

Sunterra Homeowners Association, Inc.

c/o Sea Breeze Community Management Services, Inc.

4227 Northlake Boulevard

Palm Beach Gardens, FL. 33410

Phone: (561) 626-0917 Fax: (561) 626-7143

www.seabreezecms.com

Sales Application

(last updated 10/2018)

Information is required on all applicants. **COMPLETE ITEMS 1 TO 13 & 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 is required

- ___ 1. Current information (all information must be completed). (pg. 2)
- ___ 2. Sale application form (all information must be completed). (pg. 3 - 4)
- ___ 3. Pet registration form (pg. 5)
- ___ 4. Gate clicker request form and policy. (pg. 6)
- ___ 5. Residential screening request & disclosure & authorization agreement to be completed by all ADULTS (18 and over) renting or residing in unit. (pg. 7-8) Extra copies may be needed if more than one adult.
- ___ 6. Sign and notarize certificate of approval prior to interview. We need the original certificate of approval as it is needed for closing. (pg 9)
- ___ 7. All adults (18 and over) review the rules and regulations. Initial, sign and print your name. These rules will be reviewed as well during the welcome meeting. If you are interested in setting up for Association bulk email you will need to sign, date and print email address. (pg. 10-17)
- ___ 8. Provide a copy of the sales contract naming buyers
- ___ 9. Provide a copy of registration and proof of insurance for each vehicle.
- ___ 10. Provide a picture ID for each adult 18 and over (legible copy of driver's license or passport).
- ___ 11. \$100.00 **CASH, MONEY ORDER OR CASHIERS CHECK ONLY** for a non-refundable processing fee made payable to Sea Breeze CMS, Inc.
- ___ 12. \$100.00 **CASH, MONEY ORDER OR CASHIER'S CHECK ONLY** per adult (18 and older), or married couple, representing a non-refundable application fee made payable to Sunterra HOA, Inc.
- ___ 13. Out of the country applicants are subject to completing additional paperwork and fees as determined by our screening company. Please contact our office prior to submitting the application to obtain additional paperwork and fee amount. If additional fees are needed this is non-refundable and made payable to Sunterra HOA, Inc. **CASH, MONEY ORDER OR CASHIER'S CHECK ONLY will be accepted.**
- ___ 14. Application completely filled out, if not, application will be returned unapproved. **Interview is required prior to approval. It is critical for the interview that applicant(s) speak and read English or you must bring an interpreter with you.**

Application Criteria

An applicant **may not** be approved based on one or more of the following:

1. Application not completed in full.
2. False information provided in application.
3. A boat, trailer, motorbike, recreational vehicles or commercial vehicle is parked at the property, unless stored within the enclosed garage.
4. There is more than two (2) pets.
5. Background reports.
6. Credit report.

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: _____

SALES APPLICATION

BUYER(S) INFORMATION:

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. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

LICENSED DRIVERS:

To be residing in the community

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

VEHICLES:

Provide a copy of registration, proof of insurance and a current picture for each vehicle.

Make & Model of Vehicle	License Number	Color	State Registered

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.

1) Buyer Name: _____

2) Buyer Name: _____

Employer _____

Employer _____

Phone _____

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 _____

CRIMINAL BACKGROUND:

I understand a Nationwide Law Enforcement Investigation is required and will be done.

1) Have you (or any other occupants) ever been convicted of a State or Federal offense:

_____ Yes _____ No If yes provide detail: _____

2) Are you (or any other occupants) presently awaiting trial on any criminal offense?

_____ Yes _____ No If yes provide detail: _____

If yes to any of the above, give occupants name, dates, name of court, and details of conviction (use separate sheet of paper, if necessary).

Pet Registration Form

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 _____

Breed: _____

Please attach recent photo of pet here



Please list pet's rabies shot record below

2)

Pet Name _____ Pet Age _____ Pet Current Weight _____

Pet license/ Tag Number _____ Pets Estimated Maximum Weight at Maturity _____

Breed: _____

Please attach recent photo of pet here



Please list pet's rabies shot record below

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

Unit/ Pet owner's Signature _____ Date _____

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GATE AND VEHICLE INFORMATION FORM

GATE INFORMATION: MUST BE COMPLETED TO BE ENTERED IN THE GATE CALL BOX.

In an effort to complete the information needed to activate the entrance gates, please provide the following information to be entered into the call box at the gate. There is a limit of 2 names per home in the call box.

Sunterra Property Address: _____

1. LAST NAME: _____

FIRST NAME: _____

TELEPHONE # FOR CALL BOX: _____

2. LAST NAME: _____

FIRST NAME: _____

TELEPHONE # FOR CALL BOX: _____

ADDITIONAL INFORMATION:

IF YOU OWN/USE A MOTOR VEHICLE (S) PLEASE COMPLETE THE FOLLOWING:

MAKE/MODEL OF 1ST VEHICLE _____ YEAR _____ LICENSE PLATE _____

MAKE/MODEL OF 2ND VEHICLE _____ YEAR _____ LICENSE PLATE _____

GATE CLICKERS:

Gate clickers can be purchased at the Sea Breeze office. They are **\$35.00 each**. You **MUST** present your vehicle registration (**registered to the Sunterra address only**) at time of purchase.

Sunterra/ 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.

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CERTIFICATE OF APPROVAL FOR SALE

The undersigned authorized representative of **Sunterra HOA Inc.** hereby 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) 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 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

STATE OF FLORIDA COUNTY OF PALM BEACH

The foregoing instrument was sworn and subscribed before me this _____ day of _____, 20____, By: _____ who is personally known to me or who has produced a valid Florida driver's license as identification.

Notary Signature & Stamp:

This is to certify that the above-named Buyer(s) have complied with the above statements and thereby obtained the approval of **SUNTERRA HOA INC.**
By: _____ As: _____ Date: _____
Signed on behalf of the Board of Directors

Emergency Contact:

If for any reason there is an emergency concerning your property please provide the best number that we can call.

Emergency Contact Name

Emergency Contact Number

Signature of Buyer/Renter acknowledged understanding and agreement to comply with the rules for Sunterra Homeowners Association, Inc.

Property Address: _____

Buyer/Renter Signature

Buyer/Renter Signature

Buyer/Renter Printed Name

Buyer/Renter Printed Name

Authorization to Set With Association Bulk Email

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

Yes, please provide your email address: _____

No

Signature

Date