

Important Information for Prospective Buyers/Renters

FAIRFIELD AT BOCA HAS A 30 DAY APPLICATION PROCESS TIME FRAME

Please be advised that the Fairfield Master Association requires completed applications from every prospective buyer/renter prior to issuing a certificate of approval for closing/lease execution. The completed application will be forwarded to the appropriate sub-association for approval and then to the master association for final approval before the certificate of approval will be released to the buyer/lessee or their representative. ***If an owner wishes their listing agent to have unrestricted access to their property, they must put them on their permanent guest list. All other realtors must be called in when they are expected to visit the property.*** Immediately after closing/lease execution, new residents must make arrangements with the Fairfield office to update their information.

This is required in order to gain access to the community.

All new residents are responsible for obtaining, reading, and complying with their sub-associations documents and rules & regulations, as well as those for the master association. For [Estoppel](#) information regarding Fairfield at Boca or any of the R.M.C. managed sub-associations, contact Victoria Cesar at Residential Management at 954-426-0151 or email Mcesar@rmcflorida.com. **Please return this completed application with required enclosures a minimum of thirty (30) days prior to desired occupancy.** Any past due assessments or any other related charges connected with this lot will result in this application's being returned.

RENTALS - A \$1,000.00 refundable security deposit for the Master Association is required with the application fees

Fees can be paid by checks or money orders ONLY.

<u>Associations Names</u>	<u>Addresses</u>	<u>Management Co and Fee</u>		<u>Sub Association Fee</u>	<u>Master Association Fee</u>
Carriage Houses	Buckhead Circle	RMC Inc. (954) 426-0151	Payable to RMC \$50.00	Payable to Carriage Houses \$100.00	Payable to Fairfield at Boca \$250.00
Court Homes I	Park Place Circle		Payable to RMC \$ 50.00	N/A	Payable to Fairfield at Boca \$250.00
Court Homes II	Fairfield Lane Pointe Alexis Drive Coronado Ridge	RMC Inc. (954) 426-0151	Payable to RMC \$50.00	Payable to Court Homes II \$200.00	Payable to Fairfield at Boca \$250.00
Court Homes III	54 th Drive South 214 th Drive South	RMC Inc. (954) 426-0151	Payable to RMC \$50.00	Payable to Court Homes III \$100.00	Payable to Fairfield at Boca \$250.00
Court Homes IV	5080 - 5108 Pointe Alexis 5040/5044/5048/5052 Pointe Emerald Lane	RMC Inc. (954) 426-0151	Payable to RMC \$50.00	Payable to Court Homes IV \$100.00	Payable to Fairfield at Boca \$250.00
Grand Fairfield	Grand Park Place	RMC Inc. (954) 426-0151	Payable to RMC \$50.00	Payable to Grand Fairfield \$200.00	Payable to Fairfield at Boca \$250.00
Town Homes I	Pagosa Court Sapphire Valley Tudor Drive		Payable to RMC \$50.00	N/A	Payable to Fairfield at Boca \$250.00
Town Homes II	Pointe Emerald Lane	RMC Inc. (954) 426-0151	Payable to RMC \$50.00	Payable to THII \$150.00	Payable to Fairfield at Boca \$250.00
Master	NW 8 th Street	RMC Inc. (954) 426-0151	Payable to RMC \$50.00	N/A	Payable to Fairfield at Boca \$250.00

Fairfield at Boca Association, Inc.

C/O RMC

20540 Country Club Blvd

Boca Raton, Florida 33497-0069

(954) 426-0151 * Fax: (954) 426-0645

Onsite Office: (561) 368-5738 * Fax (561) 368-5397

Office@fairfieldatboca.com * www.fairfieldatbocahoa.com

CERTIFICATE OF APPROVAL

PLEASE READ AND SIGN WHERE INDICATED

1. I/We the APPLICANTS do hereby acknowledge receipts of the Rules & Regulations of the Association.
2. I/We the APPLICANTS do hereby acknowledge that such Rules & Regulations are an ADDENDUM to any contract for purchase or lease which we may enter into.
3. I/We the APPLICANTS do hereby acknowledge the Association to investigate any and all information contained in this APPLICATION for accuracy.
4. I/We the APPLICANTS do hereby acknowledge that it is our responsibility to make sure we receive at our closing, a copy of the Declaration of Covenants, Articles of Incorporation, By-Laws and any Rules & Regulations for both the Master Association and our particular Sub-Association.
5. I/We the APPLICANTS do hereby acknowledge and permit the Association to make inquires of my (our) credit, background, personal finances, employment and such other information which the Association may deem necessary to process and consider my (our) application for occupancy.
6. I/We the APPLICANTS do hereby acknowledge receipt of the Parking Rules & Regulations of the Association.
7. I/We the APPLICANTS do hereby acknowledge that parking is strictly prohibited on the grass or sidewalks at any time.
8. I/We the APPLICANTS do hereby acknowledge that commercial vehicles are prohibited from being parked inside the community unless inside the garage.
9. I/We the APPLICANTS do hereby acknowledge that pick trucks of any kind are prohibited from being parked inside the community unless inside the garage.
10. I/We the APPLICANTS do hereby acknowledge that any parking violations should exist at our residence in the future that the Board of Directors is permitted to tow the vehicle that is illegally parked at the owner=s cost, including from the driveway.
11. I/We understand that there may be additional restrictions concerning the number of vehicles and vehicles types, depending on each Sub-Association. This application is subject to such restrictions, as will any future vehicle purchases.
11. I/We understand that there exist restrictions concerning the number, breed, weight and type of pets allowed, which vary in each Sub-Association. Certain Sub-Associations further restrict pets to owner occupied units. This application is subject to such restrictions, as will any future pet purchases.

Property Lot #: _____ Property Address: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

FACILITATOR INFORMATION

Realtor Name (if any): _____ Phone Number: _____

Title Company(if any): _____ Phone Number: _____

Application Approval To Be Completed by Board

Sub-Association Signature: _____ Date: _____

Master Association Signature: _____ Date: _____

Fairfield at Boca Application for Occupancy

This Application must be completed, leaving NO BLANK SPACES or missing information. A copy of the sales contract or lease agreement must be included with this application along with the non-refundable fees noted below. Applications must first be submitted to the Sub-Association for approval. A representative of the Sub-Association must sign this application, indicating that they have approved the applicant. Applications may require up to thirty (30) days for processing. Personal interviews may be required of applicants.

- Copy of Sales/Lease Contract
 \$250.00 check made payable to Fairfield at Boca
 \$1,000.00 Refundable Security Deposit check made payable to Fairfield at Boca for **RENTERS ONLY**
 \$50.00 check made payable to Residential Management
 Sub-Association Fee as Applicable (see 1st page)\$_____
- Please provide 4 separate checks *Nonrefundable Application Fees***

Association Information					
Sale	Rental	(Please circle)	If Rental, From:	To:	
Sub Association Name:					
Current Owner's Name:					
Current Owner's Address:					
Phone:	Work:	Other:	Fax:	e-mail:	
Fairfield Property Address:					Lot#:
Applicant Information					
Name:					
Date of birth:	SSN:	e-mail:			
Current address:					
Phone:	Work:	Other:			
Current Landlord/Mortgage Company:				Phone:	
Owned	Rented	(Please circle)	Monthly payment or rent:	How long?	
Employment Information					
Current employer:					
Employer address:				How long?	
Phone:	Fax:	e-mail:			
Position:	Hourly	Salary	(Please circle)	Annual income:	
Co-applicant and/or Spouse Information					
Name:					
Date of birth:	SSN:	e-mail:			
Current address:					
Phone:	Work:	Other:			
Current Landlord/Mortgage Company:				Phone:	
Owned	Rented	(Please circle)	Monthly payment or rent:	How long?	
Co-applicant and/or Spouse Employment Information					
Current employer:					
Employer address:				How long?	
Phone:	E-mail:	Fax:			
City:	State:	ZIP Code:			
Position:	Hourly	Salary	(Please circle)	Annual income:	
Other Occupants Residing in the Unit (including Children)					
Name:	Relationship:	Children's age			

Vehicle Information

Primary Driver Name:

Year:	Make/Model:	Tag:	State:	Color:
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Primary Driver Name:

Year:	Make/Model:	Tag:	State:	Color:
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Primary Driver Name:

Year:	Make/Model:	Tag:	State:	Color:
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Primary Driver Name:

Year:	Make/Model:	Tag:	State:	Color:
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Emergency Contact

Name of a person not residing with you:

Address:

City:	State:	ZIP Code:	Phone:
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Relationship:

Pet Information (photograph of all pets is required to be attached to the last page)

Pet Type:	Breed:	Color:	Weight:
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Pet Type:	Breed:	Color:	Weight:
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If there are no Pets, Please Sign Here:

Please attach photograph of all pets below if applicable:

Each prospective resident over the age of 18 must complete the 2 following pages. Please complete separately.

▲ **Residential Mgmt - Fairfield Master / 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

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

You hereby authorize and request, 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.

READ, ACKNOWLEDGED AND AUTHORIZED

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.