COCOPLUM PROPERTY OWNERS ASSOCIATION OF PALM BEACH, INC.

<u>APPLICATION FOR OCCUPANCY</u>

- The Association requires an orientation meeting to discuss the rules and regulations of the Community. This meeting will take place over the phone and email with Sea Breeze Community Management Services, Inc.
- Failure to comply may result in your application being declined or certificate of approval not being issued.
- Failure to comply with the Rules and Regulations of the Community may result in the termination of the lease.
- Applications must be received 10 business days prior to your move in date.

All prospective owners/tenants must complete the Association's application and must submit the following documents:

- Completed Association Application
- Clear copy of valid identification card and/or driver's license for ALL residents over 18.
- Clear copy of Purchase Contract or Lease
- Clear copy of vehicle registration(s) for each vehicle. This is for the purpose of a Bar Code
- \$150 application fee per person for anyone 18 yrs of age or older <u>made payable to Sea Breeze</u> <u>Community Management Services, Inc.</u> This must be paid in either a money order or cashiers check and is nonrefundable.
- **LEASE ONLY:** \$500 refundable deposit is required.
- **LEASE ONLY:** Tenants must provide proof of income for one month. The rent amount may not exceed 30% of their annual gross income.
- **LEASE ONLY:** Tenant must provide 3 letters of references (no family members)

BE ADVISED A CRIMINAL BACKGROUND CHECK WILL BE CARRIED OUT ON ALL APPLICANTS OVER THE AGE OF 18 YRS. A FREE AND CLEAR BACKGROUND CHECK WILL BE REQUIRED IN ORDER TO BE APPROVED FOR ANY LEASE. Please provide an email and/or physical address where results may be sent. Please print a separate copy of the Screen Request page & the Disclosure page for each person over the age of 18. (Only one (1) is included in this application.

Your application will be returned as incomplete if any of the above is missing

WARNING: We are not authorized to change an owner's name in our system until we have received a Warranty Deed or a copy of change from the Palm Beach Property Appraiser's website. If you do not provide this proof of change of ownership your bills will go to the previous owner and you may incur late fees, interest, and attorney fees. You are responsible for providing the Association with the warranty deed. You can drop off the deed at the guardhouse, mail, fax or email to:

Sea Breeze Community Management Services, Inc. 4227 Northlake Blvd. Palm Beach Gardens, FL 33410 Fax: (561)626-7143 admin@seabreezecms.com

COCOPLUM PROPERTY OWNERS ASSOCIATION OF PALM BEACH, INC.

COVER SHEET FOR PURCHASE/RENTAL APPLICATION

Address:	Lease Dates:	
CONTACT NUMBERS:	Sale Closing Date:	
Owner(s) Name:	Phone:	
Realtor(s) Name:	Phone:	
Purchaser(s)/Tenant(s) Name:	Phone:	
Purchaser(s)/Tenant(s) Name:	Phone:	
EMAIL ADDRESS:		
Below: Office use only		
Application-Complete		
Executed Lease Agreement or Sales Contra	ct	
\$150.00 nonrefundable Application Fee (no	personal checks)	
Clear Copies of each Drivers License		
Clear Copy of each Vehicle Registration		
Background Check Completed		
Have you lived in Cocoplum POA before?		
RENTALS ONLY: A check or money orde	er for \$500 as a refundable deposit.	
RENTALS ONLY: Ledger (If there is a bal	lance the application will be denied)	
RENTALS ONLY: Violations (if there are	any open violations the application will be denied)	
RENTALS ONLY: Income Requirements		
RENTALS ONLY: 3 letters of references		
Once approved remove old renter/tenant an	d add new one (update Gate)	
RENTALS ONLY: Put term of lease in set	up.	
Orientation Date:	Association RepresentativeOrientation completed	

COCOPLUM PROPERTY OWNERS ASSOCIATION OF PALM BEACH, INC.

Application for Occupancy

Please complete all questions and fill in all blanks. If application is incomplete, this may result in your application not being processed and/or not approved. If the question does not apply, answer N/A. Print legibly or type all information.

Address of Property:			
Owner's Name:		_ Contact Phone#	
Dates of Lease:	OR	Closing Date:	
1. Name: Tenant/Purchaser:	First Name	Last Name	
2. Name/Spouse: Tenant/Purchaser:			
3. Email address:			
4. Please list full names and date of birth of	f <i>all</i> persons that	will reside at this residence:	
FULL NAME:	Date of Birth		
5. Has anyone in your household ever been If yes, please explain.	convicted of a f	Felony?	
		lled out, Cocoplum Property Owners Association of Palm Beach, Inc. evestigation and related report (should there be one) caused	
• • • • •	pplicant, and a f	Owners Association of Palm Beach, Inc their agent may full disclosure or pertinent facts may be made to the rough a credit reporting agency.	
Applicants Signature:		Date:	
Spouse's Signature:		Date:	
Owner's Signature:		Date:	

Resident Information Sheet Cocoplum

The following information is needed for the computer at the gate. This information will be kept confidential and used only for the purpose of security entry. ONLY OWNERS MAY COMPLETE THIS FORM.

OWNER CONTACT INFO: Owner Name: (Last) (First) (Last) (First) Address: Phone 1# () ______ Phone 2# () _____ Phone 3# () _____ Emergency Contact: () **CURRENT OCCUPANT INFO: RENTERS Current Occupant Name:** (First) (Last) (Last) (First) Address: Phone 1# () ______ Phone 2# () _____ Phone 3# () _____ Emergency Contact: () **Permanent Guests:** Will not call you if these guests arrive at the guardhouse. Name Name Name Name

Name

Name

1) Buyer Name:_____ 2)BuyerName:_____ Employer Phone_____ Address _____ Address _____ Position Position Supervisors Name_____ Supervisors Name_____ Employed From_____To____ Employed From_____To____ Reason for Leaving _____ Reason for Leaving Annual Income Annual Income **Pet Registration Information** Type of Pet (Please circle one) Dog Other Specify _____ Cat Bird Pet's Name:_____ Pet's Age: Pet's Weight:_____

WORK HISTORY: Provide work history on all adult (18 and over) occupants, use separate page if necessary. If less

than 5 years, provide previous employer info on separate page.

Pet's License/Tag Number_____

Sea Breeze – Cocoplum of Palm Beach / Ref#_____

RESIDENTIAL SCREENING REQUEST

First:	Middle:		Last:			
Address:						
City:		ST:	Zip:			
SSN:		DOB (MM/	DD/YYYY):			
Tel#:	<u>_</u>	Cel#:				
Current Employer						
Company:	<u>N/A</u>	Tel#:	<u>N/A</u>			
Supervisor:	N/A	Salary:	<u>N/A</u>			
Employed From: N/A	To:	<u>N/A</u> Title:	<u>N/A</u>			
<u>Current Landlord</u>						
Company:	<u>N/A</u>	Tel#:	<u>N/A</u>			
Landlord:	<u>N/A</u>	Rent:	<u>N/A</u>			
Rented From:	<u>N/A</u>	To:	<u>N/A</u>			
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.

Deing Name		
Print Name		
Signature	Date	
For California, Minnesota or Oklahoma appif one is obtained, please check the box.	icants only, if you would like to re	eceive a copy of the report

Cocoplum of the Palm Beaches Property Owners Association, Inc.

c/o Sea Breeze Community Management Services, Inc. 4227 Northlake Boulevard, Palm Beach Gardens, FL 33410 Tel: (561)626-0917 Fax: (561)626-7143

www.seabreezecms.com

CONTACT INFORMATION

Section 1: Owner info Owners Name(s): Address in Cocoplum: _____ Phone Number: ______ Addl. Phone Number: _____ Emergency Contact: _____ Phone Number: _____ Owners Mailing Address: Section 3: Email Info Owner Email Tenant Email (if applicable) _____ Do you want to be part of the Cocoplum bulk email? _____ Yes _____ No I authorize Cocoplum of the Palm Beaches Property Owners Association, Inc. to send me e-mails for association business. We will not share your information with anyone outside of Cocoplum of the Palm Beaches Property Owners Association, Inc. or the management company. Owner signature _____ Date Tenant signature (if applicable) ______ Date _____