



FRENCHMAN'S RESERVE

Frenchman's Reserve Master Property Owners Association, Inc.

Application for Approval of Purchase or Lease

C/O Campbell Property Management
3350 Grande Corniche, Palm Beach Gardens, FL 33410
Office: 561-626-2874 Fax: 561-626-2876
www.campbellpropertymanagement.com

CHECKLIST

FOR ALL PARTIES:

1. If any question is left blank, this application may not be approved. This application is subject to approval.
2. All persons on Lease / Sales Contract fill out and sign the Scott Roberts & Associates background release form.
3. Attached is non-refundable application fee of \$150.00 per non-related applicant payable to **FRENCHMAN'S RESERVE POA.**
4. Please enclose a copy of the Lease / Sales Contract with this application.
5. Photo Copies of All Occupants Current Drivers License.
6. New Resident Form
7. Proof of possession of Documents on sales.

I/We agree to abide by the Rules and Regulations of the Association.

SIGNED _____ DATE _____
Applicant

SIGNED _____ DATE _____
Co-Applicant

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Date Submitted: ____/____/____

Please Note: APPLICATIONS HAVE A 14 DAY TURN AROUND STARTING FROM THE DATE THE COMPLETED APPLICATION IS RECEIVED FROM THE APPLICANT

CURRENT OWNER INFORMATION:

UNIT OWNER NAME(S) _____

UNIT ADDRESS: _____

HOME # _____ WORK # _____ CELL# _____

EMAIL ADDRESS: _____

PURCHASER'S/RENTER'S INFO:

NAME(S) _____

HOME # _____ WORK# _____ CELL# _____

EMAIL ADDRESS _____

CLOSING DATE: ____/____/____ |

LEASE DATES: ____/____/____ to ____/____/____

REALTOR'S INFO:

REALTOR'S NAME _____

COMPANY NAME _____

OFFICE PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____ FAX _____

FOR OFFICE USE ONLY:

APPROVED _____ DISAPPROVED _____

APPROVAL SIGNATURE _____ DATE _____

PLEASE PRINT OR TYPE

OTHER PERSONS WHO WILL OCCUPY UNIT WITH YOU:

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

LEASE RENEWALS

Thirty (30) days prior to a lease ending the owner/tenant must inform the management company that they wish to extend the lease for an additional year.

I understand the requirements of the association to renew an expiring lease.

OWNER SIGNATURE: _____

TENANT SIGNATURE: _____

Frenchman's Reserve Master Property Owners Association, Inc.

ADDENDUM TO LEASE AGREEMENT

Current Unit Owner _____

Unit _____

Renter (s) _____

This addendum is to a lease agreement between the above referenced lot owner and renter/tenant(s). It is acknowledged by the parties that a portion of the monthly or other periodic rent agreed upon by the parties and indicated in the lease agreement includes a sum which is owed to the referenced Association for periodic maintenance or special assessments. Lot Owner hereby agrees to pay the amounts owed the Association directly to the Association in a timely manner.

In the event that the sums claimed due by the Association are not paid within thirty days of the date due, the Association may send a notice to Tenant demanding payment of a portion of the rent owed to Lot Owner, and Tenant shall deduct the sum demanded from the next rent payment due, and pay the Association the amount claimed in its notice. No dispute that Lot Owner/Renter may have with the Association concerning the amount demanded in the Association's notice shall affect the Tenant's obligation to comply with the Association's notice. Tenant's compliance with the Association's demand shall not under any circumstances be deemed a breach of the Tenant's obligations under the lease.

The parties hereto acknowledge that the Tenant's failure to comply with the Association's notice as described above within thirty days of date of the notice shall entitle the Association to consider the Tenant in breach of the lease for non-payment of rent and the Association may begin eviction proceedings against the tenant. The Association shall be entitled to recover its reasonable attorney fees and costs in such a proceeding. The Association's exercise of its rights hereunder shall not affect its ability to otherwise exercise its collection rights as described in the governing documents.

Signatures:

Current Owner _____ Date _____

Renter _____ Date _____

Second Renter _____ Date _____



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Frenchman’s Reserve Master POA (“the Company”) may obtain information about you from a consumer reporting agency for **tenant screening** purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (“driving records”), verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for residency is an investigation into your education and/or employment history conducted by **Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Lake Worth, Florida 33461, (888) 605-4265, www.scottrobertsassociates.com** (“Agency”), or another outside organization. **One person per application.** You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. By signing this document you agree you have read and understand this disclosure.

Consumer’s Signature

Print Consumer’s Name

Print Name: _____

Other Names used (alias, maiden, nickname): _____

Maiden Name (if applicable): _____

Current Address: _____
Street/P.O. Box City State Zip Code County Dates

Former Address: _____
Street/P.O. Box City State Zip Code County Dates

Former Address: _____
Street/P.O. Box City State Zip Code County Dates

Current Employer: _____
Company Name Salary Position Hire/End Dates Supervisor Name/phone #

Former Employer: _____
Company Name Salary Position Hire/End Dates Supervisor Name/phone #

Driver’s License #: _____ State: _____ Gender: _____ Daytime Phone: _____

Social Security Number: _____ * **Date of Birth:** _____ *

***This information will be used for background screening purposes only.**

THIS FORM MUST BE COMPLETED BY EACH PERSON LISTED ON THE LEASE / SALES CONTRACT.

New Resident Information

**Please fill out the information below and attach all required photocopies.
Submit the completed information to the on-site HOA Office.
(Please Print or Type)**

Resident Name _____

Street Address _____

Home Phone _____ Mobile _____

Additional Phone _____ Additional Phone _____

E-Mail Address _____

COMMUNITY ACCESS CONTROL

Assigned Security Code# _____ (Access Control will assign a code only to be known & used by you when communicating with the gatehouse as an added security measure)

OCCUPANTS LIVING AT THIS ADDRESS

This includes **EVERY PERSON RESIDING** at this address **in addition to the above named residents.**

Last Name _____ First Name _____

Last Name _____ First Name _____

Last Name _____ First Name _____

Last Name _____ First Name _____

Last Name _____ First Name _____

Last Name _____ First Name _____

Last Name _____ First Name _____

OWNER'S SECONDARY RESIDENCE INFORMATION (If applicable)

Address _____ City _____ State _____ Zip Code _____

Country _____

Home Phone _____ Work Phone _____ Mobile Phone _____

HOUSE CARETAKER AND REPAIR SERVICE INFORMATION (If applicable)

Last Name _____ First Name _____ Tel _____

Company Name _____ Tel _____

Last Name _____ First Name _____ Tel _____

Company Name _____ Tel _____

OCCUPANTS' EMERGENCY CONTACT INFORMATION (Please Print or Type)

Last Name _____ First Name _____

Emergency Contact _____ Phone _____

Last Name _____ First Name _____

Emergency Contact _____ Phone _____

Last Name _____ First Name _____

Emergency Contact _____ Phone _____

PERMANENTLY AUTHORIZED PERSONS

This section refers to the persons you would authorize to visit you without having to call for approval (such as relative, close friends, maid etc...).

Last Name _____ First Name _____

Last Name _____ First Name _____

Last Name _____ First Name _____

Last Name _____ First Name _____

Last Name _____ First Name _____

Last Name _____ First Name _____