# COCOPLUM PROPERTY OWNERS ASSOCIATION OF PALM BEACH, INC.

## <u>APPLICATION FOR OCCUPANCY</u>

- The Association requires an orientation meeting to discuss the rules and regulations of the Community. This meeting will take place over the phone and email with Sea Breeze Community Management Services, Inc.
- Failure to comply may result in your application being declined or certificate of approval not being issued.
- Failure to comply with the Rules and Regulations of the Community may result in the termination of the lease.
- Applications must be received 10 business days prior to your move in date.

All prospective owners/tenants must complete the Association's application and must submit the following documents:

- Completed Association Application- Please do not put staples application
- Clear copy of valid identification card and/or driver's license for ALL residents over 18.
- Clear copy of Purchase Contract or Lease
- Clear copy of all vehicles (photo) must be attached
- Clear copy of vehicle registration(s) for each vehicle. This is for the purpose of a Bar Code
- \$150 application fee per person for anyone 18 yrs of age or older <u>made payable to Sea Breeze</u> <u>Community Management Services, Inc.</u> This must be paid in either a money order or cashiers check and is nonrefundable.
- LEASE ONLY: \$500 refundable deposit is required.
- LEASE ONLY: Tenants must provide proof of income for one month. The rent amount may not exceed 30% of their annual gross income.
- LEASE ONLY: Tenant must provide 3 letters of references (no family members)

BE ADVISED A CRIMINAL BACKGROUND CHECK WILL BE CARRIED OUT ON ALL APPLICANTS OVER THE AGE OF 18 YRS. A FREE AND CLEAR BACKGROUND CHECK WILL BE REQUIRED IN ORDER TO BE APPROVED FOR ANY LEASE. Please provide an email and/or physical address where results may be sent. Please print a separate copy of the Screen Request page & the Disclosure page for each person over the age of 18. (Only one (1) is included in this application.

Your application will be returned as incomplete if any of the above is missing. Please do not staple application together.

WARNING: We are not authorized to change an owner's name in our system until we have received a Warranty Deed or a copy of change from the Palm Beach Property Appraiser's website. If you do not provide this proof of change of ownership your bills will go to the previous owner and you may incur late fees, interest, and attorney fees. You are responsible for providing the Association with the warranty deed. You can drop off the deed at the guardhouse, mail, fax or email to:

Sea Breeze Community Management Services, Inc. 4227 Northlake Blvd. Palm Beach Gardens, FL 33410 Fax: (561)626-7143 admin@seabreezecms.com

# COCOPLUM PROPERTY OWNERS ASSOCIATION OF PALM BEACH, INC.

## COVER SHEET FOR PURCHASE/RENTAL APPLICATION

Address:	Lease Dates:	
CONTACT NUMBERS:	Sale Closing Date:	
Owner(s) Name:	Phone:	
Realtor(s) Name:	Phone:	
urchaser(s)/Tenant(s) Name: Phone:		
Purchaser(s)/Tenant(s) Name:	Phone:	
EMAIL ADDRESS:		
Below: Office use only		
Application-Complete – Do not staple	paperwork together	
Executed Lease Agreement or Sales C	ontract	
\$150.00 nonrefundable Application Fe	ee Per Adult (no personal checks)	
Clear Copies of each Drivers License		
Clear Copy of each Vehicle Registration	on and photo of each vehicle	
Background Check Completed		
Have you lived in Cocoplum POA bef	Fore?	
RENTALS ONLY: A check or money	order for \$500 as a refundable deposit.	
RENTALS ONLY: Ledger (If there is	a balance the application will be denied)	
RENTALS ONLY: Violations (if there	e are any open violations the application will be denied)	
RENTALS ONLY: Income Requirement	ents for each adult	
RENTALS ONLY: 3 letters of referen	ices for each adult	
Once approved remove old renter/tena	nt and add new one (update Gate)	
RENTALS ONLY: Put term of lease i	n set up.	
Orientation Date:	Association Representative Orientation completed	

## COCOPLUM PROPERTY OWNERS ASSOCIATION OF PALM BEACH, INC.

## **Application for Occupancy**

Please complete all questions and fill in all blanks. If application is incomplete, this may result in your application not being processed and/or not approved. If the question does not apply, answer N/A. Print legibly or type all information.

Address of Property:		
Current Owner's Name:		Phone#
Dates of Lease:	OR	Closing Date:
1. Name: Tenant/Purchaser:	First Name	Last Name
2. Name/Spouse: Tenant/Purchaser:	First Name	Last Name
3. Email address:		
4. Please list full names and date of birth	n of <i>all</i> persons that	will reside at this residence:
FULL NAME: Date of Birth		Birth
		ricted of a felony?
Beach, Inc.		led out, Cocoplum Property Owners Association of Palm vestigation and related report (should there be one) caused
	e applicant, and a f	Owners Association of Palm Beach, Inc their agent may all disclosure or pertinent facts may be made to the bugh a credit reporting agency.
Applicants Signature:		Date:
Spouse's Signature:		Date:
Owner's Signature:		Date:

# $\frac{Resident\ Information\ Sheet}{Cocoplum}$

The following information is needed for the computer at the gate. This information will be kept confidential and used only for the purpose of security entry. ONLY OWNERS MAY COMPLETE THIS FORM.

# OWNER CONTACT INFO: Owner Name: (Last) (First) (First)

(Last		(First)		<del></del>
Address:				
Phone 1# ( )	Phone 2# ( )	)	_ Phone 3# ( )	
Emergency Contact: ( ) _			_	
CURRENT OCCUPANT	INFO: RENTERS			
Current Occupant Name:	(Last)	(First)		
	(Last)	(First)		
Address:				
Phone 1# ( )				
Emergency Contact: ( )_				
Permanent Guests: Will n	ot call you if these gue	sts arrive at the gua	ardhouse.	
Name	Name	2		
Name	Name	e		

Name

Name

<u>WORK HISTORY:</u> Provide work history on all adult (18 and over) occupants, use separate page if necessary. <u>If less than 5 years, provide previous employer info on separate page</u>.

1) Buyer Name:		2) Bu	ıyerName:	
Employer		Emp	loyer	
Phone		Phor	ne	
Address				
Position				
Supervisors Name			visors Name	
Employed FromTo				To
Reason for Leaving				
Annual Income			nual Income	
Additional Income	Additional Income			
Pet Registration Information				
Type of Pet (Please circle one) Dog	Cat	Bird	Other Specify	
Pet's Name:				
Pet's Age:				
Pet's Weight:				
Pet's License/Tag Number				

# Sea Breeze – Cocoplum of Palm Beach / Ref# \_\_\_\_\_

# **RESIDENTIAL SCREENING REQUEST**

First:	Middle: _	L	.ast:	
Address:				
City:		ST:	Zip:	
SSN:		DOB (MM/D	)D/YYYY):	
Tel#:	· · · · · · · · · · · · · · · · · · ·	Cel#:		
Current Employer				
Company:	N/A	Tel#:	N/A	
Supervisor:	N/A	Salary:	<u>N/A</u>	
Employed From: N/A	To:	N/A Title:	N/A	
<u>Current Landlord</u>				
Company:	N/A	Tel#:	<u>N/A</u>	
Landlord:	N/A	Rent:	<u>N/A</u>	
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**

READ, ACKNOWLEDGED AND AUTHORIZED

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.

,,		
Print Name		
Signature	Date	
For California, Minnesota or Oklahoma app if one is obtained, please check the box.	licants only, if you would like to	receive a copy of the report

## Cocoplum of the Palm Beaches Property Owners Association, Inc.

c/o Sea Breeze Community Management Services, Inc. 4227 Northlake Boulevard, Palm Beach Gardens, FL 33410 Tel: (561)626-0917 Fax: (561)626-7143

www.seabreezecms.com

## **CONTACT INFORMATION**

# **Section 1: Owner info** Owners Name(s): \_\_\_\_\_ Address in Cocoplum: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Addl. Phone Number: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_ Owners Mailing Address: \_\_\_\_\_ <u>Section 3: Email Info</u> Owner Email Tenant Email (if applicable) Do you want to be part of the Cocoplum bulk email? Yes No I authorize Cocoplum of the Palm Beaches Property Owners Association, Inc. to send me e-mails for association business. We will not share your information with anyone outside of Cocoplum of the Palm Beaches Property Owners Association, Inc. or the management company. Owner signature \_\_\_\_\_\_ Date \_\_\_\_\_

Tenant signature (if applicable) \_\_\_\_\_\_ Date \_\_\_\_\_