

Cresthaven Condominium Townhomes Section 1, Inc.

Fernley One

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

Information is required on all applicants. COMPLETE ITEMS PROVIDED IN THE CHECKLIST BELOW AND SUBMIT AT LEAST 14 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 WITH PAYMENT AT OUR OFFICE.

FAX COPIES WILL NOT BE ACCEPTED.

If copies needed a charge of 25 cents per page required

Please do not staple application together.

- ____1. Complete application on all applicants (Pg. 2-7)
- ____2. PURCHASE ONLY Each Buyer must be physically present before a Notary in order to have their signature on a affidavit notarized. (Pg-8)
- ____3. Buyer to complete if interested in receiving all official notices from the Association by Electronic Transmission you will need to complete the "Written Consent to Receive Official Notice(s) by Electronic Transmission" form. Insert the name, address, email address, signature and date to provide consent. (Pg. 9)
- ____4. Residential Screening Request & Disclosure & Authorization Agreement to be completed by all adults. Extra copies may be needed if more than one adult. (pgs. 10 & 11)
- ____5. Complete the Certificate of Approval. It must be signed by all applicants to reside in the unit to signify you have read and will comply with the Association Rules. Purchase: (Pg. 12) - Lease: (Pg. 13)
- ____6. Provide a copy of the completed Purchase or Lease Contract. Purchase contract must provide a minimum down payment of twenty percent (20%)
- ____7. **\$50.00** cash or money order only payable to **Cresthaven Condominium Townhomes Section 1, Inc.** For each additional adult applicant other than husband/wife or parent/dependent child, add \$50.00. cash or money order only payable to Cresthaven Condominium Townhomes Section 1, Inc.
- ____8. **Plus \$50.00** cash or money order only payable to **Sea Breeze CMS.** for the **first applicant.** For each additional adult applicant other than husband/wife or parent/dependent child, add \$50.00. cash or money order only payable to Sea Breeze CMS.
- ____9. 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.
- ____10. PURCHASE ONLY: Post notice for 10 days. On the form found in the clubhouse list unit number, name, contact phone number (relator if applicable), unit description and details and asking price. Then tape the form to the notice board located between the mailboxes at the clubhouse.

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. Single family private dwelling and shall not be used for any other purpose.
2. A maximum of two (2) approved person(s) for each recorded bedroom.
3. There must be one permanent occupant who is fifty-five years of age or older.
4. A person under the age of eighteen may not reside in a unit.
5. A prospective purchaser, tenant or lessee who has been convicted of a felon or sex crime or current violation of the Association's restrictions or currently owes the Association money.
6. A maximum of two vehicles per unit as there are two assigned parking spaces
7. Unit owner may not acquire more than one (1) additional unit in the condominium for a total of two (2) units.
8. Prohibited vehicles include: A) van or truck larger than the outline parking space, both width and length, B) commercial vehicles, C) recreational vehicles, D) boats, E) trailers, F) campers, G) motorcycles, H) a vehicle that cannot operate under its own power, I) expired license plate, J) leaks fluids
9. Pets: Two domestic pets not to exceed 25 pounds for each pet.
10. Leasing: Ownership must be established for one (1) year before leasing
Subleasing is prohibited. Lease term must be greater than six (6) month but no longer than one (1) year.

Acknowledge by:

Applicants Signature

Applicants Signature

Applicants Printed Name

Applicants Printed Name

Date

Date

CURRENT INFORMATION

(All information must be printed and readable)

Purchase: _____

Closing Date: _____

Rental: _____

Lease Term: Start _____ End _____

Fernley One Address: 2886 Fernley Dr. E Unit # _____

Name of Current Owner: _____

Realtor Name & Phone Number: _____

Number of people who will occupy the unit: _____

Has any of the applicant(s) been convicted of a Felony? _____ Date (s): _____ County/State convicted in: _____

Charge(s): _____

Applicant # 1

Name: _____ Telephone # _____

Auto Make: _____ Model: _____ Color _____ Year: _____ Tag # _____ State: _____

Resident History

Present Address: _____ Dates of Residency: From: _____ To: _____

Own Home: _____ Parent/Family Member: _____ Rented Home: _____ Rented Apt.: _____ Other: _____

Rent/Mtg Amount: _____

Apt. Name or Name of Landlord: _____ Phone: _____

Mortgage Holder: _____ Mortgage Number: _____ Phone: _____

Previous Address: _____ Dates of Residency: From: _____ To: _____

Own Home: _____ Parent/Family Member: _____ Rented Home: _____ Rented Apt.: _____ Other: _____

Rent/Mtg Amount: _____

Apt. Name or Name of Landlord: _____ Phone: _____

Mortgage Holder: _____ Mortgage Number: _____ Phone: _____

Employer: _____ Telephone #: _____ From: _____ To: _____

Employer's Address: _____

Character References

Personal Reference Name: _____ Phone #: _____

Personal Reference Address: _____

Personal Reference Name: _____ Phone #: _____

Personal Reference Address: _____

Personal Reference Name: _____ Phone #: _____

Personal Reference Address: _____

Bank Reference

Bank Name _____ Phone _____

Bank Name _____ Phone _____

Applicant # 2

Name: _____ Telephone # _____

Auto Make: _____ Model: _____ Color _____ Year: _____ Tag # _____ State: _____

Resident History

Present Address: _____ Dates of Residency: From: _____ To: _____

Own Home: _____ Parent/Family Member: _____ Rented Home: _____ Rented Apt.: _____ Other: _____

Rent/Mtg Amount: _____

Apt. Name or Name of Landlord: _____ Phone: _____

Mortgage Holder: _____ Mortgage Number: _____ Phone: _____

Previous Address: _____ Dates of Residency: From: _____ To: _____

Own Home: _____ Parent/Family Member: _____ Rented Home: _____ Rented Apt.: _____ Other: _____

Rent/Mtg Amount: _____

Apt. Name or Name of Landlord: _____ Phone: _____

Mortgage Holder: _____ Mortgage Number: _____ Phone: _____

Employer: _____ Telephone #: _____ From: _____ To: _____

Employer's Address: _____

Character References

Personal Reference Name: _____ Phone #: _____

Personal Reference Address: _____

Personal Reference Name: _____ Phone #: _____

Personal Reference Address: _____

Personal Reference Name: _____ Phone #: _____

Personal Reference Address: _____

Bank Reference

Bank Name _____ Phone _____

Bank Name _____ Phone _____

Pet Information

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

Description of Pet & Breed: _____ Pet's Name: _____

Pet's Age: _____ Pet's Weight at Maturity: _____ Pet's License/Tag #: _____

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

Description of Pet & Breed: _____ Pet's Name: _____

Pet's Age: _____ Pet's Weight at Maturity: _____ Pet's License/Tag #: _____

Attach a color picture of your pet and a veterinary statement showing the pet's age, approximate weight at maturity and vaccination record.

ACKNOWLEDGMENT OF ASSOCIATION DOCUMENT SET AND RULES AND REGULATIONS

I/We agree abide by the Declaration of Covenants, Articles of Incorporation, By-laws, Rules and Regulations and any Amendments thereto.

Applicant Signature

Applicant Signature

Applicant Printed Name

Applicant Printed Name

Date

Date

EMERGENCY CONTACT

In case of an emergency such as a water leak, we would like to get emergency phone numbers. Please provide the person's name and phone number of who we can contact someone to get in touch with you or obtain a key to your unit.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Acknowledgment

Permanent resident is 55 years of age or older

1. I am interested in purchasing Unit_____ at 2886 Fernley Drive East, West Palm Beach, Florida, and am submitting this Acknowledgment as an inducement to obtain Association approval for this purchase/rental.
2. I understand that Cresthaven Condominium Townhomes, Sec. 1, Inc. is intended and operated to be for occupancy by persons 55 years of age or older.
3. I acknowledge that this is an enforceable restriction, and agree at least one person 55 years of age or older will occupy the unit as a permanent resident.
4. I acknowledge that no person under the age of 18 shall reside in the unit (Occupancy exceeding 21 days shall be considered residing in the unit.)
5. In the event I am in violation of this restriction at any time in the future, I agree that the Association may impose sanctions against me, as provided for in the governing documents and the law, which may include rescinding the Association approval of this purchase/ rental.
6. I acknowledge the **Only Persons Receiving Approval may occupy the unit for more than 21 days.**

Applicant Signature

Date

Applicant Signature

Date

Homeowner Signature

Date

If renting homeowner must complete

Acknowledgement

Two pets

1. I am interested in purchasing/renting Unit_____ at 2886 Fernley Drive East, West Palm Beach, Florida, and am submitting this Acknowledgement as an inducement to obtain Association approval for this purchase/rental.
2. I understand that pursuant to the Declaration of Condominium, an owner is entitled to have no more than two acceptable pets weighing no more than 25 pounds each.
3. I acknowledge that this is an enforceable restriction, and agree not to have more than two pets reside in my unit.
4. In the event I am in violation of this restriction at any time in the future, I agree that the Association may impose sanctions against me, as provided for in the governing documents and the law, which may include rescinding the Association approval of this purchase/rental.
5. FURTHER AFFIANT SAYETH NOT.

Applicant Signature

Date

Applicant Signature

Date

Homeowner Signature

Date

If renting homeowner must complete

Affidavit

Approval of Sale and Release of Right of First Refusal

BEFORE ME, the undersigned authority, duly authorized to administer oaths and take acknowledgments, personally appeared _____, the President and _____ (Buyers) the _____ of Cresthaven Condominium Townhomes Section 1, Inc., a not-for-profit Condominium Florida Corporation, who after being duly sworn, depose and say:

1. That the affiants are the President and _____ of Cresthaven Condominium Townhomes Section 1, Inc., a Florida Corporation, duly incorporated under the law of the State of Florida.
2. That said Corporation is the Condominium Association of that certain Condominium property described as Condominium Townhomes Number _____ Cresthaven Condominium Townhomes Section 1, Inc., according to the Declaration of Condominium thereof, recorded in Official Records 2745 at Page 1666 of the Public Records of Palm Beach County, Florida.
3. That this Affidavit and Release is made by said Corporation on behalf of the Condominium Association described in the aforementioned Declaration of Condominium said owner of property have requested approval from Cresthaven Condominium Townhomes Section 1, Inc.
4. That present owner(s) of said property are _____ and that in accordance with Article (XI) of above referenced Declaration of Condominium said owners of property have requested approval from Cresthaven Condominium Townhomes Section 1, Inc. to sell said property to _____.
5. The Cresthaven Condominium Townhomes Section 1, Inc., has conducted an investigation of said purchaser(s) and herewith approves said person(s) to purchase this property from the aforementioned owner.
6. That the unit may be occupied only by persons approved in writing by the Association. The buyer may occupy unit only if there is approve occupant of fifty-five (55) years or older.
7. That Cresthaven Condominium Townhomes Section 1, Inc. hereby release the right of refusal to purchase said contained parcel as contained in the Declaration of Condominium

FURTHER AFFIANT SAYETH NOT

Cresthaven Condominium Townhomes Section 1, Inc., a Florida Corporation

By: _____
Board Member's Signature

Attest: _____

Board Member's Print Name

Applicant Signature

Date

Applicant Signature

Date

STATE OF FLORIDA COUNTY OF PALM BEACH

The foregoing instrument was sworn and subscribed before me this _____ day of _____, 20____, By: _____ who is personally known to me or who has produced a valid identification.

Notary Signature & Stamp:

Sea Breeze Community Management Services, Inc.

4227 Northlake Boulevard
Palm Beach Gardens, FL 33410
Phone: (561) 626-0917 Fax: (561) 626-7143

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Written Consent to Receive Official Notices by Electronic Transmission

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

Community Name: Cresthaven Condominium Townhomes Section 1, Inc., Fernley One

Community Unit Address: 2886 Fernley Dr. E Unit_____ WPB, FL 33415

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 email address.

Email 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

Sea Breeze – Fernley One COA / PO# _____

RESIDENTIAL SCREENING REQUEST

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.

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CERTIFICATE OF APPROVAL
For Purchase

The undersigned authorized representative of **CRESTHAVEN CONDOMINIUM TOWNHOMES SECTION 1, 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

This is to certify that the above named Applicant(s) have complied with the above statements and thereby obtained the approval of **CRESTHAVEN CONDOMINIUM TOWNHOMES SECTION 1, INC.**

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

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c/o Sea Breeze Community Management Services, Inc.
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CERTIFICATE OF APPROVAL
For Lease

The undersigned authorized representative of **CRESTHAVEN CONDOMINIUM TOWNHOMES SECTION 1, 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 acknowledges and agrees to abide by the Association Rules and Regulations.
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Applicant(s) Printed Name

Applicant(s) Printed Name

Applicant(s) Signature

Applicant(s) Signature

Date

Date

This is to certify that the above-named Applicant(s) have complied with the above statements and thereby obtained the approval of **CRESTHAVEN CONDOMINIUM TOWNHOMES SECTION 1, INC.**

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