



**Overlook Condominium Association, Inc.
1167 Hillsboro Mile
Hillsboro Beach, FL 33062
(954) 427-2878 Fax (954) 570-8464
email: Overlookcondo@aol.com**

Application Instructions:

Please read and fill out the enclosed applications. Sign all the required pages and return with \$100.00 application fee to Overlook Condominium Association.

Your application will then be processed, and you will be contacted for an interview with a Board Member. After your interview, if approved, you will receive your certificate of approval. We welcome you to the Overlook Community.

Sincerely,

Management

Overlook Condominium Association, INC.

Screening Procedure

- 1. The manager must receive a completed Application Packet.**

(If two (2) related persons are applying, we require separate applications for each.)

If the applications are incomplete, the manager will return same to the applicant, or realtor, along with a form letter requesting compliance.

- 2. WAIVER OF FIRST RIGHT OF REFUSAL**

(Unit Owner/Realtor/Broker responsibility)

****Waiver to be obtained and submitted to the Overlook Condominium Association office before screening will commence.**

Copy of Sales Agreement must be submitted to the Overlook Condominium Associations office.

- 3. The credit company will send the results of their investigation/ credit check to the manager.**
- 4. The manager will notify the Screening Committee of the completion of the investigation.**
- 5. The Screening Committee will contact the applicant or realtor to schedule the personal screening.**
- 6. At screening:**
 - a) Interview applicant**
 - b) Advise applicant of all rules and regulations and ensure they are understood**
 - c) Provide the location of the two (2) assigned parking spots.**
 - d) Advise of move-in procedures**
 - e) Explain security in the building**

NOTE: Print legibly or type. Answer all question on both pages of this application. If it is not complete, or there are blank spaces, this application may be returned or not approved.

Purchase Rental/Lease-Application

Unit #	Address:		
City/State/Zip:			
Date of desired of occupancy:		Married Status: single married	
Name:	Birth date:	SS#	
Spouse:	Birth date:	SS#	
Number of adults over age 18, who will live here:		Pet (breed):	
Names & Ages of children:			
Vehicle 1(year & make) :		State:	Plate No:
Vehicle 2(year & make):		State:	Plate no:
Drivers License No:			
RESIDENCE HISTORY:			
Present address:		How long:	
City/ State/Zip:		Phone:	
Landlord:		Phone:	
Previous address:		How long:	
City/State/Zip:		Phone:	
Landlord:		Phone:	
EMPLOYMENT REFERENCES:			
Current Employer:		Phone:	
Address:			
Position:	How long:	Monthly Income:	
Previous Employer:		Phone:	
Address:			
Position:	How long:	Monthly Income:	
Spouse Employer:		Phone:	
Address:			
Position:	How long:	Monthly Income:	

Overlook Condominium Application Continued

<u>BANK REFERENCES:</u>			
Bank Name:		Phone:	
Address:		Officers Name:	
Account Number:	checking	savings	How long:
Bank Name:		Phone:	
Address:		Officers Name:	
Account Number:	checking	savings	How long:
<u>PERSONAL REFERENCES:</u>			
Name:		Res Phone:	
Address:		Bus Phone:	
Name:		Res Phone:	
Address:		Bus Phone:	
Have you ever filed an application here before? () yes () no			
Have you ever had any legal conflict with a landlord:			
Have you ever been evicted from a previous residence:			

This application is subject to acceptance by the Owner/Association/Landlord. This applicant understands that the Owner/Association/Landlord will authorize **Merchants Association Credit Bureau, INC.** to act as their agent to investigate the information supplied by the applicant on this application form. **MABC** (and the owner/Association/Landlord) will not be liable or responsible for any inaccurate information in their report, caused by illegibility or applicant providing wrong information on this form. The applicant agrees not to hold **MABC** and/or the Owner/Association/Landlord reliable for the reports received by their investigation. All reports will be obtained under the regulations of the FCRA-Fair Credit Reporting Act.

The applicant agrees to sign the Authorization Form, needed by **MABC** to receive the requested information concerning the consumer credit, mortgages, banking, employment, businesses, tenancy, public records, personal character & characteristics, general reputation & mode of living.

MABC may investigate all given references as deemed necessary and may also require a credit report through a credit reporting agency. All investigation reports will be handled confidentially and only the results will be reported to the Owner/Association/Landlord or authorized person.

By signing this application the applicant authorizes the Owner/Association/Landlord and their agent, **Merchants Association Credit Bureau, INC.** to investigate this information supplied.

Attached is the signed Authorization Form for release of information.

Signature: _____	Signature: _____
(Applicant)	(Applicant's Spouse)
Date: _____	Date: _____

OVERLOOK APPLICANT:

This authorization form will be used only to obtain and verify information with your employers, banks, financial institutions and credit organizations, who require your signature and name printed. This information was given by you in connection with your purchase/rental/lease application.

Please sign this form and print your name.

**AUTHORIZATION TO RELEASE INFORMATION ABOUT MY:
EMPLOYMENT, BANKING, CREDIT & RESIDENCE**

The requested information will be used in reference to my purchase/rental/lease application. I hereby authorize you to release any and all information concerning my employment, banking, credit and residence as applicable and to give this information to:

MERCHANTS ASSOCIATION CREDIT BUREAU

I hereby authorize **MACB** to investigate all statements contained in my application as may be necessary. I understand that I hereby waive any privileges I may have regarding the release of the requested information to the above named party. A copy of this form may be used in lieu of the original.

Sincerely,

Date: _____

Applicant's Signature

Name Printed

**AUTHORIZATION TO RELEASE INFORMATION ABOUT MY:
EMPLOYMENT, BANKING, CREDIT & RESIDENCE**

The requested information will be used in reference to my purchase/rental/lease application. I hereby authorize you to release any and all information concerning my employment, banking, credit and residence as applicable and to give this information to:

MERCHANTS ASSOCIATION CREDIT BUREAU

I hereby authorize **MACB** to investigate all statements contained in my application as may be necessary. I understand that I hereby waive any privileges I may have regarding the release of the requested information to the above named party. A copy of this form may be used in lieu of the original.

Sincerely,

Date: _____

Applicant's Signature

Name Printed

DISCLOSURE, RELEASE, & AUTHORIZATION
SUPPLEMENT TO APPLICATION

This Supplement to Application form is designated to provide disclosures required by the Fair Credit Reporting Act and to serve as a release and authorization for the firm from which an Investigative Consumer Report may be ordered.

The Fair Credit Reporting Act requires that certain disclosures be made to individuals when an Investigative Consumer Report may be obtained. This disclosure is designed to cover a wide range of sources which are sometimes contacted when Investigative Consumer Reports are assembled, but it is not intended to suggest that the firm assembling the Investigative Consumer Report will be required to contact all or any of the sources listed. It also is not intended to limit the Investigative Consumer Report to the sources listed.

Applicant is aware of the right that upon written request, within a reasonable period of time, additional disclosures will be provided as to the complete and accurate nature and scope of any Investigative Consumer Report obtained. An investigative report may involve personal interviews with sources such as neighbors, friends, associates, employees or others.

Applicants authorizes the ordering and conducting of an Investigative Consumer Report by the **Merchants Association Credit Bureau INC, (MACB)**. This report may include, but is not limited to information regarding: credit, employment, businesses, education, mortgages, public records, arrests, residences, banking, personal character, general reputation, and mode of living.

Applicant releases **MACB**, its members, and all persons and firms providing or receiving information in this report (To include: Employees: Officers: Directors: Brokers: Agents: and Representatives of the foregoing) from any and all claims or liability which might arise from the release, transmission, assembly, interpretation of information, denial of application or other adverse action.

Applicants Printed Name

Applicants Printed Name

Applicants Signature

Applicants Signature

OVERLOOK CONDOMINIUM ASSOCIATION INC.

TO BE INCLUDED IN ALL CONTRACTS

1. A newly purchased unit may not be lease until one year after purchase date.
2. At any time during the term of a lease the Lessor becomes delinquent in the payment of maintenance fees for their unit, the Association shall notify the Lessee and said Lessee shall make the rental payment payable to the Association to cover the unpaid maintenance fees and shall forward same to the address designated by the Association.
3. A refundable deposit, payable to the Overlook Condominium Association in the amount of \$2000.00 will be required from each Lessee to cover any damage to the common areas. It is agreed that in the event there are no outstanding fines posted against the Lessee, the deposit will be returned to payee within 15 days termination of the lease. In the even the Lessee is fined, Lessor will be notified in writing immediately.
4. Ammendments to the By-Laws of Overook Condominium Association, Inc.

Article V, Section M States:

Imposing fines in the event of an infraction against any provision of the Overlook Condominium Association Inc, Declaration, By-Laws, or Rules and Regulations, in accordance with the Florida Statute 718.

Upon closing, if this application is accepted. I/ we will provide a copy of the Closing Statement and a copy of the recorded Deed within thirty (30) days.

I/ We are aware of agree to abide by the Overlook Condominium Declaration of Condominium. Articles of Incorporation, By-Laws, and any and all property promulgated rules and regulations and amendments in effect within the term of my/ our occupancy/ ownership.

The prospective Purchaser/Lessee or Agent, will be advised by the Administrative office within a fifteen (15) day period from the date of the interview, of either acceptance or rejection of this application.

Any violations of the terms, provisions, conditions and covenants of the Overlook Condominium Documents, provides cause for unavailable immediate action as therein provided or termination of the lease under appropriate circumstances.

I/ We include a copy of the contract/ lease with this application. Also enclosed is a one hundred dollar (\$100.00) non-refundable screening fee, which will be used for a detail credit and reference check.

DATED THIS _____ DAY OF _____, _____

Signed _____

Signed _____

COMMITTEE COMMENTS: _____

APPROVED _____ DISAPPROVED _____

DATE: _____

SIGNATURE: _____

I/ WE HEREBY STATE THAT I/WE HAVE RECEIVED, READ AND UNDERSTAND THE GENERAL RULES AND REGULATIONS OF THE OVERLOOK CONDOMINIUM, AND FURTHERMORE, THAT IF I/WE ARE IN VIOLATION OF THE RULES AND REGULATIONS, THE ASSOCIATION HAS THE RIGHT TO TAKE LEGAL ACTION WHEN DEEMED NECESSARY.

_____(INITIALS)

I/WE UNDERSTAND THAT THERE ARE TWO (2) AUTOMOBILES PER UNIT ALLOWED ON THE PREMISES.

_____(INITIALS)

APPLICANT: _____ DATE: _____

APPLICANT: _____ DATE: _____

ASSOCIATION USE ONLY

ADMISSIONS COMMITTEE: APPROVED/ DISAPPROVED

BY: _____ DATE: _____

BY: _____ DATE: _____

OVERLOOK CONDOMINIUM ASSOCIATION, INC.
1167 HILLSBORO MILE
HILLSBORO BEACH, FL 33062

APPLICATION FOR PURCHASE

- This application and the attached application for occupancy must be completed in detail by the proposed purchaser.
- A copy of the sales contract must be attached to this application.
- An interview fee of one hundred dollars (\$100.00) must accompany this application.
- Occupancy prior to approval is prohibited.
- All applicants must be interviewed by the Interview Committee prior to approval.

OCCUPANCY REGULATIONS:

TWO BEDROOM APARTMENT: NO MORE THAN FOUR (4) OCCUPANTS.
THREE BEDROOM APARTMENT: NO MORE THAN SIX (6) OCCUPANTS.
(PLEASE PRINT)

DATE: _____ UNIT : _____ CLOSING DATE: _____

NAME: _____ PHONE: _____

ADDRESS: _____

In order for you to facilitate consideration of my/our Application for Purchase of the above designated apartment unit in the Overlook, I/we represent that the following information is factual and true. I/we are aware that any falsification or misrepresentation of facts in the application will result in automatic rejection of this application. I/we consent that you may make further inquiry concerning this application, particularly of the references given in this application, including credit and character check.

NAME of Purchaser (as it will appear on the Contract)

a) _____

b) _____

CHILDREN who will usually occupy the apartment with you:

NAME

BIRTHDATE

**OVERLOOK CONDOMINIUM ASSOCIATION
1167 HILLSBORO MILE
HILLSBORO BEACH, FL 33062**

UNIT _____

APPLICATION FOR PURCHASE APPROVAL

1. This application, and the attached application for occupancy and authorization forms must be completed in detail by each proposed purchaser, other than husband/wife or parent/dependent child (which is considered one applicant).
2. If any question is not answered or left blank, this application will be returned, not processed and not approved.
3. Please attach a copy of the sales contract to this application.
4. Please attach a non-refundable processing fee of one hundred fifty dollars (\$100.00 to this application, made payable to THE OVERLOOK CONDOMINIUM ASSOCIATION for each applicant.
5. Acceptance of the processing fee does not in any way constitute approval of this transaction.
6. The completed application must be submitted to the Association office at least thirty (30) days prior to the expected closing date.
7. All applicants must make themselves available for a personal interview prior to final Board of Directors approval. Occupancy prior to Board approval is prohibited.
8. Use of this apartment is for single-family residence only.
9. No commercial vehicles, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, etc permitted to park on the premises overnight.
10. The seller (current owner) must provide the purchaser with a copy of all Association Documents and Rules and Regulations otherwise, you must purchase them from the Association for \$75.00.
11. Purchaser must notify the Association office with the exact date of their closing.
12. Occupancy regulations:
Two bedroom apartment: no more than four (4) occupants
Three bedroom apartment : no more than six (6) occupants
13. Moving of furniture in or out of an apartment is not permitted on Saturdays, Sundays or Holidays. Hours for moving are from 9:00AM. to 5:00PM. Monday through Friday.

MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Date: _____ Unit No. _____ Approx. Closing Date: _____

Owners Name: _____ Phone: _____

Present Address: _____

Name of Realtor: _____ Phone: _____

NAME of Prospective Purchaser (as Title will appear): _____

a) _____ Date Property Previewed: _____

MORTGAGE INFORMATION: (If unit will be mortgaged)

Name of Lender: _____ Phone: _____

Address: _____

(Continued)

OTHER PERSONS who will occupy the apartment with you:

NAME

AGE

RELATIONSHIP

Have you ever seasonally resided in Florida before? _____ If yes, please state the Name, address and dates of residency: _____

If retired, please state the company's name and address retired from and when retired: _____

Have you ever been convicted or pled guilty to a crime? _____ If yes, please state the date(s), charge(s) and dispositions(s): _____

1. In making the foregoing application, I represent to the Board of Directors that the purpose for the purchase of an apartment at the OVERLOOK CONDOMINIUM is as follows:
Permanent Residence _____ Seasonal Residence _____ Other _____
2. I hereby agree for myself and on behalf of all persons who may use the apartment which I seek to purchase that I will abide by all of the restrictions contained in the By-Laws, Rules and Regulations, Association Documents, and restrictions which are or may in the future be imposed by the OVERLOOK CONDOMINIUM ASSOCIATION.
3. I have received a copy of all Association Documents: Yes _____ No _____
I have received a copy of the Rules & Regulations: Yes _____ No _____
4. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. Occupancy prior to Board approval is prohibited.
5. If this application is accepted, I will provide the Association with a copy of the Closing Statement and a copy of the Recorded Deed within thirty (30) days after closing.
6. I understand that the acceptance for purchase of an apartment at the OVERLOOK CONDOMINIUM ASSOCIATION Is conditioned upon truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of the information on these forms will result in the automatic disqualification of you application. Occupancy prior to Board of Directors approval is prohibited.
7. I understand that the Board of Directors of the OVERLOOK CONDOMINIUM may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management and Merchants Association Credit Bureau, 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, Officers and Management of the OVERLOOK CONDOMINIUM 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 the OVERLOOK CONDOMINIUM ASSOCIATION will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

Applicant

Applicant

1. I/we hereby agree (and on behalf of all persons who may use the apartment) to abide by all the restrictions contained in the By-Laws, Rules & Regulations of the Overlook Condominium Association. _____(initials)
2. I/ we understand that any violation of the conditions or covenants of the Overlook Condominium documents provides cause for immediate action as therein provided or termination of the lease under appropriate circumstances. _____(initial)
3. I/we understand that no application will be approved without a personal interview with the Screening Committee. Interviews are scheduled in advance at a mutually convenient date and time at Overlook Condominium. _____(initials)
4. I/we understand subletting is strictly prohibited. _____(initials)
5. I/we understand that after the screening, the Committee Chairman will make its recommendation to the Board. Applicants will be notified of the decision. No furniture delivery will be accepted nor occupancy permitted for a minimum of five (5) days from interview. _____(initials)
6. I/we understand that the Lessee(s) must assume the responsibility for damage to common areas caused by themselves, relatives, guests and visitors. _____(initials)
7. I/we understand that it is mandatory that a set of keys be left with the Overlook Condominium office for use in case of an emergency. _____(initials)
8. I/we understand that the physical condition of the apartment will in no respect be the responsibility of the Overlook Condominium Association. _____(initials)
9. I/we covenant that I/we have read, understand and will abide by the RULES & REGULATIONS as stipulated in the GENERAL RULES & REGULATIONS manual, and hereby that I/we will, in good faith, cooperate with the other residents to bring about for everyone a high standard in time and community conditions. _____(initials)

IN MAKING THE FOREGOING APPLICATION, I AM AWARE THAT THE DECISION OF THE OVERLOOK CONDOMINIUM ASSOCIATION 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. _____(initials)

Applicant _____

Applicant _____

Date _____

Date _____

OVERLOOK CONDOMINIUM ASSOCIATION, INC.

ADDRESS INFORMATION

Welcome to Overlook Condominium. Please take a moment and complete the following for our billing and information files: (Please Print)

UNIT NO: _____

NAME: _____

ADDRESS: _____

HOME PHONE: _____ **WORK PHONE:** _____

OCCUPANT (If other than owner): _____

OCCUPANT PHONE NUMBERS: _____

ALTERNATE ADDRESS: _____

PHONE NUMBERS: _____

**ARE THERE SPECIFIC DATES YOU WILL NOT BE AT THE OVERLOOK
CONDOMINIUM SO THAT WE CAN SEND INFORMATION TO YOUR ALTERNATE
ADDRESS:**

GONE FROM: _____ **BACK ON:** _____

WHO SHOULD WE CONTACT IN CASE OF AN EMERGENCY:

NAME: _____ **RELATIONSHIP:** _____

PHONE NUMBERS: _____