

The Estates COA, 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 05/2020)

Information is required on all applicants. COMPLETE ITEMS 1 TO 13 & SUBMIT AT LEAST 20 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. 3-7)
- ___ 2) Complete Pet Registration Form if you do or do not have a pet. (Pg. 8)
- ___ 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. 9-10)
- ___ 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. 11) - Lease: (Pg. 12)
- ___ 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 **\$50.00** per person, or married couple, or dependent child, 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 **\$50.00** per person, or married couple or dependent child made payable to **The Estates COA, Inc. MONEY ORDER OR CASHIER'S CHECK ONLY.**
- ___ 12) Out of the Country applicants are subject to completing additional paperwork as determined by the screening company. Please contact our office prior to submitting the application to obtain additional paperwork.
- ___ 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

Page 1 of 12

THC – Sale/Rental Application – Updated 8/2019

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. Pets:
Register each pet with the Association.
Maximum of two pets per household weighing no more than 40 lbs., each or one weighing no more than 75 lbs.
4. Rentals:
Term may not be less than three months.
No more than two leases permitted in a calendar year
The homeowner's property must be in compliance and Association payments must be current in order to issue Tenant(s) approval and parking decals.
5. 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: _____

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 Estates 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 Estates 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
------------------------	----------	----------

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

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: _____

FAQ on the Electronic Disclosure Authorization

1. What is an “electronic disclosure authorization?”

Your authorization when completed and submitted by you, will permit The Estates COA Board of Directors, Association Property Management and HOA committees, to communicate with you via email.

2. Why am I being asked to complete this authorization?

It’s been a goal of your Board of Directors to improve communication in all aspects for The Estates COA Community. Recent changes to FL legislation dictate that certain steps be taken to protect the personal information of the members. One of those steps is a requirement to receive written authorization from those members who wish to receive electronic notices from the HOA. Since electronic communication is faster, inexpensive, more efficient, and environmentally friendly, the Board of Directors has decided to ask those members wishing to receive electronic notices for their written permission.

3. What type of information will be communicated to me electronically?

It is not the goal of this Board of Directors to use email communication to replace any of the official notices that are required to be given by our governing documents and/or by applicable FL Statutes. While future email communications may discuss or relay similar information, **official required HOA notices will continue to be sent via USPS mailing** until further notice of a policy change. **It is the desire of the Board of Directors to mainly use electronic emails to send information considered to be general in nature.**

Examples of information sent via email would be:

- Notice of upcoming HOA meetings
- HOA Board meeting minutes
- HOA Newsletter / Schedule of Events
- HOA notices of maintenance issues affecting entire community
- HOA notice of outside issues that have an impact on our community (e.g. nearby road closures, local construction impact, relevant governmental issues)
- Request for input on various subjects
- Any other HOA business that the Board determines appropriate.

Note: no email communication sent will be used to replace any official notices required by our governing documents and/or by applicable FL Statutes. For example, while a notice of an upcoming Board of Directors or Members Meeting may be sent via email to those who grant permission, the required meeting notifications will still be posted conspicuously on the property and notification of Members Meeting will still be sent per our governing documents or by applicable FL Statutes, via USPS mailing to all members.

4. What happens if I don’t complete the electronic disclosure authorization?

You simply will not receive email communications from the HOA. You will continue to receive any communications, including official notices required to be sent by our governing documents and/or by applicable FL Statutes, via USPS mailing. Notification of Association dues will continue to be sent via USPS.

5. Will my email be shared with anyone else other than our Property Management or Board of Directors?

No. Your signed authorization grants permission for The Estates COA to use your email address to convey association-related information via our Property Management or Board of Directors.

6. How do I sign up?

Complete the Contact Information Form. If you have any questions regarding the Form, please contact Sea Breeze Management at (561) 626-0917 or Email laura@seabreezecms.com

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: _____

(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 per unit weighing no more than 40 lbs., each or one weighing no more than 75 lbs.
- 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 Estates 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 Estates / 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 ESTATES COA, INC.** hereby certifies that the proposed conveyance of the following unit has been approved as written below:

The Estates Property 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 ESTATES COA, INC.**

By: _____ As: _____ Date: _____
Signed on behalf of the Board of Directors

The Estates COA, Inc.

c/o Sea Breeze Community Management Services, Inc.

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CERTIFICATE OF APPROVAL FOR LEASE

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

The Estates Property 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 ESTATES COA, INC.**

By: _____ As: _____ Date: _____
Signed on behalf of the Board of Directors