VILLAGE GREEN #4 CONDOMINIUM ASSOCIATION, INC.

C/o Century Management Consultants, Inc., 2950 Jog Road, Greenacres, FL 33467
561-641-1016 ~ 561-641-9118 Fax
www.cmcmanagement.biz

*(Please check one) **Application for** PURCHASE ☐ or LEASE ☐ of

#_____Springdale Blvd, Unit # _____

Desired date of occupancy _____ **Closing Date if purchase: _____**

Applicant Name: _____ Phone: _____

Co-applicant Name: _____ Phone: _____

Email:_____ Email: _____

690 Credit Score or higher required. Two-sided pages will NOT be accepted
Processing may take up to 30 days
The following must accompany this application or it will not be processed
Applications will not be processed if pages are missing or application is incomplete.
Foreign background checks – lack of social security # will incur additional fee and will cause processing period to be longer than 30 days.

- ☐ **$2,000 minimum** monthly income required. A Background Check will be performed. See attached.
- ☐ **APPLICATION PROCESSING FEE:** *NON-REFUNDABLE* $150.00 required Per Applicant or legally Married Couple, Cashier's Check or Money Order Made payable to CMC MANAGEMENT. **Additional occupants 18 years of age or older require separate application.**
- ☐ Copy of Driver's License(s)/State Photo I.D./Passport/Visa
- ☐ Copy of vehicle registration(s)
- ☐ Copy of executed, **signed** purchase or lease contract
- ☐ Lease Requirement: Owner(s) account must be current and violations corrected
- ☐ No Pets - No motorcycles or scooters allowed.
- ☐ **Completed application should be returned to CMC Management at above address.**

TITLE COMPANY OR CLOSING ATTORNEY MUST REQUEST AN ESTOPPEL BEFORE CLOSING TO DETERMINE MONIES OWED TO THE ASSOCIATION BY THE OWNER OF THE PROPERTY. IF THIS PROCESS IS NEGLECTED, THE NEW OWNER MAY END UP BEING LIABLE FOR DELINQUENCY.

A Certificate of Approval, which is required to close and prior to moving in, will be provided to the purchaser or renter after the interview/orientation.

If purchasing, you must supply the Management Company with a copy of your Warranty Deed and mailing address after closing. Purchaser is also required to inform the management company of any changes in mailing address.

CURRENT OWNER MUST PROVIDE GOVERNING DOCUMENTS TO BUYER/RENTER OR THEY CAN BE PURCHASED AT www.condocerts.com

Updated 7/8/2026

CMC PROPERTY MANAGEMENT

VILLAGE GREEN #4 CONDOMINIUM ASSC, INC.

APPLICANT(S) INFORMATION (Check one) ☐ PURCHASE or ☐ LEASE

Name: _____Date of Birth: _____

Spouse' Name: _____Date of Birth: _____

Other adult Occupants: _____Date of Birth: _____
Relationship: _____

Other adult Occupants: _____Date of Birth: _____
Relationship: _____

Children under 18 years of age:

Name: _____Date of Birth: _____

Name: _____Date of Birth: _____

Name: _____Date of Birth: _____

RESIDENCE HISTORY

Present address: _____

Own ☐ or Lease ☐ How Long? _____Present Landlord_____

Phone: _____

Previous address: _____

Own ☐ or Lease ☐ How Long? _____Previous Landlord_____

Phone: _____

EMPLOYMENT HISTORY

Employed by: _____ Income: $_____

Address: _____

Position: _____How long? _____ Phone: _____

Military Status: Active? ☐ Yes ☐ No

* Minimum of 5 years employment history required for Single person or married couple. Please attach additional pages if necessary.

SPOUSE EMPLOYMENT HISTORY

Employed by: _____ Income: $_____

Address: _____

Position: _____How long? _____ Phone: _____

Military Status: Active? □ Yes □ No

References:

Name: _____

Address: _____

Name: _____

Address: _____

VEHICLES:

State _____Make/year: _____Color/Model_____

Tag # _____ Insurance Carrier: _____

State _____Make/year: _____Color/Model_____

Tag # _____ Insurance Carrier: _____

PETS:

Name _____Type_____ Breed_____ Color _____Weight_____ Age____

Name _____Type_____ Breed_____ Color _____Weight_____ Age____

IN CASE OF EMERGENCY CONTACT:

Name _____ Phone_____

Name _____ Phone_____

Village Green #4 Condominium Association, Inc.
2100 SPRINGDALE BLVD., BUSINESS OFFICE
PALM SPRINGS, FL 33461
PHONE: 561 531 9267; FAX: 561-968-4847

BLDG: _____ APT: _____

APPLICATION FOR LEASE, GIFT, DEVISE OR INHERITANCE APPROVAL

1. Acceptance of the processing fee does not in any way imply or constitute approval.
2. All applicants must be interviewed by an Association representative prior to Board approval. Occupancy prior to Board Approval is prohibited.
3. No lease shall be for less than six (6) months.
4. No more than one (1) lease in a twelve (12) month period is permitted. Renewal or extension of any lease is subject to re-approval of the Board of Directors. Multi-year leases are subject to re-approval by the board of Directors on an annual basis.
5. Use of this unit is for single family residence use only.
6. Pets are not allowed at any time under any circumstances. Motorcycles, scooters, mopeds, boats, trailers, motor homes, campers, recreational vehicles, commercial vehicles with signage, ladder racks or ladders are not permitted to park upon the property at any time. Commercial service vehicles are permitted between 8am and 5pm Monday through Saturday.
7. One Bedroom Apt = No more than two (2) occupants. Two bedroom Apt = No more than four (4) occupants.
8. Moving of furniture in or out of a unit is permitted any day. Moving hours are 8am to 6pm.

MUST PRINT OR TYPE ALL INFORMATION ON ALL FORMS
MISSING INFORMATION WILL RESULT IN POSSIBLE NON-APPROVAL

DATE: _____ LEASE TERM: _____ TO _____

OWNER NAME: _____

OWNER'S PRESENT ADDRESS: _____

_____

TELEPHONE: _____ CELL PHONE: _____

OTHER PERSONS WHO WILL OCCUPY THE UNIT WITH YOU:

NAME	AGE	RELATIONSHIP	OCCUPATION

Are you a seasonal resident? _____. If yes, please list the previous landlord name and address and dates of residency. _____

_____

Have you ever been convicted or pled guilty to a crime? _____. If yes, please list the date(s), charges and dispositions: _____

Pg 2 – Lease App

1. I hereby agree for myself and on behalf of all persons who may use the apartment which I seek to lease:
   a. I will abide by all the restrictions contained in the Bylaws, Rules and Regulations and Restrictions which are, or may in the future be imposed by Number 4 Condo Association, Village Green, Inc.
   b. I understand that there is a restriction on pets and pets are not permitted.
   c. I understand that I must be present when any guest, relatives, visitors or children who are not permanent residents occupy the unit or use the recreational or common facilities.
   d. I understand that subleasing or occupancy of the unit during my absence is prohibited.
2. I have received a copy of the Rules and Regulations for Number 4 Condo Association, Village Green, Inc. and I have read and fully understand all the Rules and Regulations written within.
3. I understand that I will be advised by the Board of Directors of either Approval or Denial of this application.
4. Occupancy prior to Board Approval is strictly prohibited and may result in denial of occupancy.
5. I understand that a background investigation will be performed as required by the Number 4 Condo Association, Village Green, Inc. Board of Directors or its Management Company to conduct same.
6. I understand that approval for lease at Number 4 Condo Association, Village Green, Inc. is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors or Management. Any misrepresentation or falsification of information on these forms will result in the automatic disqualification of this application.

_____ _____

Date Signature of Lessee Attesting to having read and understanding above

_____ _____

Date Signature of Lessee Attesting to having read and understanding above

VILLAGE GREEN #4 CONDOMINIUM ASSOCIATION, INC.
2100 Springdale Blvd.
Palm Springs, FL 33461

Date: _____

UNIT NUMBER_____ OWNER_____ RENTER_____

NAME: _____MARITAL STATUS_____

NAME OF SPOUSE: _____

TELEPHONE # _____ CELL PHONE # _____

EMERGENCY CONTACT:

NAME: _____

RELATIONSHIP _____TELEPHONE # _____

VEHICLES PARKED ON PROPERTY:

MAKE 1. _____ 2. _____

MODEL: _____ _____

PLATE: _____ _____

DECALS REC'D BY: _____ _____

_____
APPLICANT'S SIGNATURE

_____
SPOUSE'S SIGNATURE

AUTHORIZED BY: _____

TO BE FILLED OUT BY APPLICANT(S)
(Please type information or print clearly)
FOR CMC OFFICE USE ONLY

All Questions must be answered - write N/A if not applicable

□ This is a Purchase or □ This is a Rental

Association: _____

If Purchase, projected closing date: _____

If Rental, Lease Term from _____ to _____

Address of Unit: _____

Applicant Name: _____

Co-Applicant Name: _____

If purchase, will you live on property:

full time □ or part time □ or not at all □ ***(if part time resident-must inform CMC when you will be in residence at the association or away at your alternate address, each time, and any changes of alternate address must be reported to CMC)***

Alternate mailing address:

_____

_____

Phone # _____ Phone #_____

Email: _____

Email: _____

****

This form should be given to the property manager with the application and a copy retained at front desk to be submitted to A/R with Warranty Deed when received.

VILLAGE GREEN #4 CONDO ASSN., INC.
C/o CENTURY MANAGEMENT CONSULTANTS, INC.
2950 JOG ROAD, GREENACRES, FL 33467
561-641-1016 PHONE ~ 561-641-9118 FAX
INFO@CMCMANAGEMENT.BIZ

ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate documents entitled "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 these documents. I/we hereby authorize the obtaining of "consumer reports" including but not limited to credit, eviction and criminal backgrounds. To this end, I/we hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested by Background Screeners of America, 9333 Melvin Ave., Northridge, CA 91324; 866-570-4949; **www.backgroundscreenersofamerica.com** and/or Employer, Homeowner Association, Condominium Association or Cooperative Association. I further agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original, and will hold harmless CMC Management, their employees, agents and/or affiliates, i.e., HOAs etc., and Background Screeners of America, their employees or agents and other organizations that provide information, from any and all liabilities arising out of the use of such information in connection with Background Screeners of America.

BACKGROUND INFORMATION – to be completed by all applicants 18 years of age or older. Unmarried co-applicants must fill out separate Acknowledgement/background information form.

Last Name: _____ First: _____ Middle: _____

Other Name (Alias) _____

Social Security #_____ Date of Birth _____

Driver's License # _____ State issued: _____

Present Address: _____City_____

State: _____ Zip Code _____ Phone: _____

*Email: _____

Signature: _____ Date: _____

SPOUSE:

Last Name: _____ First: _____ Middle: _____

Other Name (Alias) _____

Social Security #_____ Date of Birth _____

Driver's License # _____ State issued: _____

Present Address: _____City_____

State: _____ Zip Code _____ Phone: _____

*Email: _____

Signature: _____ Date: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

    - a person has taken adverse action against you because of information in your credit report;
    - you are the victim of identity theft and place a fraud alert in your file;
    - your file contains inaccurate information as a result of fraud;
    - you are on public assistance;
    - you are unemployed but expect to apply for employment within 60 days.

    In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.

- The following FCRA right applies with respect to nationwide consumer reporting agencies**:**

  CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

  You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

  As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Assistant General Counsel for Office of Aviation Protection Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street SW Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Division Regional Office
6. Small Business Investment Companies	Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street NE Washington, DC 20549
8. Institutions that are members of the Farm Credit System	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357