

**BAYFRONT OF BOYNTON BCH.
CONDOMINIUM ASSOCIATION
APPLICATION FOR SALE/LEASE
APPROVAL**

THE PROPOSED BUYER OR LESSEE MUST COMPLETE IN DETAIL. PLEASE PRINT OR TYPE THIS APPLICATION AND RETURN TO:

C/O PROPERTY KEEPERS MANAGEMENT, LLC

6555 Powerline Rd., Suite 105
Fort Lauderdale, FL 33309

954-586-5111 **OFFICE**

954-586-5113 **FAX**

info@property-keepers.com **EMAIL**

www.Property-Keepers.com

PLEASE INITIAL ONCE COMPLETED OR UNDERSTOOD

_____ 1. PLEASE ATTACH A COPY OF THE SALES CONTRACT OR LEASE AGREEMENT.

_____ 2. BACKGROUND & CREDIT CHECK APPLICATION IS AVAILBLE THROUGH OUR WEBSITE WWW.PROPERTY-KEEPERS.COM; PLEASE USE INTERENT EXPLORER OR CHOOGLE CHROME (MAKE SURE ADOBE READER IS ON). UNDER ONLINE SERVICES: SELECT EITHER SINGLE OR JOINT. JOINT APPLICATIONS ARE FOR MARRIED COUPLES ONLY! (IF YOU ARE MARRIED WITH A DIFFERENT LAST NAME, WE WILL NEED A COPY OF YOUR MARRIAGE CERTIFICATE). FAILURE TO COMPLETE OR PROVIDE THE MARRIAGE CERTIFICATE WILL DELAY THE PROCESS AND RESULT IN ADDITIONAL APPLICATION FEES. UNITED SCREENING IS OUR BACKGROUND AND CREDIT CHECK COMPANY. PLEASE PROVIDE THE FOLLOWING INFORMATION:

EMAIL: _____

A. MARTIAL STATUS AND NUMBER OF UNIT RESIDENTS 18 YEARS OLD AND OLDER.
(ALL RESIDENTS 18 YEARS OLD AND OLDER ARE REQUIRED TO COMPLETE THE APPLICATION PROCESS. MARRIED COUPLES MUST SUBMIT TWO SEPARATE JOINT-APPLICATIONS).

B. A NON-REFUNDABLE PROCESSING FEE OF \$100.00 MUST BE PAID BY CREDIT CARD ONLINE.

C. PLEASE PROVIDE A COPY OF PAID RECEIPT IN THIS PACKET.

_____ 3. The minimum credit score is 650 for (renters).

_____ 4. COPIES OF DRIVERS LICENSES FOR ALL DRIVERS RESIDING IN THE UNIT AND VEHICLE REGISTRATION (S)

_____ 5. MUST PROVIDE 2 LETTERS OF REFERENCE. 1 FOR BUSINESS (SHOULD BE ON LETTER HEAD WITH ORIGINAL SIGNATUERES AND CONTACT INFO.) AND 1 LETTER FOR PERSONAL REFERENCE.

_____ 6. Pet Fee of \$100 each for two max. dog. Check to: "Bayfront of Boynton Bch. Condo."

_____ 7. 2 pets with maximum weight limit of 60 lbs. **combined.** Provide each pet photo.

_____ 8 COMPLETED APPLICATION MUST BE SUBMITTED TO THE PROPERTY MANAGER NOLATER THAN 30 DAYS PRIOR TO THE DESIRED DATE OF CLOSING OR LEASE STARTUP.

_____ 9. PRIOR TO OCCUPANCY, THE BOARD OF DIRECTORS OF THIS ASSOCIATION MUST APPROVE THE PROSPECTIVE BUYER/LESSEE. **Please do not call or email inquiries of statuses. We will notify you.**



Application Process

Please take the time to read the entire application and fill it out completely.

It is the applicant's responsibility to make sure that **ALL FORMS** and **SUPPORTING DOCUMENTS** are included in **ONE** email when you send in your application. **INCOMPLETE** applications **WILL NOT** be sent to the board for review. The boards have 30 days to review a **COMPLETED** application once they receive it.

Thank you for applying to one of our communities and together we will work together to make this a smooth process.

Please **DO NOT** call to inquire about the process or status of your application. We will contact you.

Community name you are applying for:

Applicant's initials: _____

Applicant's initials: _____

Applicant's initials: _____

Applicant's initials: _____

Name of Community: BAYFRONT OF BOYNTON BCH.
CONDOS.

APPLICATION FOR LEASE/SALE, GIFT, DEVISE OR INHERITANCE APPROVAL

PLEASE PRINT OR TYPE

TODAY'S DATE: _____

(SALE OR LEASE): _____ CLOSING DATE: _____

LEASE TERM: From _____ To: _____

PRESENT OWNER NAME: _____

Mailing Address: _____

CITY: _____ STATE _____ ZIP CODE _____

TELEPHONE: _____

ADDRESS OF THE UNIT:

NAME OF THE REALTOR HANDLING: _____

Telephone #: _____ Email address: _____

(BUYER / LESSEE) NAME:

PRESENT ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

OTHER PERSONS WHO WILL **OCCUPY THE UNIT WITH YOU:** # _____ Adults # _____ Children _____

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Application for Residency

Today's Date: _____ Expected Move In Date: _____

Applicant Name: _____ SSN# _____

Marital Status: _____ DOB _____

DL#: _____ State: _____

Phone #: _____ Work#: _____

Spouse/Roommate Name: _____ SSN# _____

Marital Status: _____ DOB: _____

DL: _____ State: _____

Phone #: _____ Work#: _____

WILL YOU HAVE ANY PETS? YES _____ NO _____ IF YES, WHAT TYPE(S) ? _____

How many? _____

IN CASE OF EMERGENCY, NOTIFY _____

ADDRESS: _____

TELEPHONE: _____

Residence History

Present Address: _____ City: _____ Zip: _____

Building Name: _____ How Long? _____ (Own / Lease)

Landlord Name: _____ Phone Number: _____

Previous Address: _____ City: _____ Zip: _____

Building Name: _____ How Long? _____ (Own / Lease)

Landlord Name: _____ Phone Number: _____

Have you or your roommate ever been evicted from any lease premise? _____ If yes, please explain: _____

Employment

Present Employer: _____ Position: _____

Address: _____ State _____ Zip _____

Phone: _____ Employed since _____

Supervisor Name: _____ Salary \$ _____ Tips _____

Spouse's OR Roommate's Employer: _____ Position: _____

Address: _____ State _____ Zip _____

Phone: _____ Employed since _____

Supervisor Name: _____ salary \$ _____ - Tips _____

AUTOMOBILE INFORMATION

NUMBER OF CARS: _____

MAKE: _____ MODEL: _____ YEAR: _____

TAG #: _____

MAKE: _____ MODEL: _____ YEAR: _____

TAG #: _____

MAKE: _____ MODEL: _____ YEAR: _____

TAG #: _____

1. I hereby agree for myself and on behalf of all persons who may use the home which I seek to purchase or lease:
 - a. I will abide by all the restrictions contained in the By-Laws, Rules and Regulations and Restrictions, which are or may in the future be imposed by BAYFRONT OF BOYNTON BCH. CONDOMINIUM ASSOCIATION, INC.
 - b. I understand that sub-leasing or occupancy of this unit in my absence is prohibited.
 - c. I understand that any violation of the terms, provisions, conditions and covenants of the BAYFRONT OF BOYNTON BCH. CONDOMINIUM ASSOCIATION, INC. Documents provides cause for immediate action as therein provided, or termination of the leasehold under appropriate circumstances.

2. I understand that the acceptance for Lease of a unit at BAYFRONT OF BOYNTON BCH. CONDOMINIUM ASSOCIATION, INC. is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of information of these forms will result in the automatic rejection of this application. Occupancy prior to approval is prohibited.

3. I understand that the Board of Directors of BAYFRONT OF BOYNTON BCH. CONDOMINIUM ASSOCIATION, INC. may institute an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors to make such investigation and agree that the information contained in this and the attached application may be used in such investigation and that the Board of Directors and Officers of BAYFRONT OF BOYNTON BCH. CONDOMINIUM ASSOCIATION, INC. itself 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 by the Board of Directors.

In making the foregoing application, I am aware that the decision of BAYFRONT OF BOYNTON BCH. CONDOMINIUM ASSOCIATION, INC. will be final, and no reason will be given for any action taken by the Board. I agree to be governed by the determination of the Board of Directors.

 APPLICANT'S Signature

DATE:

 CO-APPLICANT'S Signature

DATE:

 Print Applicant's Name

 Print Co-Applicant's Name

BAYFRONT OF BOYNTON BEACH
Board of Directors

BAYFRONT OF BOYNTON BEACH CONDOMINIMUM ASSOCIATION, INC.

I hereby attest that there are no false statements in this document. If there are any erroneous statements or significant omissions in this document, I understand that this document shall be automatically denied.

APPLICANT'S Signature

Date: _____

PRINT NAME:

CO-APPLICANT'S Signature

Date: _____

PRINTNAME:

BAYFRONT OF BOYNTON BEACH

Board of Directors

BAYFRONT OF BOYNTON BEACH
CONDOMINIUM ASSOCIATION, INC.

ADDENDUM TO LEASE CONSENT FORM

If I/We violate any of the rules and regulations or by-laws as determined by the Board of Directors, I/We do hereby agree that we may be evicted from the premises and will abide by such a ruling within 30 days of said notice of eviction.

APPLICANT'S Signature

Date:

PRINT NAME:

CO-APPLICANT'S Signature

Date:

PRINTNAME:

**BAYFRONT OF BOYNTON BCH.
CONDOMINIUM ASSOCIATION, INC.**

LEASING AGREEMENT FORM

OWNER NAME: _____

PHONE: _____

EMAIL: _____

TENANT(S) OR OCCUPANT (S) NAME: _____

PHONE: _____

PROPERTY ADDRESS: _____

LOT # _____ OR UNIT #: _____

LEASING TERM FROM: _____ TO: _____

LEASING TERM MUST NOT EXCEED ONE YEAR LEASING

AGREEMENT MUST BE CURRENT AT ALL TIMES

OWNERS MUST REPORT ALL CHANGES WITH TENANTS OR LEASING TERM

*TO THE BAYFRONT OF BOYNTON BCH. CONDOMINIUM ASSOCIATION,
INC.*

SHOULD ANY LESSEE NOT ADHERE TO OUR GUIDELINES AND/OR RULES THIS LEASE WILL NO LONGER BE VALID. YOU WILL RECEIVE ONE NOTICE ADVISING YOU OF THE PROBLEM. IF THE PROBLEM IS NOT RECTIFIED WITHIN 15 DAYS, YOUR TENANT WILL BE ADVISED TO VACATE YOUR UNIT IMMEDIATELY. THE BOARD WILL NOT BE RESPONSIBLE FOR REPLACING THE TENANT.

OWNER'S SIGNATURE DATE:

CO-OWNER'S SIGNATURE DATE:

APPLICANT'S SIGNATURE DATE:

CO-APPLICANT'S SIGNATURE DATE: