



SEA PALMS HOMEOWNERS ASSOCIATION, INC.  
P. O. Box 2433  
JUPITER, FL 33468

To whom it may concern:

Please be advised the Board of Directors requires prior approval to lease or sell a unit and a personal interview with the applicant.

For your convenience, we have an application form for your use in connection with seeking Board approval. The form must be completed and submitted prior to transfer of title or lease and prior to occupancy by purchaser or lessee. All items requested by the application must be provided, along with a copy of contract for sale or lease agreement. The application must be accompanied by a ONE HUNDRED SEVENTY FIVE DOLLARS (\$175) processing fee for lease or purchase. Checks should be made out to the Sea Palms Homeowners Association. Arrangements for the interview will be made by the Property Manager, who will then contact the future resident. **Occupancy prior to final approval is prohibited.**

The application and fee is to be forwarded to the Property Manager at the PO Box above.

The Document by Laws gives the Board of Directors two weeks to approve or disapprove an application once it has been received. The Board will make every effort to provide an expeditious answer to the applicant provides all necessary information is submitted as required.

Thank you for your anticipated cooperation in this matter.

Sincerely yours,  
The Board of Directors

Checklist

- \$175 non-refundable check made out to Sea Palms HOA
- Application completely filled out and signed.
- Copy of lease or sales contract
- Back ground form signed and completed
- Signed copy of rules and regulations
- Copy of Drivers License

SEA PALMS HOMEOWNERS ASSOCIATION, INC.  
P. O. BOX 2433  
JUPITER, FL 33468

PURCHASE – RENTAL APPLICATION

Date \_\_\_\_\_

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home /Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

Hereby applies to the board of Directors of Sea Palms HOA, Inc for approval:

a) To purchase unit # \_\_\_\_\_ Closing date \_\_\_\_\_

Name / phone # of agent handling sale (if applicable) \_\_\_\_\_

b) To lease unit# \_\_\_\_\_ Proposed move in date \_\_\_\_\_

Lease term \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Adults and \_\_\_\_\_ children will occupy the unit. In addition to applicant the following people will occupy the unit.

	Name	Age	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

2. Applicant agrees that he/she will abide by all rules and regulations now in effect.

3. If a lease, sub leasing of units is prohibited.

4. If this is an application to purchase please answer the following:

a. Will this be the applicant's permanent residence Y or N \_\_\_\_\_?

b. Approx. how many months each year will you occupy the unit \_\_\_\_\_

c. Do you plan to lease this unit to others Y or N \_\_\_\_\_

**5. Employer, or business name if self employed**

Name of employer or business name \_\_\_\_\_

Address \_\_\_\_\_

Title Position \_\_\_\_\_ Years employed or in business \_\_\_\_\_

Phone # \_\_\_\_\_

**6. Financial References**

a) Bank Name \_\_\_\_\_ Type of account \_\_\_\_\_

b) Bank Name \_\_\_\_\_ Type of account \_\_\_\_\_

**7. Personal References**

a) Name: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

b) Name: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

**8. Do you own \_\_\_\_\_ or rent \_\_\_\_\_ at your present address**

Name / Phone # of present landlord (if any) \_\_\_\_\_

9. Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Number of cars \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Tag# \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Tag# \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Tag# \_\_\_\_\_ State \_\_\_\_\_

10. Pets Y/N \_\_\_\_\_ Type \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_

No pit bulls or aggressive breeds allowed

The Sea Palms Homeowners Association Inc shall in no way be liable as respects any matter concerning this application or concerning any act of the present owner of the unit.

I have read, Understand and received a copy of the rules and regulations and agree to abide by the rules and regulations.

\_\_\_\_\_  
Signature of applicant                      Date

\_\_\_\_\_  
Signature of applicant                      Date

This application must be accompanied by a check (from applicant or owner) payable to the order of Sea Palms Homeowners association Inc in the sum of \$175. This is a non-refundable process fee.

**NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT  
IMPORTANT NOTICE**

Effective January 1, 2012, employers in California may only use consumer credit reports for employment purposes if the report is sought for the following:

A managerial position; 2) A position in the state Department of Justice; 3) A sworn peace officer or other law enforcement; 4) The California Fair Credit Reporting Act AB 655 created Civil Code section 1786.29 which requires a California applicant to choose if they want to have a copy of their consumer report.

If the applicant is a California resident, the following applies:

1. The report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records.
2. Evidence of identity theft may or may not be identified from this report.
3. The applicant has the right to see and copy their consumer report.
4. The applicant requests a copy of the consumer report by checking the box.

I, the undersigned consumer, do hereby authorize **GWM Property Management** by and through its independent contractor, **Scott Roberts and Associates**, to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports for **leasing or tenant ownership purposes** with **GWM Property Management**. I authorize **GWM Property Management** to share this consumer report with prospective landlords if necessary.

Said reports may include, but are not limited to, information as to my character, general reputation and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **GWM Property Management** by and through **Scott Roberts and Associates**, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **Scott Roberts and Associates** at 2290 10 Ave. N, Suite 500, Lake Worth, FL 33461, www.scottrobertsassociates.com, (888)-605-4265(O) (888)605-4305 (F) if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C § 1681 et. seq.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Criminal History National            | <input checked="" type="checkbox"/> National Eviction      |
| <input type="checkbox"/> Criminal History/Out of State<br>State: _____   | <input type="checkbox"/> SSN Verification                  |
| <input type="checkbox"/> FDLE  | <input checked="" type="checkbox"/> Sexual Offender Search |
| <input type="checkbox"/> Driving Records/History<br>(MUST HAVE DL#) 3 YR | <input checked="" type="checkbox"/> Credit Reports         |
| <input type="checkbox"/> FACIS   | <input checked="" type="checkbox"/> Terrorist Watch list   |

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

SSN: \_\_\_\_\_ DL#: \_\_\_\_\_