processing is required. Additional fees apply to all international processing. **Processing time is calculated from the date a complete application is received.** You will be notified if additional information is required. All fees are non-refundable. Association documents are not provided to applicants. All association documents must be obtained from the unit's current owner. All resident over the age of 18 are considered applicants even if not a party to a contract or lease.

APPLICATION CHECKLIST

_____

$25 PER PERSON FOR CRIMINAL BACKGROUND CHECK

1. Application fee of $150 per applicant (and/or married couple-proof of marriage may be required)
NOTE: international background checks are subject to additional fees per application
2. Copy of executed Purchase Contract or Lease Agreement
NOTE: Lease terms must be for 6 months or more, can lease 2x but no longer than 12 months.
3. Copies of valid driver's license for all applicants
4. Copies of all vehicle registrations; **only 2 vehicles permitted**; no open bed pick-up trucks, or motorcycles can be parked overnight unless within a closed garage.
5. Please initial to indicate that you acknowledge that you have or will receive all association documents from the unit owner, including all rules and regulations. _____Initial
6. If corporation is purchasing unit, copy of corporate filing with all officers listed must be provided
7. An owner's account must be current in order to rent unit.
8. If an owner's account is delinquent, the Association has the legal right to collect rent from the tenant until account is current and the Association can escalate maintenance to end of the fiscal year, January 31st . If tenant refuses to send their rent to the Association, they will be evicted.

CREST MANAGEMENT GROUP

6413 CONGRESS AVE. #100

BOCA RATON, FLORIDA 33487

The Plum at Boca Pointe Condominium Association, Inc.

APPLICATION TO PURCHASE

Notes: You must allow up to 30 days for processing, longer if international processing is required. Additional fees apply to all international processing. Call for pricing. Processing time is calculated from the date we receive a complete application. You will be notified if additional information is required. Personal checks are not accepted. Cash is. So are cashier's checks and money orders. All fees are non-refundable. Association documents are not provided to applicants. All association documents must be obtained from the unit's current owner. All residents over the age of 18 are considered applicants even if not a party to a contract or lease. All fees are payable to **CREST MANAGEMENT GROUP** unless otherwise indicated. All applicants must be interviewed. CALL 561-994-2334 for assistance.

DO NOT STAPLE, RE-SORT, FOLD, SPINDLE, OR MUTILATE. PLEASE PRINT LEGIBLY. We can't process what we can't read.

Please **check one-**

Will you be purchasing to reside in the property [ ]

Will you be purchasing as an investment property [ ]

For Buyers who will be residing in the property:

Property Address_____ Via Regina

Name (occupant 1) _____

Cell Phone Number_____ Email Address_____

Are you an active service member? _____

Name (occupant 2) _____

I am applicants 1's spouse Yes [_] No [_]

Cell Phone Number_____ Email Address_____

Are you an active service member? _____

For an investment property please complete the following. *Please be aware that you must obtain a lease from Crest Management and your tenant cannot move in until approval is given.*

Property Address_____ Via Regina

If Property is being purchased in the name of a corporation, we must have name(s) of contact people within the corporation

Corporation Name:

_____

Owner(s) Name(s): _____

Contact Phone (with extension number) cell number(s)

_____ _____

Mailing address for investor_____

City: _____ State: _____

Email Address(s)

_____ _____

IF THE INVESTMENT OWNER WILL NOT BE HANDLING THE MAINTENANCE OF THE UNIT AND SECURING LEASES -

PROPERTY MANAGER FOR THE UNIT - NAME: _____

PHONE NUMBER: _____ EMAIL: _____

PROPERTY INFORMATION

BUILDING NAME: The Plum at Boca Pointe

MOVE IN ADDRESS: _____Via Regina

OCCUPANCY TYPE: Resident [_]

Investment [_] SALE PRICE: $_____

CURRENT OWNER NAME_____

ADDITIONAL OCCUPANTS

List all additional occupants, their ages, and relationships to the applicants.

All occupants over the age of 18 are considered applicants and
Must submit their information and pay all applicable fees

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

CURRENT RESIDENCE

ADDRESS: _____ CITY/STATE: _____

ZIP CODE: _____

HOW LONG HAVE YOU BEEN AT THIS ADDRESS? YEARS: _____ MONTHS: _____

DO YOU OWN OR RENT THIS PROPERTY? _____

LANDLORD NAME: _____ PHONE NUMBER: _____

IF LIVING WITH FAMILY/FRIEND NAME: _____

FAMILY PHONE NUMBER: _____ RELATIONSHIP: _____

CONVICTIONS

APPLICANT 1

HAVE YOU EVER BEEN ARRESTED? _____

HAVE YOU EVER BEEN CONVICTED OF ANYT CRIME? INCLUDING MISDEMEANORS, DUI, ECT? _____

IF YES PLEASE EXPLAIN:

APPLICANT 2

HAVE YOU EVER BEEN ARRESTED? _____

HAVE YOU EVER BEEN CONVICTED OF ANYT CRIME? INCLUDING MISDEMEANORS, DUI, ECT? _____

IF YES PLEASE EXPLAIN:

CIVIL HISTORY

HAVE YOU EVER BEEN EVICTED? _____ HAS THE CO-APPLICANT? _____

VEHICLES

VEHICLE 1 MAKE: _____

MODEL: _____ COLOR: _____ YEAR: _____

LICENSE PLATE #: _____ STATE: _____ INSURED BY: _____

VEHICLE 2 MAKE: _____

MODEL: _____ COLOR: _____ YEAR: _____

LICENSE PLATE #: _____ STATE: _____ INSURED BY: _____

PICKUP TRUCKS MUST HAVE APPROVED TOPPER WITH SIDE AND REAR WINDOWS

EMERGENCY CONTACT

NAME: _____ PHONE #: _____

RELATIONSHIP: _____ EMAIL: _____



Background Check- Release Authorization

I hereby authorize your company or any agent of your company, to contact any of my references, previous employers, credit bureaus, corporations, law enforcement agencies, persons and educational institutions to supply any information concerning my background and criminal history. I also hereby release any of the above from liability, including the managing agent for the above, from responsibility arising from their doing so. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy and/or forfeiture of deposit and may constitute a criminal offence under the laws of this state. I believe to the best of my knowledge that all information I have provided is accurate and that I fully understand the terms of this release.

Photocopies of this authorization form may be made to facilitate multiple inquires. In the event you do receive a photocopy of this authorization it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

Applicants Name: _____

Street Address: _____

City/State/Zip: _____

Social Security #: _____-_____-_____ Date of Birth: _____/_____/_____

Applicant Signature: _____ Date: _____/_____/_____

Co- Applicants Name: _____

Street Address: _____

City/State/Zip: _____

Social Security #: _____-_____-_____ Date of Birth: _____/_____/_____

Co -Applicant Signature: _____ Date: _____/_____/_____

Use additional sheets if necessary.

I/We declare the above information to be true and correct, I/We authorize Crest Management Group, Inc. to process a background check for each applicant. I/We agree to abide by the Rules and Regulations of the Association.

SIGNED_____

Date_____**SIGNED**_____ **Date**_____

The Plum at Boca Pointe Condominium Association, Inc.

PET ADDENDUM

This addendum must be signed even if applicant does not currently have a pet, and regardless of whether the application is one for a purchase

Approval will be granted to the Unit/Tenant to keep the below described pet at _____ Via Regina, provided the below listed conditions are abided by:

A REFUNDABLE PET DEPOSIT OF $750.00 IS REQUIRED FOR ALL PETS MOVING INTO THE COMMUNITY.

1. A PHOTOGRAPH OF THE ONE (1) ANIMAL MUST BE ATTACHED TO THIS APPLICATION. ALSO, A RECENT LETTER FROM THE PETS VETERINARIAN DESCRIBING THE BREED, AGE, AND WEIGHT (CURRENT AND AT FULL MATURITY) MUST ACCOMPANY THIS APPICATION.
2. ONLY THE PET SPECIFIED ON THIS AGREEMENT IS ALLOWED TO LIVE IN THE ABOVE LISTED UNIT. ALL NEW PETS MUST BE PRE-APPROVED PRIOR TO MOVING INTO THE UNIT.
3. The pet must always be kept on a leash (both cats and dogs) while it is outside of the unit. PETS ARE NOT ALLOWED TO RUN LOOSE AT ANY TIME. No pet may be tied up outside the premises, or left on the patio/balcony. It is the responsibility of the pet owner to clean up its waste and dispose of it properly.
4. In the event the pet has offspring, the must be removed immediately, or Owner/Tenant will be in breach of this agreement
5. **THE ONE (1) ALLOWED PET MUST WEIGH UNDER 25LBS AT ALL TIMES**
6. **If owner gets a pet after moving in, they must contact management and get the pet form.**
7. Any animal designated as ESA (Emotional Service Animal) must be disclosed on this application. You must include the following
    i. A Doctor's letter from a medical professional explaining the requirements for the ESA animal.
    ii. Animal ESA certifications
    iii. ROTTWEILERS AND PITBULLS are not permitted on the property

Unit Owner/Tenant(s) agree that approval or denial of the pet is at the sole discretion of the association. The Association reserves the right to withdraw consent by giving the Unit Owner/Tenant seven (7) days written notice to remove pet from the Unit Owner/Tenant or employees of owner agent. In the event that a pet is not removed after notice, Unit Owner/Tenant will be subject to eviction.

Applicant No. 1 _____ _____
Signature Print Name

Applicant No. 2 _____ _____
Signature Print Name

Date: _____

We do not currently have a pet (initial) _____ _____

Use additional sheets if necessary

PET ADDENDUM PAGE 2.

CURRENT PICTURE OF PET TIME/DATE STAMPED SHOWN STANDING NEXT TO FULL IMAGE OF OWNER

PETS

PLEASE DESCRIBE YOUR PET: _____ PETS NAME: _____

AGE: _____ SEX: _____ WEIGHT: _____

BREED: _____ TAG NUMBER: _____

EMOTIONAL SUPPORT ANIMAL/SERVICE ANIMAL