

Channing Villas 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

Purchase Application Checklist

Below is a list of items needed to process association approval to purchase a home. Please indicate with a check mark that the needed items are enclosed. Applications can be mailed or dropped off to our office address above. Failure to provide all information and payment will result in application being returned. Incomplete applications will not be accepted.

NEEDED ITEMS:

- Copy of purchase application. (pgs. 2- 5)
- Pet Registration Form signed by registered owner(s) of each pet along with a photo of each pet. (pg. 6)
- Residential Screening Request & Disclosure & Authorization Agreement to be completed by all occupants purchasing or residing in unit. Extra copies may be needed if more than one adult (required to run national criminal and credit check) (Pgs. 7-8)
- Copy of the executed sales contract.
- Legible copy of driver license(s) for all adults that will be living in the home.
- Non-refundable application fee of \$150.00 **CASH, MONEY ORDER OR CASHIER'S CHECK ONLY** payable to "Channing Villas HOA, Inc." *
- Non- refundable processing fee of \$100.00 **CASH, MONEY ORDER OR CASHIER'S CHECK ONLY** payable to "Sea Breeze CMS, Inc."

*NOTE:

- 150.00 fee covers background screening for up to two adult applicants.
- A background and credit screening are required for ALL applicants 18 years and older.
- Please add an additional \$50.00 fee for each, additional applicant 18 years or older.
- ❖ 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 Channing Villas HOA, Inc.
- ❖ **All payments must be certified/cashier's check or money order ONLY (no personal checks or credit/debit cards accepted.)**

Application must be submitted a MINIMUM of 30 days prior to intended occupancy. NO EXCEPTIONS. Occupancy prior to approval is strictly prohibited.

PURCHASE APPLICATION

Property Address: _____

Current Homeowner Name: _____

Homeowner Mailing Address: _____

Target Settlement Date: _____

A copy of the approved/signed application approval will be forwarded to buyer, realtor, and/or agent where applicable. Please include realtor/agent information below as applicable.

Agent for Owner: Name _____ E-mail _____

Agent for Buyer: Name _____ E-mail _____

Buyer / Adult Occupant Information

Occupants Name	Home Phone #	Cell Phone #	E-mail address
Employer Name	Employer Phone #		

Buyer / Adult Occupant Information

Occupants Name	Home Phone #	Cell Phone #	E-mail address
Employer Name	Employer Phone #		

Buyer / Adult Occupant Information

Occupants Name	Home Phone #	Cell Phone #	E-mail address
Employer Name	Employer Phone #		

Name/Ages of children (under 18 years) who will occupy:

Name: _____ Age: _____

Name: _____ Age: _____

Personal Reference (Name & Phone Number): _____

Automobiles

Year	Make	Model	Tag #	State

PART I – RESIDENCE HISTORY

1) Current Address: _____

City _____ State _____ Zip Code _____

Dates of Residency: From _____ to: _____

Name of Landlord or Mortgagee: _____ Phone: (____) _____

2) Previous Address: _____

Dates of Residency: From _____ to: _____

Name of Landlord or Mortgagee: _____ Phone _____

PART II – EMPLOYMENT HISTORY & REFERENCES

1) Applicant Employer: _____ Phone: _____

a. How long? _____ Position _____

b. Address: _____

2) Joint Applicant Employer: _____ Phone: _____

a. How long? _____ Position _____

b. Address: _____

3) Joint Applicant Employer: _____ Phone: _____

c. How long? _____ Position _____

d. Address: _____

AGREEMENT

Proposed Owner(s) hereby understand and agree to the following terms.

- 1) That all information in this application is true and correct.
- 2) A non-refundable application fee of \$150.00 **CASH, MONEY ORDER OR CASHIER’S CHECK ONLY** for up to two adult applicants (each adult \$50.00 thereafter) made payable to “Channing Villas HOA, Inc.” must accompany the application.

Non-refundable processing fee of \$100.00 **CASH, MONEY ORDER OR CASHIER’S CHECK ONLY** payable to “Sea Breeze CMS, Inc.”

- 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 Channing Villas HOA, Inc.

- 3) A copy of a valid driver’s license for all adults who will reside in the residence.
- 4) Each adult applicant will have a national background and credit check run. Each adult must fill out the two-page screening and authorization forms (1. Residential Screening Request and 2. Disclosure and Authorization Agreement Regarding Consumer Reports.)
- 5) Applicant(s) agrees to comply with all By-Laws and Rules & Regulations of Channing Villas
- 6) **Application must be submitted a MINIMUM of 30 days prior to intended occupancy. NO EXCEPTIONS.**
- 7) Note: New owners are not permitted to rent their properties within the first year of ownership

Proposed Buyer(s) understand, agree, and Sea Breeze CMS, Inc., Channing Villas, the Board of Directors and/or their committee, and their agents to investigate and verify all information submitted on the application for all occupants.

Signature of Buyer _____ Date _____

Signature of Buyer _____ Date _____

ACKNOWLEDGEMENT

1ST APPLICANT: Have you ever been convicted or pled guilty to a crime? (Circle one) Yes / No. If yes, please state date(s) charge(s) and disposition(s);

2nd APPLICANT: Have you ever been convicted or pled guilty to a crime? (Circle one) Yes / No. If yes, please state date(s) charge(s) and disposition(s);

1. I hereby agree for myself and on behalf of all persons who may use the unit which I seek to purchase:
 - a. I will abide by all restrictions contained in the By-Laws, Rules & Regulations and Restrictions which are or may in the future be imposed by **Channing Villas HOA**.
 - b. I understand that no more than two (2) persons may reside in each legal bedroom, including dependent children.
 - c. I understand that I must be present when any guest, relatives, visitors or children who are not permanent residents occupy the unit or use the recreational facilities.
 - d. I understand that sub-leasing or occupancy of this unit in my absence is prohibited.
 - e. I understand that any violation of these terms, provisions, conditions, and covenants of the **Channing Villas HOA** documents provides cause for immediate action as therein provided or termination of the leasehold under the appropriate circumstances.

2. I have received a copy of the Rules and Regulations: **(Circle one)** **Yes / No.**

3. **I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. The Board of Directors is entitled to a MINIMUM of 30 days to provide an answer to this application and occupancy prior to Board approval is strictly prohibited.**

4. I understand that the acceptance for the Purchase at **Channing Villas HOA** is conditioned upon the truth and accuracy of this application and approval of the Board of Directors. **Any misrepresentation or falsification of information on these forms will result in the automatic disqualification of your application.**

5. I understand that the Board of Directors of **Channing Villas HOA** may cause to be instituted any investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, or its Management to make investigation and that the information contained in this and the attached application may be used in such investigation and that the Board of Directors, Officers and Management of **Channing Villas** itself shall be held harmless from any action or claim by me about the use of the information contained herein or any investigation conducted by the Board of Directors.

Applicant Signature

Date

Joint Applicant Signature (if applies)

Date

WITNESS:

Date

WITNESS:

Date

PET INFORMATION

- ALL PETS MUST BE LEASHED AND UNDER CONTROL OF A RESPONSIBLE PERSON ANYTIME THE PET IS OUTSIDE OF THE DWELLING.
- EXCEPT WHEN CONFINED TO A FENCED IN YARD.
- PLEASE PICK UP AFTER YOUR PET(S)

Please attach recent photograph(s) of each pet when submitting this form.

Pets are limited to a total of two (2) per unit.

TYPE OF PET: DOG/CAT _____ BREED: _____

COLOR: _____ CURRENT WEIGHT: _____

AGE OF PET: _____ NAME OF PET: _____

VETERINARIAN: _____ CONTACT # _____

VACCINE LICENSE # _____

TYPE OF PET: DOG/CAT _____ BREED: _____

COLOR: _____ CURRENT WEIGHT: _____

AGE OF PET: _____ NAME OF PET: _____

VETERINARIAN: _____ CONTACT # _____

VACCINE LICENSE # _____

SIGNED BY REGISTERED OWNER OF EACH PET:

_____ Printed Name

_____ Printed Name

_____ Signature

_____ Signature

Channing Villas / 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: _____ 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:** _____

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.