

HIDDEN HOLLOW HOA, INC.

C/O Sea Breeze Community Management Services, Inc.
4227 Northlake Boulevard
Palm Beach Gardens, FL 33410
(561)626-0917 Fax (561)626-7143
www.seabreezecms.com

Application (updated 7/2015)

Information is required on all applicants. COMPLETE ITEMS 1 TO 16 & SUBMIT AT LEAST 30 DAYS PRIOR TO CLOSING DATE. **Old application packages will not be accepted our most current application package is available online at the Sea Breeze website.**

MAIL OR DROP OFF APPLICATION PACKAGE AT OUR OFFICE.

FAX COPIES WILL NOT BE ACCEPTED AS APPLICATION IS INCOMPLETE.

If copies needed a charge of 25 cents per page required.

- ____ 1. Current information. (pg. 2)
- ____ 2. Application form questions. (pg. 3)
- ____ 3. Information to be completed by owner.
This section does include the owner's signature needing to be notarized. (pg. 4)
- ____ 4. Information to be completed by applicant. This section does include the applicant's signature needing to be notarized. (pg. 5 – 7)
- ____ 5. **RENTALS ONLY:** Addendum to lease will need both landlord(s) and tenant(s) print name and sign. A witness to both the landlord(s) and tenant(s) signature is required, witness must print name and sign. (pg. 8)
- ____ 6. Residential screening request & disclosure & authorization agreement to be completed by **ALL** adults 18 and over purchasing, renting or residing at the property. (pg. 9 - 10)
- ____ 7. Each applicant must sign the certificate of approval. This section does include the applicant's signature needing to be notarized.
The approval is not authorized until the bottom section of the page is completed by an authorized Board Member or Authorized Personnel, which will be issued after the orientation meeting. You will need to send the original to your closing agent. (pg. 11)
- ____ 8. Each applicant should review the rules and regulations. Sign and print your name at the bottom.
The rules will be reviewed at the welcome meeting.
If you are interested in setting up for Association bulk email you will need to sign, date and print email address.
Request for emergency contact to be completed.(pg 12)
- ____ 9. Provide a copy of the completed contract.
- ____ 10. Provide a copy of registration and proof of insurance for each vehicle.
- ____ 11. Provide a picture ID for each adult (18 and over) resident (legible copy of driver's license or passport).
- ____ 12. \$100.00 **CASH, MONEY ORDER OR CASHIERS CHECK ONLY** fee for each application containing no more than two adults, and an additional \$100.00 fee for each additional adult listed on the application. This is a non-refundable transfer fee made payable to Hidden Hollow HOA, Inc.
- ____ 13. \$50.00 **CASH, MONEY ORDER OR CASHIERS CHECK ONLY** for a non-refundable processing fee made payable to Sea Breeze CMS, Inc.
- ____ 14. \$35.00 **CASH, MONEY ORDER OR CASHIER'S CHECK ONLY** per adult (18 and older) representing a non-refundable background check application fee made payable to Hidden Hollow HOA, Inc.
- ____ 15. Out of the country applicants are subject to completing additional paperwork and fees as determined by our screening company. Please contact our office prior to submitting the application to obtain additional paperwork and fee amount. If additional fees are needed this is non-refundable and made payable to Hidden Hollow HOA, Inc. **CASH, MONEY ORDER OR CASHIER'S CHECK ONLY will be accepted.**
- ____ 16. Application completely filled out, if not, application will be returned unapproved. Interview is required prior to approval.

Application Criteria

An applicant may not be approved based on one or more of the following:

1. Application not completed in full.
2. False information provided in application.
3. Prohibited vehicles include motorcycles, vans with permanent seating for less than four or more than eight persons, commercial vehicles, buses, pick-up trucks, vehicles with a shell, camper or enclosure, campers, recreational vehicle.
4. Prohibited vehicles not kept in good visual condition, exhibiting peeling, bubbling or missing paint, or broken, perforated or missing parts.
5. Limit per unit of two (2) household pets.
6. Leasing: Property may not be leased more than two (2) times in a calendar year.
7. Leasing: Lease term of no less than six months

Current Information

(All information must be printed and legible throughout the documents).

Hidden Hollow Property Address: _____

Name of Current Owner: _____

Current Owner Phone Number: _____ Email Address: _____

Name of Applicant # 1: _____

Applicant # 1 Phone Number: _____ Email Address: _____

Name of Applicant # 2: _____

Applicant # 2 Phone Number: _____ Email Address: _____

Name of Applicant # 3: _____

Applicant # 3 Phone Number: _____ Email Address: _____

Name of Applicant # 4: _____

Applicant # 4 Phone Number: _____ Email Address: _____

Realtor Name & Phone Number: _____

Please select all the apply below

I/we plan to purchase the property.

The closing date is set for _____ (mm/dd/yyyy)

I/we plan to lease the property.

The lease starts on _____ (mm/dd/yyyy) and expires on _____ (mm/dd/yyyy)

I/we plan to occupy the property on _____ (mm/dd/yyyy) on a full time basis.

I/we plan to occupy the property on a seasonally basis. Seasonally we accept to reside at the property from _____ (month) to _____ (month).

I/we plan to keep the property vacant until _____ (mm/dd/yyyy) and will notify the management company prior to inform of resident moving in.

I/we plan to rent the property on or around _____ (mm/dd/yyyy)

I/we plan to

TO BE COMPLETED BY THE OWNER(S)

1) Complete name(s) of owners as shown on your current deed or the proposed lease:

2) Hidden Hollow lot address _____, P.B.G., FL.

3) Recognizing that thirty days are normally required before a sale or lease is approved:

What is the proposed sale or lease start date: _____

If a lease, then the proposed end date: _____

4) Owner's telephone: Day: _____ Night: _____

Owner's Cell Phone Number _____

5) Owner(s) Mailing Address _____

I/we hereby certify that I/we will comply with the Association's restrictions, including but not limited to the restrictions stated in this Application, and that attached and submitted with this /application is a true and correct copy of the terms of the proposed transfer. The Association's application process is not intended to protect me/us. I/we will not rely on the Association's process to screen the proposed purchaser or lessee(s) background or otherwise. I/we have a duty to the Association and the Association's members and their family, tenants and guest to properly screen and review all occupants of my/our property.

Dated this ____ day of _____, 20____

Owner's Signature _____ Print Name _____

Owner's Signature _____ Print Name _____

State of Florida)
County of Palm Beach)

BEFORE ME, the undersigned authority duly authorized to take oaths, this day personally appeared _____

Who being by me first duly sworn, on oath, deposes and says that the statements contained in the foregoing are true and correct.

SWORN TO AND SUBSCRIBED before me this ____ day of _____ 2____

Notary Public
My Commission Expires:

TO BE COMPLETED BY THE APPLICANT(S)

Present Address: _____

Telephone Numbers Day: _____ Night: _____

Length of time at present address _____

Prior residence address and length of time at that residence:

Landlord name, address and telephone (if applicable):

For each person who will occupy the property, list:

Complete Name	Present Address	Age	Driver's License Number (if any)

Has any proposed occupant lived in a community with a homeowners' condominium or other community association?

_____yes _____no

If yes, please provide the name and location of the development and the association and the dates you lived there: _____

Has any proposed occupant ever been involved in a dispute or a legal proceeding with a community association?

_____yes _____no

If yes, please provide details: _____

Have you ever been involved in a dispute or a legal proceeding with a Homeowners', Condominium, or Cooperative Association?

_____yes _____no

If yes, please provide details: _____

For each employer of all transferees provide employment history for the last five years:

Name and Address	Job Title	Dates	Reason for Leaving
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Pets are limited within the Hidden Hollow Community to dogs and cats, no more than two! Fish and domestic birds may be kept indoors. Pets must not be a nuisance whether from noise, waste or otherwise. Please identify all pets to be kept at Hidden Hollow listing the type, breed and weight as well as where you plan to walk the dog, if any.

Vehicles at Hidden Hollow are defined passenger vehicles! Prohibited vehicles include, but are not limited to pickups over 1 ton rating, other trucks, commercial vehicles, campers, mobile homes, motor homes, boats, and all trailers. Motorcycles, and if under 1 ton rating, pickups and vans must be parked in a garage. For all automobiles to be parked at your Hidden Hollow home, please list:

List names, addresses and telephone numbers of three personal references. List names, addresses and telephone numbers of three bank or financial references (include account numbers and type of account):

- 1) _____
- 2) _____
- 3) _____

Altering a home or lot at Hidden Hollow is strictly limited. Please state, with specificity, any change you anticipate to make to the property (no approval for alterations is provided by this process, prior written Association approval for each change must be applied for separately).

Is there anything preventing any proposed occupant from keeping the home and lot clean and free from debris and trash, not leaving trash outside the home except after dusk the day before pick up, and removing containers before dusk the day of pick up?

_____yes _____no

CRIMINAL BACKGROUND:

I understand a Nationwide Law Enforcement Investigation is required and will be done.

1) Have you (or any other occupants) ever been convicted of a State or Federal offense:
_____ Yes _____ No If yes provide detail: _____

2) Are you (or any other occupants) presently awaiting trial on any criminal offense?
_____ Yes _____ No If yes provide detail: _____

If yes to any of the above, give occupants name, dates, name of court, and details of conviction (use separate sheet of paper, if necessary).

Certification

I/we hereby certify that I/we have read the Declaration of Protective Covenants of Hidden Hollow and Hidden Hollow of Palm Beach Homeowners' Association, Inc. Articles of Incorporation, Bylaws, and Rules and Regulations. I/we agree to comply with all of the provisions contained in those documents. Hidden Hollow of Palm Beach Homeowners' Association, Inc. is authorized to utilize and release the information contained in this application to undertake an investigation as part of its lease approval process, including obtaining credit and financial information. I/we hereby certify that attached and submitted with this application is a true and correct copy of the terms of the proposed lease, if any.

Dated this _____ day of _____, 20_____

Transferee's Signature _____ Printed Name _____

Transferee's Signature _____ Printed Name _____

State of Florida)
County of Palm Beach)

BEFORE ME, the undersigned authority duly authorized to take oaths, this day personally appeared _____

Who being by me first duly sworn, on oath, deposes and says that the statements contained in the foregoing are true and correct.

SWORN TO AND SUBSCRIBED before me this _____ day of _____ 2_____

Notary Public
My Commission Expires:

ADDENDUM TO LEASE

Fill in the blanks. Both landlord(s) and tenant(s) must print name and sign. A witness to both the landlord(s) and tenant(s) signature is required, witness must print name and sign.

THIS ADDENDUM is made between _____ (“Landlord”) and _____ (“Tenant(s)”) effective this _____ day _____ 20_____ and is intended to and shall supplement, amend and modify that certain Lease dated _____ regarding Unit _____, in the following respects:

1. Tenant(s) are subject to and shall abide by all covenants and restrictions and rules and regulations set forth in the Declaration of Covenants, Conditions and Restrictions for Hidden Hollow HOA, Inc. If the tenant(s) fails to comply with the rules and regulations the association has the right to evict the tenant(s).

2. In the event the landlord/owner becomes delinquent in 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. During the period of time the tenant is paying the rent to the Association, the Landlord shall not seek to evict the tenant for non-payment of rent.

Witness:

LANDLORD(S)

Signature

Signature

Printed Name

Printed Name

Signature

Signature

Printed Name

Printed Name

Witness:

TENANTS(S)

Signature

Signature

Printed Name

Printed Name

Signature

Signature

Printed Name

Printed Name

Hidden Hollow / Ref# _____

Background Check Only

RESIDENTIAL SCREENING REQUEST

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ DOB (MM/DD/YYYY): _____

Tel#: _____ Cell#: _____

Current Employer

Company: _____ N/A _____ Tel#: _____ N/A _____

Supervisor: _____ N/A _____ Salary: _____ N/A _____

Employed From: _____ To: _____ Title: _____ N/A _____

Current Landlord

Company: _____ N/A _____ Tel#: _____ N/A _____

Landlord: _____ N/A _____ Rent: _____ N/A _____

Rented From: _____ N/A _____ To: _____ N/A _____

I have read and signed the Disclosure and Authorization Agreement.

SIGNATURE: _____ **DATE:** _____

DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CONSUMER REPORTS

DISCLOSURE

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for residence.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheckUSA with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

Print Name

Signature

Date

- For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check the box.

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CERTIFICATE OF APPROVAL

The undersigned authorized representative of **HIDDEN HOLLOW HOA INC.** hereby certifies that the proposed conveyance of the following unit has been approved as written below:

Unit Address: _____

Owner(s): _____

Applicant(s): _____

The above Applicant(s) as evidenced by Applicant(s) signature(s) below hereby acknowledge receipt of the Declaration of Covenants, Articles of Incorporation, By-Laws, Rules and Regulations and any amendments to the documents for the association, and agrees to be bound by said documents.

Applicant(s) Printed Name

Applicant(s) Printed Name

Applicant(s) Signature

Applicant(s) Signature

Date

Date

STATE OF FLORIDA COUNTY OF PALM BEACH

The foregoing instrument was sworn and subscribed before me this _____ day of _____, 20_____, By: _____ who is personally known to me or who has produced a valid Florida driver's license as identification.

Notary Signature & Stamp:

This is to certify that the above named Applicant(s) have complied with the above statements and thereby obtained the approval of **Hidden Hollow HOA Inc.**
By: _____ As: _____ Date: _____
On behalf of the Board of Directors

Acknowledgment of Association Document Set and Rules And Regulations

I/We agree abide by the Declaration of Covenants, Articles of Incorporation, By-laws, rules and regulations and any Amendments there to.

Applicant Signature

Applicant Signature

Applicant Printed Name

Applicant Printed Name

Date

Date

Authorization to Set With Association Bulk Email

Please provide your email address and sign and date if you would like to receive emails related to association business.

Yes, please provide your email address: _____

No

Signature

Date

Emergency Contact

In case of an emergency such as a water leak we would like to get emergency phone numbers. Please provide the person's name and phone number of who we can contact someone to get in touch with you.

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____