

APPLICATION FOR APPROVAL OF PURCHASE/LEASE
SAN MARCO HOMEOWNERS ASSOCIATION, INC.

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 UPTO THE TIME OF PURCHASE.

4. PLEASE ATTACH A NON-REFUNDABLE CHECK FOR A PROCESSING FEE OF \$300.00 MADE PAYABLE TO **SAN MARCO HOMEOWNERS ASSOCIATION, INC.** IF CANADA RESIDENT, PLEASE CALL AS ADDITIONAL FORM IS REQUIRED AND PROCESSING FEE IS \$390.00.

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, 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

11. NO SUBLEASING AT ANY TIME.

12. NEW OWNER CANNOT LEASE OR RENT THEIR SAID HOME FOR ONE YEAR FROM DATE OF CLOSING.

Please submit application to:

San Marco HOA

7251 Lugano Dr

Boynton Beach, FL 33437

sanmarcohoa@yahoo.com

PLEASE PRINT OR TYPE

DATE: _____

CLOSING DATE: _____

CURRENT OWNERS NAME: _____

LOT# _____

PROPERTY ADDRESS: _____

REALTOR FOR OWNER/SELLER _____

REALTOR PHONE (_____) _____

NAME OF BUYER _____

BUYERS PHONE (_____) _____

REALTOR FOR THE BUYER _____

REALTOR PHONE (_____) _____

SAN MARCO HOMEOWNERS ASSOCIATION, INC. – PURCHASER

PROPERTY ADDRESS _____ LOT # _____

NAME _____ DOB _____ S.S. # _____

SPOUSE _____ DOB _____ S.S. # _____

NAMES AND AGES OF THOSE WHO WILL OCCUPY _____

RESIDENCE HISTORY

PRESENT ADDRESS OF PURCHASER _____ PHONE (____) _____

DATES OF RESIDENCY: FROM _____ TO _____

LANDLORD (IF RENT) _____ PHONE (____) _____

PREVIOUS ADDRESS _____ HOW LONG _____

LANDLORD (IF RENT) _____ PHONE (____) _____

EMPLOYMENT AND BANK REFERENCES (INCLUDE ALL PERMANENT RESIDENTS)

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 _____

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.

PET INFORMATION:

PETS -LIMIT OF 2 DOGS PER HOUSEHOLD

| TYPE | BREED | COLOR | WEIGHT | AGE | LICENSE NUMBER |
|-------------|--------------|--------------|---------------|------------|-----------------------|
|-------------|--------------|--------------|---------------|------------|-----------------------|

1. _____

2. _____

**SAN MARCO HOMEOWNERS ASSOCIATION, INC
RESALE AGE VERIFICATION FORM**

HOME BEING SOLD:

LOT: _____

PROPERTY ADDRESS: _____

NAME OF CURRENT OWNER(S): _____

NAME AND AGE VERIFICATION OF PURCHASER:

PLEASE NOTE THAT ONE (1) OF THE INTENDED PERMANENT OCCUPANTS MUST BE AGE FIFTY-FIVE (55) OR OVER. PLEASE ATTACH LEGIBLE COPIES OF PERSONAL IDENTIFICATION DOCUMENTS TO ACCOMPLISH THE FOLLOWING TWO (2) OBJECTIVES:

1. Verification of Date of Birth of the purchaser; and
2. Picture ID of the purchaser to verify identity

Please note that one document may or may not take care of both of the objectives. Examples of acceptable documents include: Drivers' License, Voter Registration Card, Birth Certificate, Passport, Military Identification Card or Affidavit.

NAME OF PURCHASER (Please list all persons who are to be **PERMANENT OCCUPANTS** to reside in home):

TYPE OF IDENTIFICATION (1)

TYPE OF PICTURE IDENTIFICATION (1)

TYPE OF IDENTIFICATION (2)

TYPE OF PICTURE IDENTIFICATION (2)

TYPE OF IDENTIFICATION (3)

TYPE OF PICTURE IDENTIFICATION (3)

PLEASE NOTE: 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

NEW OWNER MAY NOT LEASE OR RENT THEIR FOR ONE YEAR FROM DATE OF CLOSING

SAN MARCO HOMEOWNERS ASSOCIATION, INC

EMERGENCY CONTACT INFORMATION

Occasionally, a maintenance or security problem will occur when it is imperative to contact an out of town owner or a local representative.

Repair work can be hampered when homeowners are away on vacation or living in another state. Extensive damage can be prevented if we have a method of contacting the owner.

To avoid this problem, we are requesting that you fill in the information below, and return it to our office. This information will remain confidential.

NAME OF PURCHASER: _____

NAME OF PURCHASER: _____

PROPERTY ADDRESS: _____ **LOT #** _____

CITY/STATE/ZIP: _____

TELEPHONE: HOME: _____ **CELL:** _____

IN CASE OF EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE# _____

MAILING ADDRESS: _____

(IF DIFFERENT FROM PROPERTY ADDRESS)

CITY/STATE/ZIP: _____

TELEPHONE: HOME: _____ **BUS:** _____ **CELL:** _____

Please add any additional information you feel may assist in notifying you in the event of an emergency:

*****IMPORTANT: IF THIS APPLICATION IS PRESENTED WITH ANY BLANKS OR NOT PROPERLY COMPLETED, IT CAN BE REJECTED**

TO: SAN MARCO HOMEOWNERS ASSOCIATION, INC.

FROM: PURCHASER

SUBJECT: RULES AND REGULATIONS AGREEMENT

I HAVE READ AND UNDERSTAND THE SAN MARCO HOMEOWNERS ASSOCIATION, INC. DOCUMENTS AND POLICIES AND AGREEE TO ABIDE BY THEM.

LOT #: _____

PROPERTY ADDRESS: _____

PURCHASER SIGNATURE: _____

PURCHASER SIGNATURE: _____

PURCHASER SIGNATURE: _____

DATE: _____

SAN MARCO HOMEOWNERS ASSOCIATION, INC

APPLICATION REQUIRED ON SALES AND RENTALS

| | |
|-------------------------------------|----------------------------|
| APPLICATION FEE | \$300.00 |
| CAPITAL CONTRIBUTION | (3 MONTHS HOA DUES) |
| MINIMUM RENTAL TIME | 1 RENTAL PER CALENDAR YEAR |
| MAXIMUM RENTAL TIME | 12 MONTHS |
| CURRENT ON ASSESSMENTS REQUIRED | YES |
| INTERVIEW REQUIRED | YES |
| BACKGROUND CHECK | YES |
| CREDIT CHECK | YES |
| PETS (LIMIT OF 2 DOGS PER HOUSEHOLD | YES |

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

NO SUBLEASING AT ANY TIME

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 card or Clicker 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 | \$50.00* |
| Westchester Cards | \$25.00* |

*Subject to change

**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

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:** _____

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:** _____

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.

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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;

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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.

TRITON

AMERICHECK USA
CANADA CREDIT CHECK FORM

Photocopy 2 pieces of identification, 1 piece must be government issued with candidate's picture and signature

When Photocopying ID, ensure it is clear and can be read

Services Ordered: Credit Bureau Inquiry

AMERICHECKUSA

Company

Client Name

Date: MM/DD/YYYY

Candidate Consent

Candidate First Name

Middle Name

Last Name

Birth Date

Gender Male Female (circle one)

Maiden Name(s) / Alias (Other Names)

Month Day Year

Present Address (street name, number, city, province, postal code)

Telephone

Previous Address (if present address is less than 5 years)

Place of Birth (Town, Prov., Country or Hospital)

Email Address

In connection with my application for Residency with _____ I understand that the background check process includes a Canadian credit bureau inquiry with retrieval of information from a major Canadian credit bureau. I hereby consent to a Canadian credit bureau inquiry on behalf of OBN SECURITY & INVESTIGATIVE CONSULTANTS INC AND/OR AMERICHECK USA AND/OR ITS AGENTS which will include information about me, including any previous bankruptcies, legal proceedings, collection actions, negative banking items and other information reported by my creditors and I hereby authorize any public or private institution to provide and release OBN SECURITY & INVESTIGATIVE CONSULTANTS INC, AND /OR AMERICHECK USA AND /OR ITS AGENTS information related to my credit record. I authorize OBN SECURITY & INVESTIGATIVE CONSULTANTS INC AND /OR AMERICHECK AND /OR ITS AGENTS to release all personal information obtained during the above Canadian credit bureau inquiry to OBN SECURITY & INVESTIGATIVE CONSULTANTS INC, AND/OR AMERICHECK USA AND/OR ITS AGENTS and hold harmless OBN SECURITY & INVESTIGATIVE CONSULTANTS INC, AND /OR AMERICHECK USA AND /OR ITS AGENTS upon the release of this information or its findings to OBN SECURITY & INVESTIGATIVE CONSULTANTS INC AND /OR AMERICHECK USA AND/OR ITS AGENTS. By signing this form, I am aware and I give consent that this record may be transmitted electronically or in hard copy outside of Canada.

X _____
Candidate's Signature Authorizing Credit Bureau Inquiry

Date: Month Day Year