

**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 RENTERS**

1. \_\_\_\_\_ Completed Association rental application and all required documents.
2. \_\_\_\_\_ Copy of the lease.
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. \_\_\_\_\_ Common grounds security deposit equal to one months' rent. (To come from owner.)
8. \_\_\_\_\_ Common grounds security of \$1000.00 if occupied by family member in absence of owner.
9. \_\_\_\_\_ Current HO-6 Insurance policy. (To come from owner.)
10. \_\_\_\_\_ **All applications must be received 30 days prior to lease agreement 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.

**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.

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)

Renters found to be residing in any Palm Club West Village 1 Condominium unit with the absence of a currently accepted and Association approved specific lease contract will be considered as an unauthorized resident and will be subject to pursuit and treatment as such to the full legal extent available and deemed appropriate by the Board of Directors.

Current Renters must submit an updated lease 30 days prior to expiration date of active lease and prior to any, proposed new lease term which will be subject to the approval of the Board. Any such new lease will be considered as void and/or invalid in the absence of written Association approval of said action.

I/We, representing any and all principal parties with a renter's interest in the lease being submitted for consideration and in furtherance of the application process for approval to rent 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 renter of said unit for the specific time period outlined within the lease submitted to the committee for its approval.

Applicant's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Applicant's 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

\_\_\_\_\_  
Applicant's Printed Name

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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 RENTAL**

This is to certify that \_\_\_\_\_  
has been approved by PALM CLUB WEST VILLAGE 1 CONDOMINIUM ASSOCIATION, INC. or  
their designated representatives.

Occupancy is restricted to building \_\_\_\_\_ unit \_\_\_\_\_ for a term of no less than 90 days and  
no longer than one year. The aforementioned person(s) may take occupancy upon receipt of this  
notice, or as indicated by their lease.

**I/we hereby agree not to allow anyone to move into Bldg. /Unit \_\_\_\_\_ without  
following the screening procedures of Palm Club West Village 1.**

**The above Tenant(s), as evidenced by Tenant(s) signature(s) below, hereby acknowledge  
receipt of the Rules and Regulations of the Association and agree and understand that  
condition of approval is adherence to all the Community Rules. Failure to abide by the Rules  
and Regulations for the Association will result in revocation of lease approval and possible  
eviction from the unit.**

**The Board reserves the right to revoke this approval and to require the applicant(s) to vacate  
the unit if the applicant(s) does not abide by the Association's Rules and Regulations**

**Current Renters must submit an updated lease 30 days prior to expiration date of active lease  
term and prior to any, proposed new lease term which will be subject to the approval of the  
Board. Any such new lease will be considered as void and/or invalid in the absence of written  
Association approval of said action.**

Agreed to by Renter: \_\_\_\_\_ Date: \_\_\_\_\_

Agreed to by Renter: \_\_\_\_\_ Date: \_\_\_\_\_

Agreed to by Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**Palm Club West Board Member Signature and Date**

APPROVED: \_\_\_\_\_ Date: \_\_\_\_\_

DENIED: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED: \_\_\_\_\_ Date: \_\_\_\_\_

DENIED: \_\_\_\_\_ Date: \_\_\_\_\_

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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: \_\_\_\_\_

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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.