

EMBASSY PARK COA, 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

Sales Application

Lease Application

(updated 2/2018)

Information is required on all applicants. COMPLETE ITEMS 1 TO 7 & SUBMIT AT LEAST 15 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. Complete needed information on page 2 thru 5.
- ___ 2. Sign the certificate of approval prior to interview. We need the original certificate of approval as it is needed for closing or Lease. (pg. 5)
- ___ 3. Residential screening request & disclosure & authorization agreement to be completed by all ADULTS (18 and over). (pg. 6-7) Extra copies may be needed if more than one adult.
- ___ 4. **BUYERS ONLY:** provide pet information. (pg. 8) **No pets allowed on rentals.**
- ___ 5. Provide a copy of the executed Sales Contract or Lease Agreement.
- ___ 6. Provide a copy of the vehicle registration & proof of insurance.
- ___ 7. Provide a picture ID for each adult (18 and over) resident (legible copy of driver's license or passport).
- ___ 8. \$100.00 per person 18 years and older for a non-refundable administrative fee payable to **Sea Breeze CMS, Inc CASH, MONEY ORDER OR CASHIERS CHECK ONLY.**

No persons other than those listed on this Application will reside in the Unit and Applicant(s) and Owner(s) agree that anyone moving into the Unit at a later date will be required to submit an application to the Association.

Application must be completely filled out, or it will be RETURNED for the missing information. Interview is required prior to approval. It is critical for the interview that occupant(s) speak and read English or you must bring an interpreter with you.

Application Criteria

1. No pets permitted for leased properties.
2. Owners are permitted one (1) pet per home.
3. No trucks, motorcycles, commercial vehicles, only passenger vehicles.
4. Each home is permitted only 2 spaces.

Email Address:

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

Yes, please provide your email address: _____

No

Signature

Date

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

Buyer/Renter/Resident Signature

Buyer/Renter/Resident Signature

Buyer/Renter/Resident Printed Name

Buyer/Renter/Resident Printed Name

Date

Date

CURRENT INFORMATION
(All information must be printed and readable)

The Unit Address: _____

Name of Current Owner: _____

Current Owner Phone Number: _____

Name of Buyer(s): _____

Buyer(s) Phone Number: _____

Buyer(s) Email Address _____

Closing Date: _____

Realtor Phone Number & Name: _____

Present Employer: _____ City & Street: _____ Phone: _____

Position: _____ Dates Employed: _____ to _____ Income: _____

Previous Employer: _____ City & Street: _____ Phone: _____

Position: _____ Dates Employed: _____ to _____ Income: _____

2nd Applicant

Present Employer: _____ City & Street: _____ Phone: _____

Position: _____ Dates Employed: _____ to _____ Income: _____

Previous Employer: _____ City & Street: _____ Phone: _____

Position: _____ Dates Employed: _____ to _____ Income: _____

3rd Applicant

Present Employer: _____ City & Street: _____ Phone: _____

Position: _____ Dates Employed: _____ to _____ Income: _____

Previous Employer: _____ City & Street: _____ Phone: _____

Position: _____ Dates Employed: _____ to _____ Income: _____

APPLICATION FOR OCCUPANCY

Information regarding each person to live in the unit. (including children) (Use a separate sheet of paper for information regarding all additional residents, as needed)

Name [Print-must be readable]	Age	Relationship to Buyer
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

LICENSED DRIVERS:
To be residing in the community

Name: _____	License # _____	State: _____
Name: _____	License # _____	State: _____

VEHICLES:
Provide a copy of registration and proof of insurance for each vehicle.

Make & Model of Vehicle	License Number	Color	State Registered

EMERGENCY CONTACTS:

1) In case of Emergency notify: _____ Relationship: _____
Address: _____ Phone: _____

Have you ever been arrested for or convicted of a felony? Yes ___ No ___ 2nd applicant: Yes ___ No ___
Have you ever left owing money to an owner or landlord? Yes ___ No ___ 2nd applicant: Yes ___ No ___

Authorization of Release of Information: Applicant(s) represents that all of the above information and statements on the application for rental are true and complete, and hereby authorizes verification of any and all information relating to residential history (rental or mortgage), employment history, criminal history records, court records. This application must be signed before it can be processed by management. Applicant(s) acknowledges that false or omitted information herein may constitute grounds for rejection.

Applicants Signature _____ Date _____

Applicants Signature _____ Date _____

Sea Breeze CMS, Inc.
4227 Northlake Boulevard
Palm Beach Gardens, Florida 33410
561-626-0917 Fax 561-626-7143
www.seabreezecms.com

CERTIFICATE OF APPROVAL

The undersigned authorized representative of **EMBASSY PARK COA, INC.** here by certifies that the proposed conveyance of the following unit has been approved as written below:

Unit Number: _____ Unit Address: _____

Owner(s): _____

Buyer(s): _____

The above Buyer(s)/Renter as evidenced by Buyer(s) /Renter 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. Upon closing of the unit, Buyer(s) understands that it is the responsibility of the Buyer(s) to furnish the Association with a recorded copy of the deed of conveyance indicating the Buyer(s) mailing address for all future assessments and correspondence from the association.

Buyer(s) Printed Name

Buyer(s) Printed Name

Buyer(s) Signature

Buyer(s) Signature

Date

Date

This is to certify that the above-named Buyer(s)/ Renter(s) have complied with the above statements and thereby obtained the approval **EMBASSY PARK COA, INC.**

By: _____ As: _____ Date: _____
On behalf of the Board of Directors

EMBASSY PARK COA/ Ref# _____

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.

Pet Registration Form For Owners

Fill in the blanks. Submit a recent picture of each pet. Sign and date acknowledgement.

Unit Owner or Resident _____

Unit # _____ Address _____ Phone # _____

Type of pets; (Please circle) Dog Cat Bird Other (specify) _____

Veterinarian's Name _____ Veterinarian's Phone # _____

1)
Pet Name _____ Pet Age _____ Pet Current Weight _____
Pet license/ Tag Number _____ Pets Estimated Maximum Weight at Maturity _____

Please attach recent photo of pet here



Please list pet's rabies shot record below

I am aware of the Association's Rules, Regulations and Restrictions regarding pets on property and agree to abide by them.

Unit/ Pet owner's Signature _____ Date _____