

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

RENTAL APPLICATION

COMPLETE APPLICATION, WITH ALL REQUIRED PAYMENTS

MAY BE DROPPED OFF OR MAILED TO SEA BREEZE MANAGE OFFICE AT THE ABOVE ADDRESS.

THANK YOU.

UNIT # _____ OWNER _____

**DATE PURCHASED _____ No unit may be rented until owned for at
least 12 months.**

**PLEASE NOTE: PROCESSING TAKES, AT LEAST 30 DAYS, FROM DATE COMPETED
APPLICATION AND REQUIRED PAYMENT IS SUBMITTED. SORRY - NO EXCEPTIONS.**

PLEASE ENSURE YOU ALLOW ADEQUATE TIME TO PROCESS YOUR APPLICATION.

DESIRED OCCUPANCY DATE: _____

DATE APPLICATION SUBMITTED: _____

APPLICATION - APPROVED _____ DENIED _____

BOARD MEMBER NAME: _____ DATE _____

BOARD MEMBER SIGNATURE _____

BOARD MEMBER NAME: _____ DATE _____

BOARD MEMBER SIGNATURE _____

APPLICATION CHECKLIST

- *Incomplete application, will not be processed.*
- *The following checklist is provided to ensure a complete application is submitted.*

Owner(s) Please indicate with a check mark that each of the following items are enclosed.

- Copy of competed rental application, for each adult, age 18 years or older. (pg. 2-5)
- Each adult to complete Tenant History Form. Extra copies may be needed if more than one adult. (pg. 6)
- Each adult to complete Agreement Form. Extra copies may be needed if more than one adult. (pg. 7)
- Each adult to complete Acknowledgment Form. Extra copies may be needed if more than one adult. (pg. 8)
- Pet registration form signed by registered owner(s) of each pet along with a photo of each pet. (pg. 9)
- Residential Screening Request & Disclosure & Authorization Agreement to be completed. Extra copies may be needed if more than one adult (required to run national criminal check) (Pgs. 10 -11)
- Copy of executed Lease Agreement - occupancy date must be indicated.
- Legible copy of driver license(s) for all adults, age 18 years or older 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.”

*Total number of Adult Applicants - 18 years old or older? _____

- **\$150.00 fee covers background screening for up to two adult applicants.**
- **A background screening is 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.)**

A copy of the approval or denial will be forwarded to owner’s realtor, and/or agent where applicable. Please include realtor/agent information below.

Agent for Owner(s):

Name _____

E-mail _____

Signature(s) of Owner(s)

Date

Signature(s) of Owner(s)

Date

RENTAL APPLICATION

Property Address: _____

Current Homeowner Name: _____

Daytime Phone/Cell: _____

Homeowner Mailing Address: _____

PLEASE NOTE:

- All units are either 2 or 3 bedroom, regardless of interior modification.
- Occupancy is limited to 2 people, per bedroom, regardless of age.
- Total # of bedrooms in this unit is _____

Tenant /Adult Occupant Information

Occupants Name	Home Phone #	Cell Phone #	E-mail address
Employer Name	Employer Phone #	Personal Reference: Name/number	

Tenant / Adult Occupant Information

Occupants Name	Home Phone #	Cell Phone #	E-mail address
Employer Name	Employer Phone #	Personal Reference: Name/number	

Tenant / Adult Occupant Information

Occupants Name	Home Phone #	Cell Phone #	E-mail address
Employer Name	Employer Phone #	Personal Reference: Name/number	

Tenant / Adult Occupant Information

Occupants Name	Home Phone #	Cell Phone #	E-mail address
Employer Name	Employer Phone #	Personal Reference: Name/number	

Name/Ages of children (18 years or older) who will occupy the unit:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

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

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

PARKING AND VEHICLE INFORMATION
PARKING SPOTS ARE EXTREMELY LIMITED IN OUR COMMUNITY

- 1. *THERE IS NO PARKING ALLOWED ON THE GRASS, SWALES OR STREETS.*
- 2. *VEHICLES CANNOT BE PARKED IN SUCH A MANNER AS TO BLOCK THE SIDEWALK OF ANY PROPERTY.*
- 3. *IN ADDITION, THERE ARE TRUCK RESTRICTIONS, AS NOTED IN OUR RULES AND REGULATIONS.*
- 4. *DRIVING ACROSS THE GRASS TO GAIN ACCESS TO THE DRIVEWAY IS PROHIBITED.*
- 5. *VIOLATIONS WILL RESULT IN FINES, FEES, TICKETING AND ALL OTHER ALLOWED LEGAL PENALTIES.*
- 6. *DAMAGE DONE TO THE COMMUNITY IRRIGATION SYSTEM AND/OR SPRINKLER HEADS, BY UNLAWFULLY PARKED VEHICLES, BY TENANTS AND/OR THIER GUESTS WILL BE CHARGD BAKCED TO HOMEOWNERS.*

WHAT IS THE TOTAL NUMBER OF PEOPLE THAT WILL BE LIVING IN THIS UNIT? _____

HOW MANY ARE 17 OR OLDER WITH A CURRENT DRIVERS LICENSED? _____

HOW MANY ARE 17 OR OLDER WITHOUT A DRIVERS LICENSED? _____

HOW MANY ARE 14 TO 16 YEARS OLD? _____

HOW MANY OR 13 OR YOUNGER? _____

THIS PROPERTY HAS A _____ SINGLE DRIVEWAY OR A _____ DOUBLE DRIVEWAY?

NUMBER OF PARKING SPOTS AT THIS UNIT (INCLUDING THE GARAGE) IS? _____

THE TOTAL NUMBER OF VEHICLES OWNED BY ALL PERSONS THAT WILL BE LIVING AT THIS ADDRESS? _____

THE TOTAL NUMBER OF OWNED VEHICLES IS LESS THAN OR EQUAL TO THE NUMBER OF AVAILABLE PARKING SPOTS? ____ YES ____ NO — IF NO - WHERE WILL ADDITIONAL VEHICLES BE PARKED? _____

OWNER & VEHICLE INFORMATION - NO COMMERCIAL VEHICLES ARE ALLOWED

1. NAME _____ COPY OF DRIVER'S LICENSE MUST BE ATTACHED

OF VEHICLES _____ PLEASE LIST, YEAR, COLOR, MAKE/MODEL, TAG NUMBER

2. NAME _____ COPY OF DRIVER'S LICENSE MUST BE ATTACHED

OF VEHICLES _____ PLEASE LIST, YEAR, COLOR, MAKE/MODEL, TAG NUMBER

3. NAME _____ COPY OF DRIVER'S LICENSE MUST BE ATTACHED

OF VEHICLES _____ PLEASE LIST, YEAR, COLOR, MAKE/MODEL, TAG NUMBER

4. NAME _____ COPY OF DRIVER'S LICENSE MUST BE ATTACHED

OF VEHICLES _____ PLEASE LIST, YEAR, COLOR, MAKE/MODEL, TAG NUMBER

IF MORE THAN 4 VEHICLE OWNERS WILL BE LIVING AT THIS UNIT, ATTACH ADDITIONAL SHEETS OF PAPER, WITH THE INFORMATION REQUESTED ABOVE, AS WELL AS A COPY OF THEIR DRIVER'S LICENSE.

TENANT HISTORY FORM

PLEASE ATTACH A COMPLETED FORM FOR ALL INDIVIDUALS 18 YEARS AND OLDER

Name _____

Current Address: _____

City _____ State _____ Zip Code _____

Dates of Residency: From _____ to: _____

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

Previous Address: _____

Dates of Residency: From _____ to: _____

Name of Landlord or Mortgagee: _____ Phone _____

PART II – EMPLOYMENT HISTORY & REFERENCES

Current Employer: _____ Phone: _____

a. How long? _____ Position _____

b. Address: _____

If 2 Years or less

Prior Employer: _____ Phone: _____

a. How long? _____ Position _____

b. Address: _____

AGREEMENT

Proposed Tenant(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 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.

TENANT HISTORY FORM - PLEASE ATTACHED A COMPLETED FORM FOR ALL INDIVIDUALS 18 YEARS AND OLDER

- 3) Each adult applicant, 18 years or older will have a national background check run. Each adult must fill out the two-page screening and authorization forms:
 - 1. Residential Screening Request
 - 2. Disclosure and Authorization Agreement Regarding Consumer Reports.
- 6) Applicant(s) agrees to comply with all of Channing Villas Governing Documents.

**IT IS THE OWNERS’ RESPONSIBILITY TO FORWARD TO APPLICANT ADULT TENANTS
A COPY OF ALL CHANNING VILLAS HOA, INC., GOVERNING DOCUMENTS.**

TENANTS AFIRM THEY HAVE RECEIVED AND REVIEWED A COPY OF ALL OF CHANNING VILLAS’ GOVERNING DOCUMENTS AS FOLLOWS:

- Amended Declarations of Party Facilities, Contiguous Easement and Restrictive Covenants, Nov. 1979
- Declarations of Restrictions Channing Villas of Wellington, July 1979
Phase I, July 1979, Phase II January 1980
- First Amendment to The Declaration of Restrictions, Phase I, Feb. 1991
- First Amendment to The Declarations of Restrictions, Phase II, April, 1991
- Certificate of Amendment to Declarations of Restrictions, Jan. 2012
- Articles of Incorporation, Aug. 1979
- Amended and Restated By-Laws, Jan. 1996
- Rules and Regulations, 1998
- Amendments to Rules and Regulation, 2016
- Record of Marketable Record Title Act, Nov. 2006

 Signature Printed Name Date

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

 Signature Printed Name Date

ACKNOWLEDGEMENT FOR EACH ADULT 18 YEARS OR OLDER.

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);

- I hereby agree for myself and on behalf of all persons who may visit the unit which I seek to Lease:
 - a. I will abide by all restrictions contained in the current Association’s Governing Documents and any changes as may occur.
 - b. I understand that no more than two (2) persons may reside in 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.
 - 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.

• *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. I understand that occupancy prior to Board approval is strictly prohibited.

- I understand that the acceptance for the Lease 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.*
- 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 Printed Name _____

Applicant Signature

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.