CIELO COMMUNITY ASSOCIATION, INC.
Palm Beach Gardens, FL 33418

□ **PLEASE CHECK HERE IF THE PROSPECTIVE TENANT IS A SERVICE MEMBER (term "service member" is defined to include any person serving as a member of the United States Armed Forces on active duty or State active duty and all members of the Florida National Guard & United States Reserve Forces).**

RESALE APPLICATION AND INSTRUCTIONS (Revised 2/14/18)

Pursuant to the Governance Documents of CIELO COMMUNITY ASSOCIATION INC., the Association shall review the proposed resale applications within thirty (30) days of receipt of **ALL** required information, documents and fees. Therefore, before submission of your resale approval package, please make sure that all required items are submitted as a complete package– doing so will ensure the application is processed in a timely manner. Any failure to complete applications or submit required documents and fees together will delay the approval process.

APPLICANT (owner and/or adult occupant) must submit:

1. Completed Application (Application will not be processed without all signatures)
2. Signed resale Provision (RESALE ACKNOWLEDGEMENT AND AUTHORIZATION)
3. Signed copy of resale Contract with owner of unit
4. Photo ID for each adult occupant (driver's license, passport, military ID, etc.)
5. Vehicle Registration Form (one for each occupant with a vehicle if owner(s) will be residents)
6. Photos and registration of all animals/pets proposed to occupy the unit
7. **$100.00 Processing Fee (cash, money order or cashier's check only)** payable to Sea Breeze CMS, Inc.
8. **$100.00 Application Fee for each applicant 18 years of age or older** (non-refundable) and **$100.00 Application Fee for each pet** (non-refundable) made payable to Cielo CA Inc. Note: Pets acquired after residency must be registered and applicable fee paid to Cielo (made payable to Cielo CA Inc.)
9. **Certificate of Appointment of Voting Representative**
10. An in-person orientation interview is required for all adult occupants prior to approval and occupancy

All items must be submitted as an entire packet to:
Sea Breeze CMS Inc.
4227 Northlake Blvd.
Palm Beach Gardens, FL 33410
(561) 626-0917

Complete attached forms and submit to CIELO CA, Inc. c/o Sea Breeze CMS

Thank you in advance for your cooperation in following this process.

Below information is to be completed by Sea Breeze CMS (Property Manager) or Cielo CA Inc.
Sea Breeze CMS to attach:
___ Background check for all adults ___ Owner ARR ____ Photo IDs all adults ___ Pet info

Date of Orientation Interview: _____ (Cielo will email info to Sea Breeze)

Association Approval: _____ Date: _____

CIELO COMMUNITY ASSOCIATION, INC.

Palm Beach Gardens, FL 33418

Application for resale Approval (Page 1 of 2)

We hereby apply to the Board of Directors of CIELO CA Inc. for approval of the following resale.

UNIT INFORMATION

Cielo Address: _____ Home will be occupied by: ____ Owner ____ Tenants

CURRENT HOMEOWNER INFORMATION

Name(s): _____ E-Mail Address: _____

Phone: _____ Alternate Phone: _____

APPLICANT INFORMATION (All adult occupants)

Name of Owner#1: _____ Check here if owner will be an occupant ____

Current Address: _____

Phone: _____ Alternate Phone: _____ Email: _____

Emergency Contact (name and phone):_____

_____

Name of Owner#2: _____ Check here if owner will be an occupant ____

Current Address: _____

Phone: _____ Alternate Phone: _____ Email: _____

Emergency Contact (name and phone):_____

Other adult occupants:

Name: _____

Current Address: _____

Phone: _____ Alternate Phone: _____ Email: _____

Emergency Contact (name and phone):_____

_____

Name: _____

Current Address: _____

Phone: _____ Alternate Phone: _____ Email: _____

Emergency Contact (name and phone):_____

CIELO COMMUNITY ASSOCIATION, INC.

Palm Beach Gardens, FL 33418

Application for resale Approval (Page 2 of 2)

CHILDREN OCCUPANTS

Children occupant names and date of birth:

1. _____ DOB:_____

2. _____ DOB:_____

3. _____ DOB:_____

4. _____ DOB:_____

5. _____ DOB:_____

ANIMAL OCCUPANTS

*Pet 1: _____ Breed: _____ Weight (lbs): _____ Service Animal (Yes/No)____

*Pet 2: _____ Breed: _____ Weight (lbs): _____ Service Animal (Yes/No)____

*Indicate type of pet (dog, cat, etc.). Please attach current tag information and/or veterinarian certificate along with a photo (required). The limit is two (2) pets per household. If any animal is a Service Animal details must be attached.

ALL ADULT OWNERS and/or OCCUPANTS PLEASE SIGN BELOW:

OCCUPANT #1: _____ Date: _____

Print Name: _____

OCCUPANT #2_____ Date: _____

Print Name: _____

OCCUPANT #3 _____ Date: _____

Print Name: _____

OCCUPANT #4 _____ Date: _____

Print Name: _____

Revised 2/14/18

CERTIFICATE OF APPOINTMENT
OF VOTING REPRESENTATIVE

TO: **Secretary, Cielo Community Association, Inc.**
Palm Beach Gardens, Florida 33418

THIS IS TO CERTIFY that the undersigned, constituting all of the record owners of

Address No. _____

in Cielo, have designated _____
(Name of Voting Representative)

as their representative to cast all votes and to express all approvals that such owners may be entitled to cast or express at all meetings of the membership of the Association and for all other purposes provided by the Declaration, the Articles and By-Laws of the Association.

The following examples illustrate the proper use of this Certificate:

(i) Lot owned by John Doe and his brother, Jim Doe. Voting Certificate required designating either John or Jim as the Voting Representative (NOT A THIRD PERSON).
(ii) Lot owned by Overseas, Inc., a corporation. Voting Certificate must be filed designating an officer or employee entitled to vote, signed by President or Vice-President of Corporation and attested by Secretary or Assistant Secretary of Corporation.
(iii) Lot owned by John Jones. No voting Certificate required.
(iv) Lot owned by Bill and Mary Rose, husband and wife. No Voting Certificate required. designating either Bill or Mary as the voting representative.

This Certificate is made pursuant to the Declaration and the By-Laws and shall revoke all prior Certificates and be valid until revoked by a subsequent Certificate.

DATED this _____ day of _____, 20

_____
Print Name of Trust, Estate, Corporation – Or OWNER(S)

_____
OWNER
Print Name_____

_____
OWNER
Print Name_____

Property Address: _____
[PLEASE PRINT YOUR COMPLETE CIELO ADDRESS.]

NOTE: This form is not a proxy and should not be used as such.

CIELO COMMUNITY ASSOCIATION, INC. (the "Association")
c/o Sea Breeze CMS
4227 Northlake Blvd.
Palm Beach Gardens, FL 33410

RESALE ACKNOWLEDGEMENT AND AUTHORIZATION

I, THE UNDERSIGNED, HEREBY ACKNOWLEDGE that any and all lease agreements between an owner and a lessee in the Association shall be in writing, shall provide for a term of not less than one month, not more than one (1) year, nor may a home be leased more frequently than twice in any twelve (12) month period, measured from the commencement of the most recent prior resale. All lessee(s) and any guests or invitees must comply at all times with the Association's governing documents and rules and regulations, which are subject to amendment from time to time. In the event the maintenance fee becomes delinquent at any time during the Lease, both the Homeowner and Lessee(s) by signing this Application agree that the Association has the right, pursuant to F.S. 720, to garnish the rents until such time that all assessments on the leased property are current. By signing below I acknowledge having read and understood the foregoing and further state that I understand that all adults (all persons 18 years of age or older) who will occupy Cielo units must complete application forms, pay a non-refundable $100.00 per person application fee (one fee for each adult occupant) to Cielo; a $100 processing fee to Sea Breeze CMS; and agree to an orientation meeting with the Board of Directors or their designee before moving into a unit. I acknowledge receipt of a copy of the governance documents and rules and regulations for the Association and understand that any violation of the governance document or rules and regulation by myself or any of my guests or invitees may result in the Association's proceeding with immediate eviction proceedings against all occupants of the offending unit. It is also understood that any legal costs related to such an eviction or enforcement action will be the unit owner's responsibility and will be billed to him/her, with any unpaid legal fees, taxable costs and interest being a lien against the unit to the extent collection is required. I hereby consent to the conducting of a background investigation of all applicants, including a criminal history search, credit report and renter's reference investigation of my past rental history and authorize Sea Breeze CMS on behalf of Cielo CA, Inc. to conduct such investigation and order such criminal history search, credit report and other references related to same as the Association may deem prudent or required.

1._____ 2._____ 3._____
Applicant(s') Signature(s)

1._____ 2._____ 3._____
Full Name(s) Printed and Date Signed

CIELO COMMUNITY ASSOCIATION, INC.
Palm Beach Gardens, FL 33418
c/o Sea Breeze CMS

VEHICLE REGISTRATION FORM FOR OWNER USE

CIELO ADDRESS: _____

OCCUPANT #1

NAME: (Please print) _____

VEHICLE INFORMATION

VEHICLE 1

Make:_____ Model: _____ Color:_____

State: _____ Tag: _____

VEHICLE 2

Make:_____ Model: _____ Color:_____

State: _____ Tag: _____

VEHICLE 3

Make:_____ Model: _____ Color:_____

State: _____ Tag: _____

INSURANCE INFORMATION: [Please indicate name of insurance provider.] TODAY'S DATE _____

Vehicle #1 _____

Vehicle #2 _____

Vehicle #3 _____

I agree to abide by the parking regulations of Cielo. I agree to abide by all traffic signs and traffic patterns. I understand and agree that overnight parking of ALL commercial vehicles is prohibited. I understand and agree that any motor homes, boats, campers and trailers are strictly prohibited in Cielo unless parked in the garage.

Any vehicle parked not in compliance with Cielo regulations is subject to towing and/or owner fining.

Signature _____ Date:_____

EMAIL ADDRESS (PRINT CLEARLY PLEASE) _____

Revised 2/14/18

CIELO COMMUNITY ASSOCIATION, INC.
Palm Beach Gardens, FL 33418
c/o Sea Breeze CMS

VEHICLE REGISTRATION FORM FOR TENANT USE

CIELO ADDRESS: _____

OCCUPANT #2

NAME: (Please print) _____

VEHICLE INFORMATION

VEHICLE 1

Make:_____ Model: _____ Color:_____

State: _____ Tag: _____

VEHICLE 2

Make:_____ Model: _____ Color:_____

State: _____ Tag: _____

VEHICLE 3

Make:_____ Model: _____ Color:_____

State: _____ Tag: _____

INSURANCE INFORMATION: [Please indicate name of insurance provider.] TODAY'S DATE _____

Vehicle #1 _____

Vehicle #2 _____

Vehicle #3 _____

I agree to abide by the parking regulations of Cielo. I agree to abide by all traffic signs and traffic patterns. I understand and agree that overnight parking of ALL commercial vehicles is prohibited. I understand and agree that any motor homes, boats, campers and trailers are strictly prohibited in Cielo unless parked in the garage.

Any vehicle parked not in compliance with Cielo regulations is subject to towing and/or owner fining.

Signature _____ Date:_____

EMAIL ADDRESS (PRINT CLEARLY PLEASE) _____

Revised 2/14/18

CIELO COMMUNITY ASSOCIATION, INC.
Palm Beach Gardens, FL 33418
c/o Sea Breeze CMS

VEHICLE REGISTRATION FORM FOR TENANT USE

CIELO ADDRESS: _____

OCCUPANT #3

NAME: (Please print) _____

VEHICLE INFORMATION

VEHICLE 1

Make:_____ Model: _____ Color:_____

State: _____ Tag: _____

VEHICLE 2

Make:_____ Model: _____ Color:_____

State: _____ Tag: _____

VEHICLE 3

Make:_____ Model: _____ Color:_____

State: _____ Tag: _____

INSURANCE INFORMATION: [Please indicate name of insurance provider.] TODAY'S DATE _____

Vehicle #1 _____

Vehicle #2 _____

Vehicle #3 _____

I agree to abide by the parking regulations of Cielo. I agree to abide by all traffic signs and traffic patterns. I understand and agree that overnight parking of ALL commercial vehicles is prohibited. I understand and agree that any motor homes, boats, campers and trailers are strictly prohibited in Cielo unless parked in the garage.

Any vehicle parked not in compliance with Cielo regulations is subject to towing and/or owner fining.

Signature _____ Date:_____

EMAIL ADDRESS (PRINT CLEARLY PLEASE) _____

Revised 2/14/18

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.

Sea Breeze – Cielo CA, Inc. / PO# _____

RESIDENTIAL SCREENING REQUEST

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

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

Tel#: _____ Cel#: _____

Current Employer

Company: N/A Tel#: N/A

Supervisor: N/A Salary: N/A

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