ISLAND CLUB HOMEOWNERS'ASSOCIATION
C/O Ocean Breeze Community Management LLC
1967 10th Avenue North
Lake Worth FL 33461
office@oceanbreezecm.com
561-770-1052

APPLICATION FOR LEASE OR SALE

APPLICATION REQUIRED

COPY OF SALE OR LEASE CONTRACT REQUIRED

LEGIBLE COPY OF DRIVERS LICENSE

SIGNED LEASE ADDENDUM REQUIRED (FOR LEASES)

APPROVAL REQUIRED

BOARD INTERVIEW REQUIRED PRIOR TO OCCUPANCY

NON- REFUNDABLE APPLICATION FEES REQUIRED

$150 PER COUPLE
$150 PER PARENT & DEPENDENT CHILD
$150 PER APPLICANT OTHER THAN HUSBAND AND WIFE
MADE PAYABLE TO OCEAN BREEZE COMMUNITY MGMT.

LEASE DEPOSIT

ANY OWNER(S) WISHING TO LEASE MUST ESCROW A $300 SECURITY DEPOSIT PAYBALE TO ISLAND CLUB. SECURITY DEPOSIT COVERS ALL COMMON PROPERTY AND LIMITED COMMON PROPERTY.
FUNDS MUST BE ESCROWED AND CLEARED PRIOR TO INTERVIEW AND FINAL APPROVAL.
FUNDS WILL REMAIN IN ESCROW FOR TERM OF LEASE AND WILL BE RETURNED TO OWNER WITHIN 30 DAYS OF LEASE TERMINATION.

EACH RESIDENCE MAY BE LEASED A MAXIMUM OF TWO TIMES PER

APPLICATIONFOR PURCHASE OR LEASE – INFORMATION/CHECKLIST

1. This applicationmust be completed in detail by each proposed adult occupant, other thanhusband/wife or parent/dependent child (which is considered oneapplicant)
2. If any questionis not answered or left blank, this application will be returned, not processed andnot approved.
3. Please attach a copy of the sales contract or lease to this application.
4. Please attach a non-refundable processingfee of **$150.00** for each applicant, other than husband/wifeor parent/dependent child). This fee should be made payable to: **Ocean Breeze Community Mgmt., LLC** and acceptance of this processingfee does not in any way constitute approval of this transaction.

5. The completed applicationmust besubmitted to the Association at least 20 days prior to the expected closingdate.
6. All applicants must makethemselves availablefor a personal interview prior to the final Boardof Directors approval. Occupancy prior to approval is prohibited.
7. There are no pet restrictions. However, all pets must be kept on a leash when outdoors. Pets cannot be left out or tied up outside, and ***ALL PET WASTE MUST BE PICKED UP.***
8. No commercial vehicles, trucks, boats, trailers, motor homes,mobile homes, campers, recreational vehicles, motorcycles, mopeds,etc. are permitted to park on the premises overnight.
9. The seller (current owner) must providethe purchaser/renter with a copy of all Association Documents and Rules & Regulations. Otherwise, youmust purchase them from the Association for **$75.00**.
10. Purchaser/Renter must notify the Association office with the exact dateof the closing/.
11. Occupancy regulations:
    2 Bedroom Units – no more than 4 occupants
    3 Bedroom Units – no more than 6 occupants

APPLICATION

INFORMATION ON UNIT TO BE PURCHASED/LEASED

Application Date: _____

Address of Unit: _____

Check One:
Purchasing Unit ☐ Purchase Price _____ Closing Date _____

Renting Unit ☐ Monthly Rent _____ Length of Lease_____

Current Owner's

Name _____

New Address _____

_____

Phone _____ Cell # _____
#

REALTOR INFORMATION

Name of Real Estate Agency: _____

Agency Phone # _____ Email: _____

Name of Agent: _____

Agent Phone #: _____ Cell #: _____ Fax #: _____

APPLICATION CONT'D

PURCHASER / LESSEE INFORMATION

Name as it will appear on Title: _____

Spouse's name as it will appear on Title: _____

Current Address: _____

Current City/State/Zip_____

Phone # _____ Email: _____

Driver Lic # _____State:___ Spouse Driver Lic #_____State:___

Date of Birth _____ Spouse Date of Birth _____

Total # of Persons who will be occupying the unit (including yourself/spouse) _____

Names of All Persons occupying the unit:

Name _____Relationship _____ Age_____

Name _____Relationship _____ Age_____

Name _____Relationship _____ Age_____

Name _____Relationship _____ Age_____

Name _____Relationship _____ Age_____

Name _____Relationship _____ Age_____

# of Pets _____ Description of Pets (Breed/size/color/weight/etc.)_____

_____

# of Vehicles that will be parked at the Unit _____ (Maximum is 3 – and detailed information will need to be completed on the attached Parking Permit application

HAS THE APPLICANT OR ANY PERSON WHO WILL OCCUPY THE RESIDENCE BEEN CONVICTED OF A CRIME? YES NO .

If YES, PLEASE ATTACH A SEPARATE SHEET EXPLAINING, IN DETAIL, THE NATURE AND DISPOSSITION OF THE CONVICTION.

APPLICATION CONT'D

1. In making the foregoing application, I represent to the Board of Directors that the purpose for the purchase of a unit in the Island club is as follows: Permanent Residence Seasonal Residence Other (explain)_____

2. I hereby agree for myself and on the behalf of all persons who may use the unit which I seek to purchase/lease that I will abide by all Rules & Regulations, By-laws, and Association Documents which are or may in the future be imposed by the Island club Homeowners Association.

3. I have received a copy of all Association Documents: YES _____ NO ____ I have received a copy of all Rules & Regulations: YES _____ NO ____

4. I understand that I will be advised by the Board of either acceptance or denial of this application and that occupancy prior to Board approval is prohibited.

5. If this application is accepted, I will provide the Association with a copy of the Closing Statement and a copy of the recorded Deed within 30 days after closing.

6. I understand that if acceptance for purchase of a unit in the Island Club is made, as a new owner according "Article 5, Section 15" of the Association's Declaration of Covenants and Restrictions, I am prohibited from leasing the unit during the first year following the date of conveyance or transfer of title.

7. I understand that the acceptance for purchase of a unit in the Island Club is conditioned in part upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of the information on these forms will result in the automatic disqualification of my application. Occupancy prior to Board approval is prohibited.

8. I understand that the Board of Directors of Island Club Homeowners Association may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors and Management company 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, Officers and Management company of the Island Club 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.

In making the foregoing application, I am aware that the decision of the Island Club Homeowners Association 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 _____ Date_____

Applicant _____ Date_____

APPLICATION CONT'D

APPLICANT RESIDENCE HISTORY (5 Year Minimum)

Present Address_____ Apt # _____ ____

City, State, Zip _____

Landlord or Mortgage Co. _____

Contact Person _____ Phone # _____

Dates of Residency: From _____ To: _____

Previous Address_____ Apt # _____

City, State, Zip _____

Landlord or Mortgage Co. _____

Contact Person _____ Phone # _____

Dates of Residency: From _____ To: _____

Previous Address_____ Apt # _____

City, State, Zip _____

Landlord or Mortgage Co. _____

Contact Person _____ Phone # _____

Dates of Residency: From _____ To: _____

EMPLOYMENT HISTORY

Employed By_____

Employee Address_____

How Long Employed _____ Dept or Position_____ Mo. Income _____

Spouse Employed By:_____

Employee Address_____

How Long Employed _____ Dept or Position_____ Mo. Income _____

APPLICATION CONT'D

CHARACTER REFERENCES

Name _____Phone _____

Address _____

City/State/Zip _____

Name _____Phone _____

Address _____

City/State/Zip _____

Name _____Phone _____

Address _____

City/State/Zip _____

CALENDAR YEAR AND A LEASE TERM NOT LESS THAN SIX MONTHS.

ISLAND CLUB HOMEOWNERS' ASSOCIATION INC.

ADDENDUM TO LEASE

This ADDENDUM is made between _____("Landlord") and _____ ("Tenant") effective this _____ day of _____, 20____, and is intended to and shall supplement, amend and modify that certain LEASE dated _____ in the following respects:

1. Tenants(s) are subject to and shall abide by all covenants and restrictions and rules and regulations set forth in the Amended and Restated Declaration of Conditions, Covenants, Easements and Restrictions for Island Club Homeowners' Association, Inc., ("Island Club"); Bylaws of Island Club; Articles of Incorporation of Island Club; and any rules and regulations for Island Club.
2. In the event the Landlord/owner becomes delinquent in the payment of assessments (regular or special) or other charges to the Association, the Association may notify the Tenant. Upon such notification, the Tenant shall be obligated to pay the rent required under the lease to the Association, until all delinquent assessments and other charges have been paid in full.

Witness: LANDLORD

_____ By: _____
Print Name By: _____

Witness: TENANT(S)

_____ By: _____
Print Name By: _____

BROWN'S BACKGROUND CHECKS
CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER
Island Club HOA, Inc.

I understand that you may obtain consumer reports that relate to my credit and/or criminal history. This information will, in whole or in part, be obtained from AISS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal, state and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my credit and/or criminal history. This information will be reviewed by the Association and may be reviewed by a unit owner if it's a rental.

I authorize, without reservation, any party, institution, or agency contacted by AISS to furnish the above mentioned information:

_____ _____/_____/_____ _____
Applicant Name Date of Birth* Social Security Number
***Date of Birth is requested in order to obtain accurate retrieval of records.** **If International please provide Passport Number**

_____ _____/_____/_____ _____
Co-Applicants Name Date of Birth Social Security Number
If International please provide Passport Number

_____
Alias/Previous Name(s)

_____ _____ _____
Current Physical Address City & State Zip code

☐ **California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you.

Notice to CALIFORNIA Applicants
Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

SIGNATURE_____ DATE _____

Co-Applicant
SIGNATURE_____ DATE _____

Permit Number _____

PARKING PERMIT APPLICATION

ISLAND CLUB HOMEOWNERS ASSOCIATION
C/O Ocean Breeze Community Mgmt. LLC
1967 10th Avenue North
Lake Worth, FL 33461
Phone 561-770-1052
Fax 561-770-1914

Resident Information:

Name:_____

Address:_____

Telephone Home: _____ Cell: _____

Email: _____

Drivers License #: _____ State_____

Vehicle 1

Make: _____ Model: _____

Color: _____ Year: _____

Tag #: _____ State: _____

Vehicle 2

Make: _____ Model: _____

Color: _____ Year: _____

Tag #: _____ State: _____

Vehicle 3

Make: _____ Model: _____

Color: _____ Year: _____

Tag #: _____ State: _____