

Gardenway A Condominium Association, Inc.

Units: A, B, C, D & E

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 OR RENTAL APPLICATION (Updated April, 2020)

Information is required on all applicants. COMPLETE ITEMS 1 TO 12 & SUBMIT AT LEAST 30 DAYS PRIOR TO CLOSING OR LEASE START DATE. **Old application packages will not be accepted, our 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 required

Please do not staple application together.

- Select
- ☐ 1. Information to be completed by applicants. (Pg. 3 - 5)
 - ☐ 2. Complete the Pet Registration Form if you do or do not have a pet. (Pg. 6)
 - ☐ 3. LEASE ONLY: The Addendum to Lease to be completed by the landlord and tenant(s). (pg.7)
 - ☐ 4. Residential Screening Request & Disclosure & Authorization Agreement to be completed by all ADULTS (18 and over) renting or residing in unit.
Purchase - (pg. 8-9) Lease - (pg 10-11)
 - ☐ 5. Complete the Certificate of Approval. It must be signed by all adult applicants to reside in the unit to signify all have read and will comply with the Association's Governing Documents. (Pg. 12)
 - ☐ 6. Provide a copy of the completed Purchase or Lease Contract.
 - ☐ 7. Provide a copy of vehicle registration, proof of insurance and a picture for each vehicle.
 - ☐ 8. Provide a picture ID for each adult applicant (legible copy of driver's license or passport).
 - ☐ 9. **\$50.00** cash or money order only payable to **Sea Breeze CMS, Inc.**
 - ☐ 10. **Plus \$50.00** cash or money order only payable to **Gardenway A Condominium Association, Inc.** for the **first applicant**. For each additional adult applicant other than husband/wife or parent/dependent child, add \$100.00. cash or money order only payable to **Gardenway A Condominium Association, Inc.**
 - ☐ 11. Out of the country applicants are subject to completing additional paperwork as determined by our screening company. Please contact our office prior to submitting the application to obtain additional paperwork.
 - ☐ 12. Application must be completely filled out, if not, application will be returned unapproved. All applicants must meet with the screening committee 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. Occupancy is limited to a maximum of two (2) in a one (1) bedroom unit or four (4) in a two (2) bedroom unit.
4. Prohibited vehicles include motorcycles, motorbikes, boats, trailers, campers and trucks.
5. Pets: Leases are not permitted pets, only property owner.

CURRENT INFORMATION

(All information must be printed and readable)

Purchase: _____ ☐

Closing Date: _____

OR:

Rental: _____ ☐

Lease Term: Start _____ End _____

Gardenway Property Address: _____

Name of Current Owner(s): _____

Current Owner(s) Phone Number: _____

Current Owner(s) Email Address: _____

Name of Applicant(s): _____

Applicant(s) Phone Number: _____

Applicant(s) Email Address: _____

Realtor Name & Phone Number: _____

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.)

Name [Print-must be legible.]	Age	Relationship to Buyer/Tenant
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

LICENSED DRIVERS: To be residing in the community

Name: _____ License # _____ State: _____

Name: _____ License # _____ State: _____

Name: _____ License # _____ State: _____

Name: _____ License # _____ State: _____

EMPLOYMENT:

1) Applicant's Name: _____ 2) Applicant's Name: _____

Employer _____ Employer _____

Phone _____ Phone _____

Employed From _____ To _____ Employed From _____ To _____

VEHICLES:

Make & Model of Vehicle	License Number	Color	State Registered

EMERGENCY CONTACTS:

In case of Emergency notify: _____ Relationship: _____

Phone: _____

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 If yes provide detail: _____

2) Are you (or any other occupants) presently awaiting trial on any criminal offense?

☐ Yes ☐ No If yes provide detail: _____

If yes to any of the above, give occupant's name, dates, name of court, and details of conviction (use separate sheet of paper, if necessary).

Acknowledgement

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 above information to be true and correct.

Printed Name: Buyer/Tenant

Printed Name: Buyer/Tenant

Signature

Signature

Date

Date

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Written Consent to Receive Official Notice(s) by Electronic Transmission

I, _____, as an owner of the property
(print name)

Community Name: Gardenway A Condominium Association, Inc.

Address in the Community: _____

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

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

Update Form

If you do NOT want to opt in as per above, but would like to still access the Owner Access Tops Portal to view your account and receive Community bulk emails please provide your information below.

Community Name: Gardenway A Condominium Association, Inc

Email Address: _____

Owner Name: _____

Community Address: _____

Alternative Address: _____

Phone Number: _____ Cell: _____

Comments: _____

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) **Select** Other (Specify): _____

Description of Pet & Breed: _____

(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:

- Provide a color photo of pet to submit with this Form.
- Provide a veterinarian statement with this Form.
- All pet owners must remain in control of their pets at all times.
- All pet waste must be picked up immediately and appropriately disposed of.
- Pets cannot be left outside for extended amounts of time and must be supervised – cannot be left out unattended at any time.
- Pets shall not be fed outside of your own Condominium.
- Pets are not permitted at the pool area.
- Leases are not permitted pets, only the property owner.

I/We have read the Pet Rules of The Gardenway A COA, Inc. 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

ADDENDUM TO LEASE

Fill in the blanks. Both landlord(s) and tenant(s) must print name and sign. A witness to both the landlord(s) and tenant(s) signature is required, witness must print name and sign.

THIS ADDENDUM is made between _____ ("Landlord") and _____ ("Tenant(s)") effective this _____ day _____ 20_____ and is intended to and shall supplement, amend and modify that certain Lease dated _____ regarding the address _____, in the following respects:

1. Tenant(s) are subject to and shall abide by all covenants and restrictions and rules and regulations set forth in the Declaration of Covenants, Conditions and Restrictions for Gardenway A COA Inc. If the tenant(s) fails to comply with the rules and regulations the association has the right to evict the tenant(s).

2. In the event the landlord/owner becomes delinquent in payment of assessments (regular or special) or other charges to the Association, the Association may notify the tenant. Upon such notification the tenant shall be obligated to pay the rent required under the lease to the Association, until all delinquent assessments and other charges have been paid in full. During the period of time the tenant is paying the rent to the Association, the Landlord shall not seek to evict the tenant for non-payment of rent.

Witness:

LANDLORD(S)

Signature

Signature

Printed Name

Printed Name

Signature

Signature

Printed Name

Printed Name

Witness:

TENANTS(S)

Signature

Signature

Printed Name

Printed Name

Signature

Signature

Printed Name

Printed Name

Sea Breeze –Gardenway A, COA, Inc. / PO# _____

RESIDENTIAL SCREENING REQUEST

PURCHASE ONLY

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ DOB (MM/DD/YYYY): _____

Tel#: _____ Cel#: _____

Current Employer

Company: _____ N/A _____ Tel#: _____ N/A _____

Supervisor: _____ N/A _____ Salary: _____ N/A _____

Employed From: _____ N/A _____ To: _____ 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.

Sea Breeze –Gardenway A, COA, Inc. / PO# _____

RESIDENTIAL SCREENING REQUEST

LEASE ONLY

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ DOB (MM/DD/YYYY): _____

Tel#: _____ Cel#: _____

Current Employer

Company: _____ N/A _____ Tel#: _____ N/A _____

Supervisor: _____ N/A _____ Salary: _____

Employed From: ____ N/A ____ To: ____ 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.

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CERTIFICATE OF APPROVAL
For Purchase or For Lease

The undersigned authorized representative of **GARDENWAY A CONDOMINIUM ASSOCIATION, INC.** hereby certifies that the proposed conveyance of the following unit has been approved as written below:

Unit Address: _____

Owner(s): _____

Applicant(s): _____

The above Applicant(s) as evidenced by Applicant(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.

Applicant(s) Printed Name

Applicant(s) Printed Name

Applicant(s) Signature

Applicant(s) Signature

Date

Date

For Office Use:

This is to certify that the above-named Applicant(s) have complied with the above statements and thereby obtained the approval of **Gardenway A Condominium Association, Inc.**

By: _____ As: _____ Date: _____

Signed on behalf of the Board of Directors