

# The Country 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](http://www.seabreezecms.com)

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## Sale/Rental Application

(last updated 6/2019)

Information is required on all applicants. COMPLETE ITEMS 1 TO 11 & SUBMIT AT LEAST 15 DAYS PRIOR TO CLOSING DATE OR LEASE START DATE. **Old application packages will not be accepted. The 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) Fill in application sheet completely. If the application is not completed, it will be returned to you. (Pg. 2-6)
- \_\_\_2) Complete Pet Registration Form if you do or do not have a pet. (Pg. 7)
- \_\_\_3) Residential Screening Request & Disclosure & Authorization Agreement to be completed by all ADULTS (18 and over) renting or residing in unit. Extra copies may need to be printed. (pg. 8-9)
- \_\_\_4) Certificate of Approval to be completed by each adult (18 and over). This paperwork is required for approval. The approval is not authorized until the bottom section of the page is completed by an authorized Board Member or Property Manager. Note for purchase: the original is needed for closing. Purchase:(Pg. 10) - Lease: (Pg. 11)
- \_\_\_5) Provide a clear copy of a valid identification card/driver's license **IN COLOR** for **ALL residents** 18 years of age and older.
- \_\_\_6) Provide a color photo of the front and back of each vehicle.
- \_\_\_7) Purchase Only: submit a current credit report for all adults 18 years of age and over who are purchasing or residing in the home.
- \_\_\_8) A fully executed legible copy of the sales contract or lease agreement must accompany this application.
- \_\_\_9) Include the non-refundable processing fee in the amount of \$150.00 per person, or married couple made payable to **Sea Breeze CMS, Inc. CASH, MONEY ORDER OR CASHIER'S CHECK ONLY.**
- \_\_\_10) Include the non-refundable processing fee in the amount of \$100.00 per person, or married couple made payable to **The Country HOA, Inc. CASH, MONEY ORDER OR CASHIER'S CHECK ONLY.**
- \_\_\_11) Out of the Country applicants are subject to completing additional paperwork and fees as determined by the 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 Sea Breeze CMS, Inc. **CASH, MONEY ORDER or CASHIER'S CHECK will be accepted.**
- \_\_\_12) Application must be completely filled out, if not, application will be returned unapproved. All applicants must complete the screening process for approval. **It is critical for the interview that the applicant(s) must 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. Vehicles:  
Prohibited vehicles include bus, trailer, semi-trailer, recreational vehicle, trucks exceeding 18 ft. in length, one or over one ton rated capacity, commercial vehicles.  
Maximum number permitted per household is two vehicles.  
All vehicles must be in good condition and repair.  
Vehicles must have a current license plate.
4. Pets:  
Register each pet with the Association.  
Pit bulls are not permitted.  
Maximum of two pets per household.
5. Rentals:  
All residents must be named in the lease agreement.  
Association payments must be current in order to issue Tenant approval and parking stickers.  
The homeowner and their property must be in compliance with the Association in order to issue Tenants approval and parking stickers.

## **Office Use Only:**

As of Date: \_\_\_\_\_

Account Balance:

Items of Non-compliance:

### APPLICATION

Please complete all questions and fill in all blanks. If the question does not apply, answer N/A. Print legibly or type all information.

**Check which applies:**

         **Sale**  
Expected Closing Date: \_\_\_\_\_

         **Lease**  
Lease Start Date: \_\_\_\_\_  
Lease End Date: \_\_\_\_\_

The Country Property Address

Printed Name of Current Owner(s)

Current Owner Phone Number(s)

Email Address

Printed Name of Applicant(s)

Applicant Phone Number(s)

Email Address

Printed Name of Realtor

Realtor Phone Number(s)

Email Address

### OCCUPANT(S) INFORMATION

Information regarding each person to reside in the unit (including children). **(Use a separate sheet of paper for information regarding all additional residents, as needed).**

Total # of Adults: \_\_\_\_\_

Total # of Children (Under the age of 18 years old): \_\_\_\_\_

Name [Print-must be legible.]

Age

Relationship

Name [Print-must be legible.]

Age

Relationship

Name [Print-must be legible.]

Age

Relationship

Name [Print-must be legible.]

Age

Relationship

### 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**  
 2) Are you (or any other occupants) presently awaiting trial on any criminal offense? \_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

**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).**

**IN CASE OF AN EMERGENCY, LIST A CONTACT PERSON BELOW**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**VEHICLE(S)**

I/We \_\_\_\_\_

**(Print Names)**

If these vehicles change, I will apply for a new parking sticker and will let Sea Breeze CMS know which vehicle I am replacing it with so that the parking sticker can be deactivated.

**Anyone parking vehicles in a reserved spot or illegally parking in a guest spot without approved parking sticker, will be tagged and towed at the owner's expense.**

I/We hereby acknowledge and agree that only two (2) vehicles may be registered and kept on The Country property at all times; the two (2) vehicles are:

Vehicle Make	Model	Year	Color	Tag
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Vehicle Make	Model	Year	Color	Tag
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**RESIDENCE HISTORY**

<b>Applicant <u>current</u> address</b>	City	State	Zip code
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Area code/phone number	Own/rent	How long
------------------------	----------	----------

Name and address of present landlord	Area code/phone no.	Monthly payment
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<b>Applicant <u>previous</u> address</b>	City	State	Zip code
--	------	-------	----------

Area code/phone number	Own/rent	How long
------------------------	----------	----------

Name and address of previous landlord	Area code/phone no.	Monthly payment
---------------------------------------	---------------------	-----------------

<b>Co-applicant <u>current</u> address</b>	City	State	Zip code
--	------	-------	----------

Area code/phone number	Own/rent	How long
------------------------	----------	----------

Name and address of present landlord	Area code/phone no.	Monthly payment
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**RESIDENCE HISTORY CONTINUED**

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<b>Co-applicant <u>previous</u> address</b>	City	State	Zip code
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Area code/phone number	Own/rent	How long
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Name and address of previous landlord	Area code/phone no.	Monthly payment
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**EMPLOYMENT HISTORY**

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<b>Applicant <u>current</u> employer</b>	Supervisors name	How long
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Employers address	Area code/phone number
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Position held

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<b>Applicant <u>previous</u> employer</b>	Supervisors name	How long
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Employers address	Area code/phone number
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Position held

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<b>Co-applicant <u>current</u> employer</b>	Supervisors name	How long
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Employers address	Area code/phone number
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Position held

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<b>Co-applicant <u>previous</u> employer</b>	Supervisors name	How long
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Employers address	Area code/phone number
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Position held

**EMAIL ADDRESS**

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

**ACKNOWLEDGEMENT**

I/we \_\_\_\_\_ acknowledge receipt of the following:  
(Printed Names)

**Provided by Seller/Owner: Declaration of Covenants and Restrictions, Articles of Incorporation, By-Laws and Amendments**

**Provided by Association: Rules and Regulations**

I/We agree to observe and abide by the terms and conditions in the Documents.

THIS APPLICATION PACKAGE FOR SALE/LEASE IS EXECUTED BY THE PARTIES ON THE DATES SPECIFIED BELOW. IF ANY PARTY DOES NOT UNDERSTAND THIS APPLICATION, THE PARTY SHOULD SEEK LEGAL ASSISTANCE. I/WE DECLARE THE BELOW INFORMATION TO BE TRUE AND CORRECT.

**ATTENTION BUYERS:** *ALL open violations must be cured within thirty (30) days from closing date of the unit.*

**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.

Renters can be issued barcodes upon approval.

Purchasers will be issued barcode(s) upon approval and provided proof of change in ownership via Warranty Deed or HUD Statement is submitted.

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

# Pet Registration Form

I/We \_\_\_\_\_ and \_\_\_\_\_  
(Printed Name) (Printed Name)

**DO NOT HAVE A PET (put an X on the line):** \_\_\_\_\_ for the address: \_\_\_\_\_

**OR**

I/We \_\_\_\_\_ and \_\_\_\_\_  
(Printed Name) (Printed Name)

request permission from the Board of Directors to have a pet for the address: \_\_\_\_\_

*Only one pet per form: make a copy of this form, if necessary*

Type of Pet (please circle one) Dog Cat Bird Other (Specify): \_\_\_\_\_

Description of Pet & Breed: \_\_\_\_\_  
*(No pit bulls. If any animal is determined to be a nuisance, said animal shall be removed upon 10-day notice from the Board)*

Pet's Name: \_\_\_\_\_

Pet's Age: \_\_\_\_\_

Pet's Weight: \_\_\_\_\_

Pet's License/Tag #: \_\_\_\_\_

**Attach a color picture of your pet and vet statement showing the pet's age and approximate weight fully grown.**

**PET RULES:**

- All pets must be approved by the Board of Directors: limit of two.
- Color photo of pet must be submitted with this Form.
- Vet statement must be submitted with this Form.
- All dogs must be kept on a leash at all times.
- All pet waste must be picked up immediately.
- Pets cannot be left outside on the patio for extended amounts of time and must be supervised – cannot be left out unattended at any time.

I/We have read the Pet Rules of The Country and hereby agree to abide by them. I/We understand that if these rules are not followed that we will be turned over to the Association's attorney. The Association may also require that the pet(s) be removed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The Country / Ref# \_\_\_\_\_

**RESIDENTIAL SCREENING REQUEST**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ N/A \_\_\_\_\_ 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 **THE COUNTRY HOA, INC.** hereby certifies that the proposed conveyance of the following unit has been approved as written below:

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

**This section for office use only:**

This is to certify that the above named Buyer(s) have complied with the above statements and thereby obtained the approval of **THE COUNTRY HOA, INC.**

By: \_\_\_\_\_ As: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed on behalf of the Board of Directors

**The Country Homeowners Association, Inc.**

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**CERTIFICATE OF APPROVAL FOR LEASE**

The undersigned authorized representative **THE COUNTRY HOA, INC.** here by certifies that the proposed conveyance of the following unit has been approved as written below:

Unit Address: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Tenant(s): \_\_\_\_\_

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

\_\_\_\_\_  
Tenant(s) Printed Name

\_\_\_\_\_  
Tenant(s) Printed Name

\_\_\_\_\_  
Tenant(s) Signature

\_\_\_\_\_  
Tenant(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**This section for office use only:**

This is to certify that the above named Tenant(s) have complied with the above statements and hereby obtain the approval of **THE COUNTRY HOA, INC.**

By: \_\_\_\_\_ As: \_\_\_\_\_ Date: \_\_\_\_\_  
Signed on behalf of the Board of Directors