

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

Sale/Rental Application

(last updated 3/2020)

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

Please do not staple application together.

- ___1) Fill in application sheet completely. If the application is not completed, it will be returned to you. (Pg. 3-9)
- ___2) Complete Pet Registration Form if you do or do not have a pet. (Pg. 10)
- ___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. 11-12)
- ___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. Purchase:(Pg. 13) - Lease: (Pg. 14)
- ___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) Provide a clear copy of the current vehicle registration for each vehicle.
- ___8) Purchase Only: submit a current credit report & score for all adults 18 years of age and over who are purchasing or residing in the home.
- ___9) A fully executed legible copy of the sales or lease contract must accompany this application.
- ___10) Include the non-refundable processing fee in the amount of \$150.00 per person, or married couple made payable to **Sea Breeze CMS, Inc. MONEY ORDER OR CASHIER'S CHECK ONLY.**
- ___11) Include the non-refundable processing fee in the amount of \$100.00 per person, or married couple made payable to **The Country HOA, Inc. MONEY ORDER OR CASHIER'S CHECK ONLY.**
- ___12) 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. **MONEY ORDER or CASHIER'S CHECK will be accepted.**
- ___13) 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.
The homeowner's property must be in compliance and Association payments must be current in order to issue Tenant(s) approval and parking decals.
6. Sales:
The homeowner's property must be in compliance with the Association prior to purchase approval.

Office Use Only:

As of Date: _____

Account Balance: _____

Items of Non-compliance: _____

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

Applicant <u>current</u> address	City	State	Zip code
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Area code/phone number	Own/rent	How long
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Name and address of present landlord	Area code/phone no.	Monthly payment
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Applicant <u>previous</u> address	City	State	Zip code
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Area code/phone number	Own/rent	How long
------------------------	----------	----------

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

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

EMPLOYMENT HISTORY

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

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

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

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

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
 Fence Specifications
 Balcony Specifications**

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: _____

The Country HOA, Inc.

Parking Decal Application (Updated 1/2020)

REQUIRED INFORMATION NEEDED TO RECEIVE DECAL:

<p>_____ Provide a clear copy of valid driver's license IN COLOR</p> <p>_____ Compliance with the Governing Documents relevant to the Rules and Regulations and maintenance of the property</p>	<p>_____ Return current decal for a new decal</p> <p>_____ Provide a clear copy of vehicle registration for each vehicle</p> <p>_____ Complete the Acknowledgment of Parking Rules</p> <p>_____ Provide color photos of each vehicle</p>
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Unit #: _____ **Number of occupants:** _____
Insert "X" for which applies **Owner occupied:** _____ **Renter occupied:** _____

LIST EACH OCCUPANT RESIDING AT THE PROPERTY:

Full Name	Age	Full Name	Age
Occupant 1:		Occupant 5:	
Occupant 2:		Occupant 6:	
Occupant 3:		Occupant 7:	
Occupant 4:		Occupant 8:	

VEHICLE ONE: Name of Vehicle Driver: _____

Color: _____ Make: _____ Model: _____ Yr: _____

License Plate #: _____ Decal #: _____ Space #: _____

Telephone number where you can be reached: _____

VEHICLE TWO: Name of Vehicle Driver: _____

Color: _____ Make: _____ Model: _____ Yr: _____

License Plate #: _____ Decal #: _____ Space #: _____

Telephone number where you can be reached: _____

Owner Email _____

Tenant Email (if applicable) _____

I, _____, as an owner or tenant of the property and on behalf of all the owners or tenants
 (print name)

of the Property hereby provide Written Consent to receive all official notices from the Association by Electronic Transmission to the following e-mail address.

NOTE: I understand that I am responsible to ensure such Electronic Transmissions are not blocked by a spam filter or other type of filter. I further understand that notwithstanding such opt-in the Association may, from time to time, still provide notices to me via U.S. mail at my official mailing address maintained with the Association.

Signature

Date

OFFICE USE ONLY: Initial of person accepting application _____

Balcony Specifications

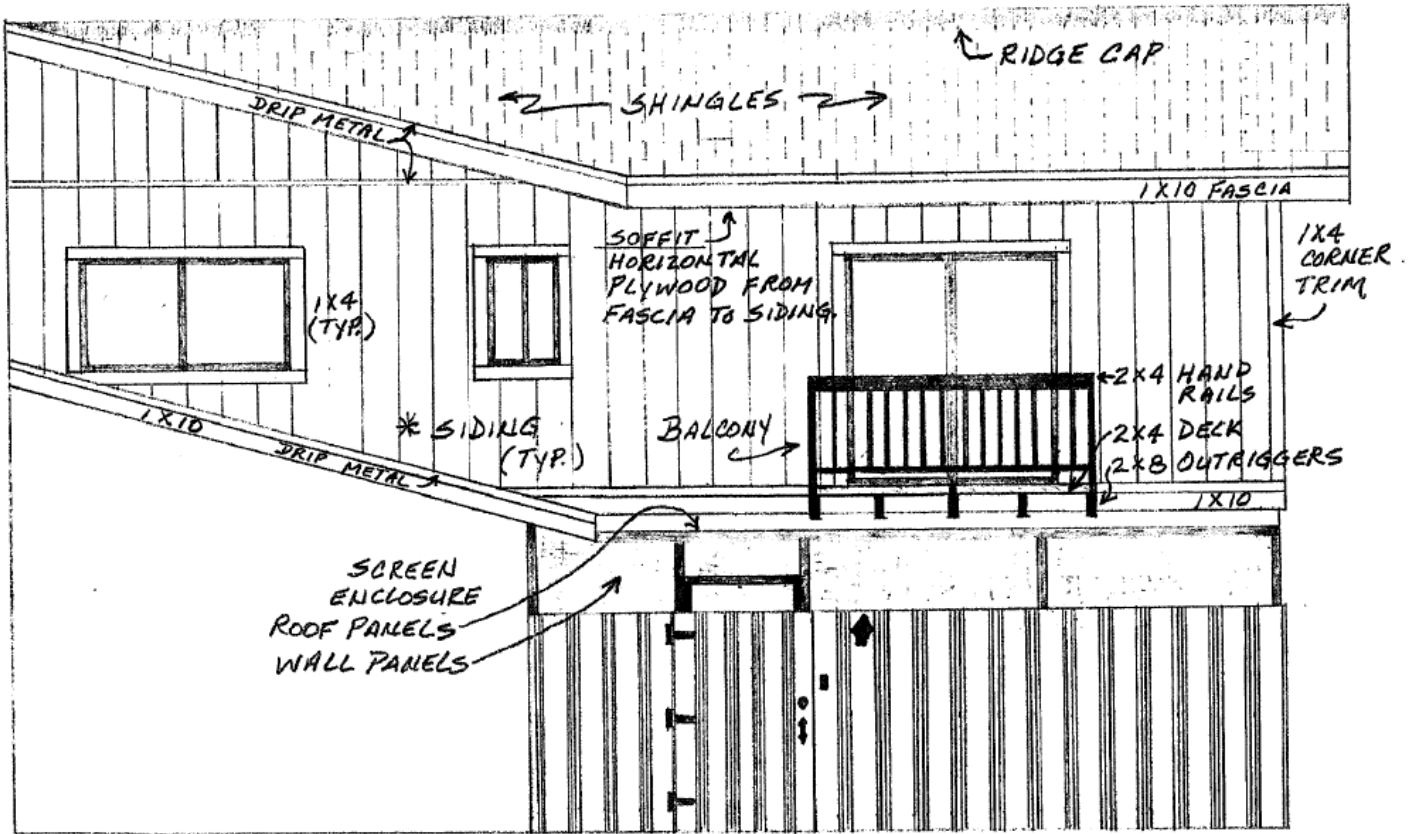
Please sign that you agree to comply with the outlined specifications.

Homeowner/Landlord/Buyer Signature _____

Date _____

Homeowner/Landlord/Buyer Signature _____

Date _____



FRONT ELEVATION

* SIDING - REVERSE BOARD AND BATTEN
4'x8'x $\frac{5}{8}$ " 12" ON CENTER
WITH 1 $\frac{1}{2}$ " GROOVES.

WHEN SIDING NEEDS REPAIR
THE WHOLE SHEET MUST BE
REPLACED.

Fence Specifications

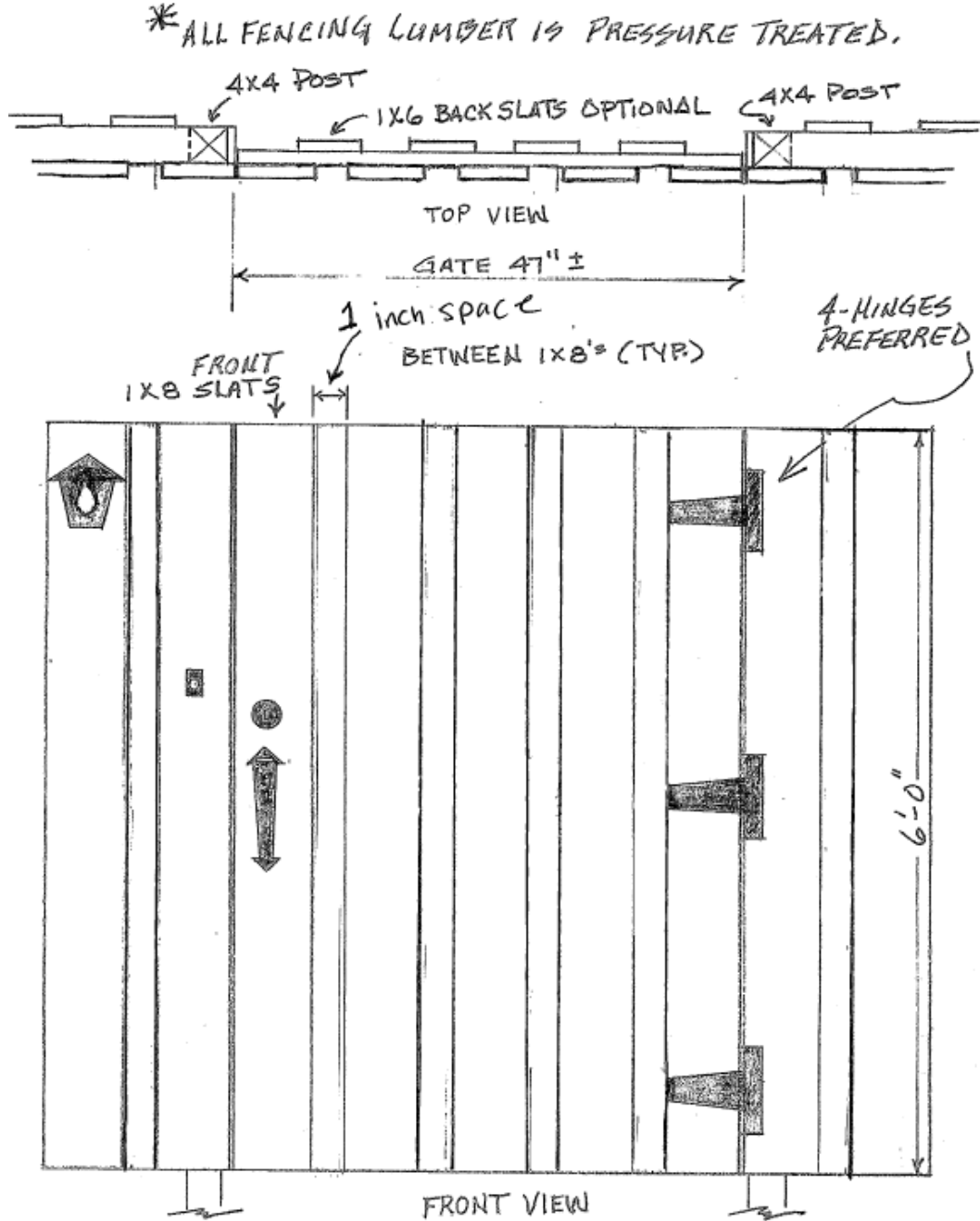
Each homeowner must conform to these specifications by March, 2028. If repairs are necessary prior to March, 2028 the homeowner will need to comply with the specifications provided in the diagram below; part of this process will include submitting an ARB form to obtain Board approval for the fence replacement. Please sign that you agree to comply with the outlined specifications.

Homeowner/Landlord/Buyer Signature _____

Date _____

Homeowner/Landlord/Buyer 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

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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