

**San Marco HOA Application for PURCHASE/LEASE**

**PLEASE PRINT OR TYPE**

DATE: \_\_\_\_\_

CLOSING DATE: \_\_\_\_\_

CURRENT HOMEOWNERS NAME: \_\_\_\_\_

LOT# \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

REALTOR FOR CURRENT HOMEOWNER: \_\_\_\_\_

REALTOR PHONE (\_\_\_\_\_) \_\_\_\_\_

NAME OF NEW BUYER \_\_\_\_\_

NEW BUYERS PHONE (\_\_\_\_\_) \_\_\_\_\_

REALTOR FOR THE BUYER \_\_\_\_\_

REALTOR PHONE (\_\_\_\_\_) \_\_\_\_\_

=====

**For Office Only:**

Interview date: \_\_\_\_\_

Interview Time: \_\_\_\_\_

**San Marco HOA Application for PURCHASE/LEASE**

APPLICATION FEE	\$250.00
CAPITAL CONTRIBUTION (collected at closing)	(3 MONTHS HOA DUES)
MINIMUM RENTAL TIME	12 Month Rental
CURRENT ON ASSESSMENTS REQUIRED	YES
INTERVIEW REQUIRED	YES
BACKGROUND CHECK	YES
CREDIT CHECK	YES
PETS (LIMIT OF 2 DOGS PER HOUSEHOLD UNDER 25 LBS EACH OR (1) DOG UP TO 35 LBS PER HOUSEHOLD)	YES

**REFERENCES** – NO RELATIVES (Please submit two letters of reference from people other than relatives, including an address and telephone number where the writer may be contacted, if necessary. Please be sure the letter is signed.)

**COMMERCIAL VEHICLES, PICKUP TRUCKS, BOAT TRAILER, RV'S, MOTOR HOMES, ETC. ARE NOT PERMITTED**

I HAVE READ AND WILL ABIDE BY ALL OF THE SAN MARCO DOCUMENTS AND POLICIES WHICH ARE OR MAY IN THE FUTURE BE IMPOSED BY SAN MARCO HOMEOWNERS ASSOCIATION, INC.

I HAVE READ AND AGREEE TO THE ABOVE STATED ITEMS:

PURCHASER \_\_\_\_\_ DATE: \_\_\_\_\_

PURCHASER \_\_\_\_\_ DATE: \_\_\_\_\_

**San Marco HOA Application for PURCHASE/LEASE**

After closing on your home, please come to the Management Office at the Clubhouse with the settlement statement and the warranty deed. If you do not receive your Gate Clickers and/or gate keys from the previous homeowner, you may purchase them at this time.

**REPLACEMENT COSTS**

San Marco Gate Clickers.....	\$30.00*
San Marco Gate Cards .....	\$ 10.00*
Westchester Windshield Sticker .....	\$30.00*
Westchester Cards .....	\$ 20.00*

\*Subject to change

Please submit application to:

San Marco HOA

7251 Lugano Dr

Boynton Beach, FL 33437

*Office Hours: Monday – Friday 8:30am-12:30pm*

## **San Marco HOA Application for PURCHASE/LEASE**

1. THIS DOCUMENT AND THE ATTACHED APPLICATION FOR OCCUPANCY MUST BE COMPLETED IN DETAIL BY THE PROPOSED BUYER. IF THERE ARE TWO OR MORE PEOPLE APPLYING, THEN EACH PERSON MUST COMPLETE DISCLOSURE & SCREENING PAGES AND EACH MUST SIGN WHERE REQUIRED ON ALL OTHER PAGES.
2. **IF ANY QUESTIONS ARE NOT ANSWERED OR LEFT BLANK, THIS APPLICATION WILL BE RETURNED, NOT PROCESSED AND NOT APPROVED.**
3. MAINTENANCE ASSESSMENTS MUST BE CURRENT UP TO THE TIME OF PURCHASE.
4. PLEASE ATTACH A NON-REFUNDABLE CHECK FOR A PROCESSING FEE OF \$250.00 MADE PAYABLE TO **SAN MARCO HOMEOWNERS ASSOCIATION, INC.**
5. **PLEASE ATTACH A COPY OF THE SALES CONTRACT.**
6. THE COMPLETED APPLICATION MUST BE RETURNED TO THE ASSOCIATION OFFICE IN THE CLUBHOUSE, 30 DAYS PRIOR TO SALE DATE.
7. **THE OWNER MUST PROVIDE BUYER WITH A COPY OF THE SAN MARCO DOCUMENTS AND POLICIES.**
8. NO COMMERCIAL VEHICLES, TRUCKS, PICK UP TRUCKS, BOAT TRAILERS, MOTOR HOMES, RV'S, ETC. PERMITTED ON THE PREMISES, WITHOUT THE APPROVAL OF THE BOARD.
9. SIGNED BACKGROUND CHECK AUTHORIZATION FORM.
10. ONE (1) OF THE INTENDED PERMANENT OCCUPANTS MUST BE FIFTY-FIVE (55) OR OLDER, NO CHILDREN UNDER THE AGE OF EIGHTEEN (18) YEARS OF AGE, (2) PETS LESS THAN TWENTY-FIVE (25) POUNDS OR (1) PET LESS THAN 35 POUNDS.
11. NO PERSON UNDER 18 YEARS OF AGE IS PERMITTED TO RESIDE IN A HOME IN SAN MARCO FOR A PERIOD OF SIXTY (60) CALENDER DAYS IN A YEAR
12. NO SUBLEASING AT ANY TIME.
13. NEW OWNER CANNOT LEASE OR RENT THEIR SAID HOME FOR ONE YEAR FROM DATE OF CLOSING.

**SAN MARCO HOMEOWNERS ASSOCIATION, INC.**

1. I HEREBY AGREE FOR MYSELF AND ON BEHALF OF ALL PERSONS WHO MAY USE THE HOME WHICH I SEEK TO PURCHASE:

- A. I HAVE READ AND WILL ABIDE BY ALL OF THE SAN MARCO DOCUMENTS AND POLICIES WHICH ARE OR MAY IN THE FUTURE BE IMPOSED BY SAN MARCO HOMEOWNERS ASSOCIATION, INC.
- B. **I UNDERSTAND THAT SUB-LEASING OR OCCUPANCY OF THIS UNIT IN MY ABSENCE IS PROHIBITED.**
- C. THE OWNERS, RESIDENTS AND THEIR FAMILY MEMBERS AND GUESTS SHALL HOLD THE ASSOCIATION AND ITS AFFILIATES, DIRECTORS, OFFICERS, REPRESENTATIVES AND AGENTS HARMLESS FROM ANY AND ALL LOSS, COST, CLAIM, INJURY, DAMAGE OR LIABILITY SUSTAINED OR INCURRED BY HIM OR HER, RESULTING FROM ANY ACT OR OMISSION, WHETHER DUE TO NEGLIGENCE OR OTHERWISE, OF THE ASSOCIATION, THEIR RESPECTIVE AFFILIATES, DIRECTORS, OFFICERS, OR REPRESENTATIVES OR AGENTS.
- D. EACH RESIDENT AND GUEST, AS A CONDITION OF INVITATION AND ENTRY INTO THE ASSOCIATION PROPERTY, ASSUMES SOLE RESPONSIBILITY FOR HIS/HER PROPERTY AND SELF.
- E. I UNDERSTAND THAT ANY VIOLATION OF THESE TERMS, PROVISIONS, CONDITIONS, AND COVENANTS OF SAN MARCO DOCUMENTS PROVIDES CAUSE FOR IMMEDIATE ACTION AS THEREIN PROVIDED.

2. I UNDERSTAND THAT THE ACCEPTANCE FOR BUYER OF ANY UNIT AT SAN MARCO IS CONDITIONED UPON THE TRUTH AND ACCURACY OF THIS APPLICATION AND UPON THE APPROVAL OF THE BOARD OF DIRECTORS OR ITS DESIGNEES. **OCCUPANCY PRIOR TO APPROVAL IS PROHIBITED.** ANY MISREPRESENTATION OR FALSIFICATION OF INFORMATION ON THESE FORMS WILL RESULT IN THE AUTOMATIC REJECTION OF THIS APPLICATION.

3. I UNDERSTAND THAT THE BOARD OF DIRECTORS OF SAN MARCO MAY CAUSE TO BE INSTITUTED SUCH AN INVESTIGATION OF MY BACKGROUND AS THE BOARD MAY DEEM NECESSARY. ACCORDINGLY, I SPECIFICALLY AUTHORIZE CAROLINA MANAGEMENT SERVICES, INC. TO MAKE SUCH INVESTIGATION AND AGREE THAT THE INFORMATION CONTAINED IN THE ATTACHED APPLICATION MAY BE USED IN SUCH INVESTIGATION AND THAT THE BOARD OF DIRECTORS AND MANAGEMENT COMPANY SHALL BE HELD HARMLESS FROM ANY ACTION OR CLAIM BY ME IN CONNECTION WITH THE USE OF THE INFORMATION CONTAINED HEREIN OR ANY INVESTIGATION CONDUCTED. IN MAKING THE FOREGOING APPLICATION, I AM AWARE THAT THE DECISION OF THE BOARD OF DIRECTORS WILL BE FINAL AND NO REASON NEED BE GIVEN FOR ANY ACTION TAKEN BY THE BOARD. I AGREE TO BE GOVERNED BY THE DETERMINATION OF THE BOARD OF DIRECTORS.

PURCHASER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PURCHASER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_ LOT # \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_ S.S. # \_\_\_\_\_

SPOUSE \_\_\_\_\_ DOB \_\_\_\_\_ S.S. # \_\_\_\_\_

NAMES AND AGES OF THOSE WHO WILL OCCUPY \_\_\_\_\_  
\_\_\_\_\_

**PET INFORMATION: (LIMIT OF 2 DOGS PER HOUSEHOLD UP TO TWENTY-FIVE (25) POUNDS EACH OR 1 DOG UP TO THIRTY-FIVE (35) POUNDS**

TYPE BREED COLOR WEIGHT AGE LICENSE NUMBER

1. \_\_\_\_\_

2. \_\_\_\_\_

**RESIDENCE HISTORY**

PRESENT ADDRESS OF PURCHASER \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

DATES OF RESIDENCY: FROM \_\_\_\_\_ TO \_\_\_\_\_

LANDLORD (IF RENT) \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ HOW LONG \_\_\_\_\_

**EMPLOYMENT AND BANK REFERENCES**

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

HOW LONG \_\_\_\_\_ POSITION \_\_\_\_\_

SPOUSE'S EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

HOW LONG \_\_\_\_\_ POSITION \_\_\_\_\_

BANK \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

# OF CARS \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ TAG \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ TAG \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ TAG \_\_\_\_\_

**BACKGROUND CHECK AUTHORIZATION FORM  
SAN MARCO HOMEOWNERS ASSOCIATION, INC.**

**Applicant hereby authorizes Carolina Management Services, Inc. on behalf of the San Marco Homeowners Association, Inc. to obtain a consumer report and any other information it deems necessary for the purpose of evaluating my application. I understand that such information may include but is not limited to, credit history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the sale or lease of a residence for which this application was made. I hereby expressly release Carolina Management Services, Inc. and any procurer or furnisher of information, from any liability what so ever in the use, procurement, or furnishing of such information and understand that my application information may be provided to various local, state, and/or federal government agencies including without limitation, various law enforcement agencies.**

(Applicant's Signature)	Date

(Applicant's Signature)	Date

(Applicant's Signature)	Date

# 1<sup>st</sup> Adult Information



DISCLOSURE AND AUTHORIZATION AGREEMENT  
REGARDING CONSUMER REPORTS

**DISCLOSURE**

The undersigned acknowledges that 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**

The undersigned acknowledges that they are authorizing and requesting, 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.

If you dispute any information found in your consumer report and would like to request a copy of the report, please send a request letter via certified mail to;  
AmeriCheckUSA  
7777 Davie Rd Extension #101B  
Hollywood, FL 33027

\_\_\_\_\_  
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.

Carolina Mgmt - San Marco / Ref# \_\_\_\_\_

**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:** \_\_\_\_\_

# 2<sup>nd</sup> Adult Information

DISCLOSURE AND AUTHORIZATION AGREEMENT  
REGARDING CONSUMER REPORTS

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**AUTHORIZATION**

The undersigned acknowledges that they are authorizing and requesting, 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.

If you dispute any information found in your consumer report and would like to request a copy of the report, please send a request letter via certified mail to;  
AmeriCheckUSA  
7777 Davie Rd Extension #101B  
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\_\_\_\_\_  
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.

Carolina Mgmt - San Marco / Ref# \_\_\_\_\_

**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:** \_\_\_\_\_