APPLICATION FOR PURCHASE BOCA TEECA CONDOMINIUM NO. 10, INC. DBA THE PALMS AT BOCA TEECA

C/O EXCLUSIVE PROPERTY MANAGEMENT

ATTENTION: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

INSTRUCTIONS:

1. This application for occupancy and authorization forms must be completed in detail by each proposed purchaser or occupant. All individual persons over the age of 18 that will occupy the unit must pay a separate fee for background screening and complete the application providing all additional documents. (Please note there is a place for up to 2 applicants per packet, please make additional copies prior to completion)
2. The Association has **30** days to complete the review process from the date of receipt of the fully completed application, all fees and any supplemental information required. If a question is not answered completely or left blank, this application may be returned, not processed and not approved.
3. All applicants must make themselves available for a personal interview prior to final approval.
4. All maintenance fees and assessments must be paid up to date upon closing.
5. Please submit this application on one-sided, letter-sized paper. We do not accept electronic submissions of any application paperwork (for each applicant's protection) **please do not email**. Please submit a physical package for review to our office along with all additional documents for each applicant over 18 and all payments (under fees required below) for processing.

ADDITIONAL DOCUMENTS REQUIRED: (Please submit with your application):

1. A legible copy of the **executed sales contract**, signed by all parties.
2. A legible copy of valid and non-expired **Driver's License** (or state-issued ID) and **Social Security Card** for all applicants, along with copies of **Vehicle Registrations** for any vehicles parked on the property.

INTERNATIONAL REQUIREMENTS: (only provide if applicant(s) do not have a social security card)

1. Copy of **Passport** for all applicants over the age of 18,
2. Copy of **Visa** for all applicants over the age of 18.
3. **3 months of bank statements** to verify income.

FEES REQUIRED: **WE ONLY ACCEPT MONEY ORDERS FOR APPLICATION FEES**

1. **$100.00** non-refundable screening fee must be attached to this application, made payable to **BOCA TEECA CONDOMINIUM NO. 10, INC. DBA THE PALMS AT BOCA TEECA** for each applicant over 18 or per married couple.
2. **$50.00** non-refundable application fee per each applicant for processing of records, made payable to **EXCLUSIVE PROPERTY MANAGEMENT.**

(ACCEPTANCE OF THE PROCESSING FEE DOES NOT CONSTITUTE APPROVAL OF THIS TRANSACTION)

OCCUPANCY RESTRICTIONS:

1. Occupancy prior to Board approval is prohibited.
2. No rentals until after **Two (2)** years of ownership.
3. One rental per year **No lease shall be less than (3) months and no more than one (1) year**
4. No Corporate ownership allowed.
5. The apartment units are limited for use as single family residences. A family is defined as the owner(s) of the unit who live together permanently as a "single family". No Corporation, Company, Partnership, or Trust may be Lessee.
6. No pets allowed at any time.
7. No commercial vehicles, trailers, campers, boats, trucks, motor homes, mobile homes, recreational vehicles, mopeds, etc., will be permitted on the Condominium premises overnight. Only one assigned parking space available for each Unit.
8. Occupancy regulations:

One-bedroom apartment: no more than two (2) occupants/ Two-bedroom apartment: no more than four (4) occupants. Three-bedroom apartment: no more than six (6) occupants.

9. Moving of furniture in or out of a Unit is not permitted on Sunday and Holidays. Hours for moving are from 8:00AM to 6:00PM, Monday through Friday and Saturday from 8:00AM to 5:00PM.

MUST PRINT OR TYPE ALL THE INFORMATION ON THIS FORM

(Answer all questions. If all questions are not answered the application will be rejected and new fees will be required to resubmit as mentioned above. Place an "N/A" in any areas where an answer is not applicable)

SALE: Approx. Closing Date: _____

Property Address: _____

Current Owner's Name: _____ Tele No. _____

Name of Realtor Handling Sale: _____ Tele No. _____

Realtor's Email: _____

Title Company Email: _____

NAME OF PURCHASER(S) [As Title will appear]:

1. _____ 2. _____

ACKNOWLEDGEMENT:

Have you ever had an eviction filed against you?

Applicant 1: YES: _____ NO: _____ Applicant 2: YES: _____ NO: _____

Have you ever left owing money to any owner or landlord?

Applicant 1: YES: _____ NO: _____ Applicant 2: YES: _____ NO: _____

Have you applied for residency anywhere in the past two (2) years, but did not move in?

Applicant 1: YES: _____ NO: _____ Applicant 2: YES: _____ NO: _____

Have you ever had adjudication withheld or been convicted of a crime:

Applicant 1: YES: _____ NO: _____ Applicant 2: YES: _____ NO: _____

Are you an active member of the armed forces, a reservist, or member of the Florida or National Guard?

Applicant 1: YES: _____ NO: _____ Applicant 2: YES: _____ NO: _____

Any applicants, who are active members of the Armed Forces, Reserves, or Florida or National Guard, please provide proof via current photo identification

AGREEMENT:

1. In making this application, I represent to the Board of Directors that the purpose of the purchase in to **BOCA TEECA CONDOMINIUM NO. 10, INC. DBA THE PALMS AT BOCA TEECA** is as follows:
   Permanent Residence ___ Seasonal Residence ___ Investment for Rental _____ Other _____

2. I hereby agree for myself and on behalf of all persons who may use the unit which I seek to purchase that I will abide by all of the restrictions contained in the By-Laws, Rules and Regulations, Association Documents and restrictions which are or may in the future be imposed by **BOCA TEECA CONDOMINIUM NO. 10, INC. DBA THE PALMS AT BOCA TEECA** I have received a copy of all Association Documents and Rules & Regulations.

3. I understand that the acceptance for purchase of a unit at **BOCA TEECA CONDOMINIUM NO. 10, INC. DBA THE PALMS AT BOCA TEECA** is conditioned upon and accuracy of this application and upon the approval of the Board of Directors of not only the buyer(s), but also all Occupants. Any misrepresentation or falsification of any information on these forms will result in the automatic disqualification of your application. Occupancy prior to Board of Directors approval is prohibited.

4. All purchaser(s) and occupants understand that the Board of Directors of **BOCA TEECA CONDOMINIUM NO. 10, INC. DBA THE PALMS AT BOCA TEECA** may request an investigation of their background. Accordingly, I specifically authorize the Board of Directors, Management and Screening 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 of **BOCA TEECA CONDOMINIUM NO. 10, INC. DBA THE PALMS AT BOCA TEECA** 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 of Directors in reviewing and processing this application.

5. All occupants are bound by all terms and conditions set forth in this Application and **BOCA TEECA CONDOMINIUM NO. 10, INC. DBA THE PALMS AT BOCA TEECA** shall specifically have the right to consent or reject any application and proposed transaction in their sole and absolute discretion should any occupant or purchaser not meet the eligibility standards adopted by the Association.

6. In making the foregoing application I am aware that the decision of **BOCA TEECA CONDOMINIUM NO. 10, INC. DBA THE PALMS AT BOCA TEECA** will be final and a determination 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.

If this application is not legible or is not completely filled out, the Association or Management Company 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 the Management Company will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The Association, the Management Company, and any parties or party considering renting to the above named applicant(s) will not be liable or responsible for inaccurate information gathered, in the background report, or any other report in regards to this application. It is also agreed that if for any reason the application is rejected, the Management Company, or any other parties will not be held responsible. If applicant brings any parties to court, applicant will be held fully responsible for all attorneys' fees.

I HEREBY CERTIFY THAT I HAVE RECEIVED AND READ THE RULES & REGULATIONS OF **BOCA TEECA CONDOMINIUM NO. 10, INC. DBA THE PALMS AT BOCA TEECA** AND I AGREE TO ABIDE BY THE RULES & REGULATIONS, THE DECLARATION AND THE BY-LAWS OF THE ASSOCIATION.

APPLICANT 1 SIGNATURE_____ DATE: _____

APPLICANT 2 SIGNATURE_____ DATE: _____

THE PALMS AT BOCA TEECA
BOCA TEECA CONDOMINIUM NO. 10, INC.

Property Address:_____

Applicant 1:_____ Date of Birth:_____

Phone Number:_____Email Address:_____

Applicant 2:_____ Date of Birth:_____

Phone Number:_____Email Address:_____

List others who will reside in unit: Name:_____DOB:_____ Relation:_____

Name:_____DOB:_____ Relation:_____

Applicant 1:

Has applicant 1 ever plead no contest, or been convicted of a felony? No ( ) Yes ( )

Applicant 1- any bankruptcies or evictions? No ( ) Yes ( ) If Yes, when: _____

Vehicle Make: _____ Model: _____ Year: _____ Plate: _____

Applicant 1 Employer: _____ Length of time:_____ Approx. Mo. Income $_____

Address_____ Manager: _____ Phone #: _____

Present Address: _____City_____State_____Zip_____

Owner ( ) Renter ( ) How long? : _____ Landlord: _____Phone #: _____

Previous Address: _____City_____State_____Zip_____

Owner ( ) Renter ( ) How long? : _____ Landlord: _____Phone #: _____

Applicant 2:

Has applicant 2 ever plead no contest, or been convicted of a felony? No ( ) Yes ( )

Applicant 2- any bankruptcies or evictions? No ( ) Yes ( ) If Yes, when: _____

Vehicle Make: _____ Model: _____ Year: _____ Plate: _____

Applicant 2 Employer: _____ Length of time:_____ Approx. Mo. Income $_____

Address_____ Manager: _____ Phone #: _____

Present Address: _____City_____State_____Zip_____

Owner ( ) Renter ( ) How long? : _____ Landlord: _____Phone #: _____

Previous Address: _____City_____State_____Zip_____

Owner ( ) Renter ( ) How long? : _____ Landlord: _____Phone #: _____

EXCLUSIVE PROPERTY MANAGEMENT

Disclosure and Release of Information Authorization
Consumer Report/Investigative Consumer Report/ Criminal Report

*****Please make a copy of this form prior to completing (if applicable) as each person applying needs to sign and complete this form individually (even if married)*****

As an applicant to purchase, lease, or occupy a certain property, house, apartment, or condominium, you are a consumer with rights under the Fair Credit Reporting Act. When evaluating you as a purchaser, tenant, or occupant, a consumer report or an investigative consumer report may be obtained from a consumer reporting agency and may be obtained at any time during the application process or during your duration of ownership or leasing contract.

I authorize Ardent Ventures d.b.a. Exclusive Property Management to obtain information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, and law enforcement agencies at the federal, state, or county level, relating to my past activities, to supply any and all information concerning my background. The information obtained may include, but it may not be limited to prior landlords, and residential, previous employment verification, credit reports, driving history, and criminal history records.

I understand that a Consumer Report or Investigative Consumer Report may be prepared summarizing this information. The report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and/or mode of living. I may also have the right to request additional disclosures regarding the nature and scope of the investigation as well as a written summary of my rights under the Fair Credit Reporting Act. If requested, the consumer reporting agency will explain the contents of my file. I understand that proper identification will be required and have attached the appropriate identification to this application.

I understand that by requesting this information, no promise of purchase or rental or approval is being made. I also understand that a photocopy of this authorization may be accepted with the same authority as the original; and that if accepted as an owner or tenant or occupant by the Association, this authorization will remain in effect throughout such ownership or lease or occupancy. I understand that the information requested below regarding date of birth, race, and sex is for the sole purpose of gathering the above information accurately, and will not be used to discriminate against me in violation of any law.

THE ABOVE IS READ, ACKNOWLEDGED AND AUTHORIZED:

_____

Signature Date

NOTE: I AM PROVIDING THE FOLLOWING INFORMATION VOLUNTARILY FOR THE PURPOSES EXPLAINED ABOVE

NAME: _____
First Middle (full) Last Maiden

SOCIAL SECURITY #: _____ - _____ - _____ DATE OF BIRTH: _____ - _____ - _____
MON DAY YEAR

DRIVER'S LICENSE # _____ STATE: _____

CURRENT ADDRESS: _____

CITY/STATE/ZIP: _____

PREVIOUS ADDRESS: _____

CITY/STATE/ZIP: _____

CANADIAN CONSUMER/CRIMINAL SCREENING

Please complete the "applicant information" if you are a Canadian resident

Applicant Information:

First Name:_____ Middle Name:_____ Last Name:_____

Check one if applicable: ☐ Jr. ☐ Sr. Date of Birth: _____/_____/_____
(month) (day) (year)

Social Insurance Number: _____-_____-_____

Full Current Address:

Street Address:_____Apt. #:_____

City:_____ Province:_____ Zip:_____

For office use only:

Account Information: (all information must be completed for processing)

Account Number:_____ Account Name:_____

Contact Name:_____ Contact Email:_____

Phone Number:_____ Fax Number:_____

CanadianCriminalRequest frm 2010-07-07-OPSFS

BOCA TEECA CONDOMINIUM NO. 10, INC. DBA THE PALMS AT BOCA TEECA
C/O Exclusive Property Management
2945 West Cypress Creek Road, Suite 201, **Tel: (954) 969-1330**
Fort Lauderdale, Florida 33309 **Fax: (954) 969-7622**

PET REGISTRATION FORM

☐ I/WE HEREBY CERTIFY THAT THERE WILL **NOT** BE ANY PETS RESIDING IN THIS PROPERTY

Signature:_____ Signature:_____

Applicant 1:_____ Applicant 2:_____

Property Address:_____

Phone No:_____Email Address:_____

ATTACH PHOTO OF PET HERE

Return all completed form to:

BOCA TEECA CONDOMINIUM NO. 10, INC. DBA THE PALMS AT BOCA TEECA
C/O Exclusive Property Management

2945 West Cypress Creek Road, Suite 201,

Fort Lauderdale, Florida 33309

Type of Pet: ( ) Dog ( ) Cat ( ) Other

Name of Pet:_____ Breed or Mixture:_____ Gender:_____ Weight:_____

Color:_____ Age:_____

Veterinarian's Name:_____ Phone#_____

Certificate # (Required: Attached Copy):_____ Tag ID#_____

I hereby certify that the above information is true and correct. I understand that I am fully responsible for the actions of my pet and I acknowledge and agree to abide by any pet rules and ordinances as it relates to the control of my pet so as not to cause a nuisance and I agree to clean-up after my pet(s).

Date:_____ Applicant 1:_____

Date:_____ Applicant 2:_____

BOCA TEECE CONDOMINIUM NO. 10, INC. DBA

THE PALMS AT BOCA TEECA

MAILING ADDRESS CONFIRMATION

NAME OF APPLICANT 1: _____

NAME OF APPLICANT 2: _____

SEND MAIL TO UNIT ADDRESS AFTER CLOSING: Yes ☐ No ☐

MAILING ADDRESS: _____

_____

Phone Number: _____ Cell Phone Number: _____

E-mail address: _____

ALL MAIL WILL BE SENT TO THE ADDRESS INDICATED ON THIS FORM. IF YOUR MAILING ADDRESS CHANGES YOU MUST SEND WRITTEN REQUEST TO THE MANAGEMENT OFFICE. THIS INCLUDES SEASONAL RESIDENTS SO YOU MAY RECEIVE ALL IMPORTANT COMMUNITY UPDATES AND NOTICES.

APPLICANT 1 SIGNATURE_____ DATE: _____

APPLICANT 2 SIGNATURE_____ DATE: _____