

PALM CLUB WEST VILLAGE 1 CONDOMINIUM ASSOCIATION, INC.
3720 Savoy Lane, West Palm Beach, Florida, 33417
Phone: (561) 683-7018 Fax: (561) 683-7558

PRE-SCREENING REQUIREMENTS FOR BUYERS

1. _____ Completed Association buyer's application and all required documents.
2. _____ Copy of Purchase Agreement. **(Must reflect minimum 10% down payment)**
3. _____ Copy of the current driver's license of each licensed driver.
4. _____ Copy of the current vehicle registration of each/any resident vehicle.
5. _____ Copy of the vehicle insurance of each/any resident vehicle.
6. _____ \$100 Non-Refundable Application Fee per last name, if not married, or adult over 18.
7. _____ **Applications must be received 30 days prior to scheduled closing date.**

Please review the above check list and ensure your application package is complete, including checks/money orders, before you submit it to the Association for review. If any items are missing, the application will not be accepted.

All buyer's application shall be considered declined and or rejected until the screening process has been completed and all documents have been received, verified and accepted for screening eligibility and specifically approved.

NO unit may be leased for the first 24 months of ownership - exceptions: units owned by the Association, acquired by devise or inheritance or transferred to a trust for estate planning. If a unit is rented at the time of purchase, current tenants may remain in the unit until current lease term expires. 24 month lease moratorium starts at end of current lease term.

No unit will be allowed to house more than the maximum number of residents for the unit style as dictated and restricted by the Association documents. All units will be held to that standard whether or not such persons are documented in the lease. (5 people / 3 bedrooms, 5 people / 2 bedrooms with den, 4 people / 2 bedrooms)

I/We, representing any and all principal parties to have ownership interest in the purchase of unit(s) _____ within Palm Club West Village 1 Condominium, authorize the Board of Directors and/or its agents to investigate, verify, and confirm any and all statements and or representations made by me/us in support of consideration of my/our application acceptance as purchaser of said unit submitted to the committee for its approval.

Applicants Name _____

Phone Number _____

Applicants Name _____

Unit Number _____

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All information must be completed:

Unit # _____ Address _____

[] Rental Lease start date _____ End date _____

[] Purchase Closing Date _____

Landlord/Owner _____

Tenant/Buyer _____

Tenant/Buyer _____

Phone Applicant #1 _____ Phone Applicant # 2 _____

Present Address _____

Employer name and phone # _____

Number of people who will occupy the unit Adults (over age 18) _____ Children (under 18) _____

Name and age of children under 18 _____

List all occupants over 18 who will reside in the unit:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

In case of emergency, please notify _____

Relationship _____ Phone _____

Applicant's Signature

Applicant's Printed Name

Applicant's Signature

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CANINE INFORMATION

Unit Owner or Resident _____

Unit # _____ Address _____ Phone # _____

Yes, I have a dog as listed below.

No, I do not have a dog. If I decide to get a dog I understand that I must get permission from the Association.

Pet name _____ Pet age _____ Pet current weight _____

Pet license/tag # _____ Pet estimated maximum weight at maturity _____

Breed _____ Color _____ Sex _____

Veterinarian's Name _____ Phone _____

I acknowledge that the Association documents have the following restrictions.

A common household pet such as a dog, cat, tropical fish or bird in a cage, is permitted to be maintained in the unit, provided such pet weighs less than twenty-five (25) pounds at maturity and, other than birds and fish, there shall be no more than one (1) dog or two (2) cats or one (1) dog and one (1) cat in any unit at any time. The owner of any pet shall be liable for all damage caused by such pet, or for injury to any person on the Condominium Property or Association Property. If any pet causes a disturbance or becomes a nuisance, the pet owner shall be required to permanently remove such pet from the Condominium Property within three (3) days of receipt of written notice by the Association.

- . Must attach a photo of each pet separately.
- . Must attach a copy of **Palm Beach County Pet License**.
- . Must attach a veterinarian certificate showing up to date vaccinations.

I have read and understand the Association's Rules, Regulations, and Restrictions regarding pets on Palm Club West Village I Condominium Property and agree to abide by them.

Signature _____ Date _____

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CERTIFICATE OF APPROVAL FOR PURCHASE

This is to certify that _____ has been approved by PALM CLUB WEST VILLAGE 1 CONDOMINIUM ASSOCIATION, INC. as the purchaser of the following described real property in Palm Beach County, Florida

CONDOMINIUM UNIT NO. _____ OF PALM CLUB WEST VILLAGE I A CONDOMINIUM, according to the declaration thereof recorded in the official record book 4259at pages 563 though ___ inclusive of the Public Records of Palm Beach County, Florida

The above Buyer(s) as evidenced by Buyer(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. 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.

Buyer(s) hereby agree not to allow anyone to move into Bldg. /Unit _____ without following the screening procedures of Palm Club West Village 1.

Buyer(s) Signature: _____ Date: _____

Buyer(s) Signature: _____ Date: _____

PALM CLUB WEST VILLAGE I CONDOMINIUM ASSOCIATION INC. by

STATE OF FLORIDA }
 }ss:
COUNTY OF PALM BEACH }

BEFORE ME, personally appeared _____ to me well known to be the person described in and who executed the foregoing instrument as **DIRECTORS OF THE PALM CLUB WEST VILLAGE I CONDOMINIUM ASSOCIATION, INC** and acknowledge before me that they executed such instrument as such officers of said Association, and that said instrument is the free act and deed of said Association and was executed for the purpose therein expressed. He/They are personally known to me or have produced _____ as identification.

NOTARY PUBLIC
State of Florida at large

My commission expires: _____

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Resident E-mail Authorization Form

Please provide your email address, sign and date to be added to the email list.

All information must be printed and legible.

Unit Address: _____

Owner Name(s): _____

Owners email address: _____

Tenant(s) Names: _____

Tenant(s) email address: _____

I authorize Palm Club West Village I to send e-mails for association business.

X _____
Signature

X _____
Signature

X _____
Date

Palm Club West Village #01 / Ref# _____

RESIDENTIAL SCREENING REQUEST

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

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

Tel#: _____ Cell#: _____

Current Employer

Company: _____ Tel#: _____

Supervisor: _____ Salary: _____

Employed From: _____ To: _____ Title: _____

Current Landlord

Company: _____ Tel#: _____

Landlord: _____ Rent: _____

Rented From: _____ To: _____

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.