

## **TO APPLICANT**

**ACCORDING TO FLORIDA STATE LAW VETERANS  
WILL BE GIVEN PRIORITY.**

**ALL APPLICANTS MUST BE 55 YEARS OLD OR  
OLDER.**

**ALL APPLICANTS (AND ANY ADULT PERSON WHO LATER  
MOVES IN WITH A RENTER OR OWNER) MUST UNDERGO A  
BACKGROUND CHECK BEFORE HE OR SHE IS  
PERMITTED TO BUY, RENT (OR RESIDE IN) A UNIT IN  
CRYSTAL COURT BUILDING #14.**

**NEW OWNERS ARE NOT PERMITTED TO RENT  
THEIR UNIT UNTIL THEY OWN IT FOR A MINIMUM  
OF 2 YEARS.**

ALL EIGHT PAGES OF THIS APPLICATION MUST BE FILLED  
OUT **COMPLETELY**, SIGNED AND DATED WHERE  
APPROPRIATE AND RETURNED BY APPOINTMENT ONLY TO

AT LEAST THREE WEEKS BEFORE APPLICANT WISHES TO  
MOVE INTO THE UNIT.

**THIS APPLICATION MUST BE ACCOMPANIED BY:**

1. COPY OF APPLICANT'S VALID DRIVER'S LICENSE OR  
OTHER PICTURE IDENTIFICATION.
2. APPLICANT'S CHECK FOR \$150.00 (NON REFUNDABLE)  
MADE OUT TO "BUILDING 14 CRYSTAL COURT."

**ANY QUESTIONS LEFT BLANK WILL INVALIDATE  
THIS APPLICATION.**

BOARD OF DIRECTORS, CRYSTAL COURT, BUILDING 14

## BUILDING # 14 RULES

### OWNERS

1. You may rent your unit after a 2-year ownership. Minimum rental time of unit is 3 months, yearly.
2. You must have a standard lease drawn up and a copy made for the Board of Director's approval.
3. There is a \$100 fee for security clearance to be paid by renters and/or buyers.
4. Renters and/or buyers must be 55 or older.
5. Pets and plants (planted on our grounds) are not permitted.
6. The storage, use and/or sale of illegal substances and/or incendiary materials are not permitted.
7. All unit owners must present a set of working keys, including mailbox keys, to the Board of Directors.
8. If the owner is not present, he/she must notify the Board of Directors before any visitors arrive.
9. Owners must supply keys, including a mailbox key, for renters and visitors BEFORE they arrive.
10. All repairs/construction inside units must be approved by the board of directors and are the responsibility of the unit owner. Replaced appliances or construction materials must be disposed of by contractors, who must have a permit from the city of Hollywood. Installation of personal washing machines not permitted

### DISTURBANCES

11. Rudeness and yelling outdoors is not permitted. Disagreements must be brought to the attention of the Board of Directors. We will then call a meeting for mitigation, in the effort to satisfy both parties.
12. Children 18 or under are not permitted as full time residents, but may visit for 30 days within one year.
13. All visitors (including pets & children) must not disturb the peace, quiet and cleanliness of the building.
14. There will be no defacing of doors or common areas by tools, chalk, crayons, paint or any kind of stain.
15. Loud radios, TVs, noisy tools and parties (unless hosted for the entire building by the Board of Directors) will be reported to the police, a complaint filed, and the owner/renter will be fined.

### PARKING

16. Each unit has its own parking space. Guests must park in the guest parking spots at the end of the street and MUST place identification in their car's front window. Parking spots may not be rented to others.
17. Unit owners with two vehicles must check with the Board of Directors for vacant parking spots.
18. Unit renters are permitted only one vehicle.
19. Trailers, campers or boats are prohibited from parking in any space. They will be towed away.
20. Any car in the wrong parking spot, and unidentified in any spot, including guest parking, will be towed.

### SAFETY

21. Unattended objects may not be placed on patios, walkways or balconies, like buckets, brooms and anything a person could trip over, except for two chairs. Bicycles must be locked onto bike racks.
22. Potted plants are permitted at each dead end of the second floor balcony, only.
23. First floor potted plants are permitted on the grass or plant areas, temporarily, for extra sun.
24. Nothing may be hung over railings, for example; towels, bathing suits, rugs, etc..
25. The Board of Directors has the right to enter any unit, at any time, in the interest of safety, in the event of an emergency, or for the common good of the building's other occupants.
26. All units must have working smoke detectors. Disconnection of electric fire alarms is a felony.

### CLEANLINESS

27. Laundry room hours are from 8 AM to 8 PM only.
28. No personal items may be stored in laundry rooms or attic. For example; beach chairs, umbrellas, etc.
29. Laundry room floors, machines, sinks and counters must be left clean.
30. You must empty the dryer's lint screen after each use. The laundry room wastebaskets are for lint only.
31. You must not place empty containers or trash of any kind in the laundry room wastebaskets.
32. Laundry rooms' fans and lights must be turned off after you leave.
33. The first floor laundry room's back door must be kept locked at all times.
34. Garbage must be separated per re-cycling instructions. Boxes must be leveled and plastic jugs crushed.
35. Anyone using the common areas, must clean up after themselves. No litter of any kind may be left behind, including drink cans, butts, wrappers, and pet leavings. Patio tables and chairs, must be left clean.

**I WILL ABIDE BY EACH OF THESE 35 RULES OR FACE A \$50.00 FINE, OR IN SEVERE OR MULTIPLE VIOLATIONS, EVICTION, FORECLOSURE, LEGAL EXPENSES, AND/OR A LIEN AGAINST THE UNIT.**

Prospective owners/renters refusing to sign this document will not be permitted to buy or rent in Bldg.14

Signature of prospective Owner/Renter \_\_\_\_\_ Unit \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE OF LIABILITY**  
**PRESENTED BY THE BOARD OF DIRECTORS**  
**OF BUILDING #14 AT CRYSTAL COURT MANOR,**  
**1550-1554 NORTH 12<sup>TH</sup> COURT IN HOLLYWOOD, FLORIDA**

Please read the following and sign below:

I am aware that Building # 14 at Crystal Court Manor, in which I intend to purchase or lease a unit, does not carry **FLOOD OR WINDSTORM** insurance coverage for damage to the building, its units or its unit's contents, including my personal possessions.

I am aware that Building # 14 at Crystal Court Manor and its surrounding land has been recently appraised for its financial value and is fully insured for liability and property damage.

I am aware that if I desire insurance coverage for flood or windstorm protection for my unit and/or its contents, including my personal possessions, I must purchase my own insurance policy to gain this coverage. I am aware that personal property insurance is also required by law.

I am aware that if any damage whatever occurs to the inside of my unit, its walls, furnishings, ceilings, floors, and any and all of my other personal possessions, that my own personal property insurance should cover the loss and not the building or its insurance.

I am aware that if I agree to, and sign, this document, neither I, nor my residence partner, guests or visitors, can hold the directors of building 14, nor any of its unit owners, liable for damages caused by flood or windstorm to my unit or my unit's contents, including my personal possessions.

I am aware, that if I leave any of my possessions outdoors, locked or unlocked, I do so at my own risk.

I am aware that if I do not sign this document, I will not be permitted to purchase or lease a unit in Building # 14 at Crystal Court Manor.

SIGNATURE: \_\_\_\_\_ UNIT # \_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF WITNESS: \_\_\_\_\_

Officer of Board of Directors

**Crystal Court Manor  
Building 14**

**1550 North 12<sup>th</sup> Court #5B, Hollywood, Florida 33019**

I do swear and promise that if I have my unit in building 14 renovated that I will hire only licensed, bonded and insured contractors and that those contractors will not dispose of construction materials in Building 14's dumpster, and that they will carry them away in their own vehicles.

I do swear and promise that any contractors renovating my unit in building 14 will operate only between the hours of 9 AM and 5 PM.

I do swear and promise that any contractors renovating my unit in building 14 will not soil or damage any part of the common areas of building 14 including the immediate walkway in front of my unit.

I do swear and promise that any contractors renovating my unit in building 14 will clean and/or repair any soil or damage to the common areas, immediately if such an instance occurs at no charge to building 14.

I will not sell or rent this unit to anyone under the age of 55 years old as per our amendment duly registered with the State of Florida.

I do understand that this is a legal and binding document and if I violate any of the items put forth in this document, I will be responsible for all fines, interest and legal fees involved in the enforcement of these rules.

\_\_\_\_\_  
Printed Name of Buyer

\_\_\_\_\_  
Signature of Buyer

\_\_\_\_\_  
Date

Witnessed on this date by: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Notary Public

**CRYSTAL COURT MANOR**  
**BUILDING 14 CONDOMINIUM, INC.**  
**1550 NORTH 12<sup>TH</sup> COURT, #5B, HOLLYWOOD, FLORIDA 33019**

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**APPLICATION FOR CONSENT TO TRANSFER UNIT.**

NOTE: This application form must be fully completed to include the authorization for release of credit report, a copy of your driver's license or other picture identification, and a check payable to Crystal Court Manor Building 14 in the amount of \$150.00 for a security check fee. Missing or incomplete information will cause the application and fee to be returned without action. The association is without the authority to waive or modify or except any of these requirements. The information on this application is confidential pursuant to Florida Statute 718.111 (12) (c) 2.

APPLICANT'S FULL NAME \_\_\_\_\_

PRESENT HOME ADDRESS \_\_\_\_\_

PHONE NUMBERS HOME \_\_\_\_\_ CELL \_\_\_\_\_

HOW LONG AT ABOVE ADDRESS \_\_\_\_\_

PREVIOUS HOME ADDRESS \_\_\_\_\_

DO YOU CURRENTLY OWN OR LEASE YOUR HOME \_\_\_\_\_

COUNTRY OF CITIZENSHIP \_\_\_\_\_

SOCIAL SECURITY OR CANADIAN \_\_\_\_\_

SOCIAL INSURANCE NUMBER \_\_\_\_\_

PRINT DATE AND PLACE OF BIRTH \_\_\_\_\_

DRIVER'S LICENSE NUMBER/STATE/PROVINCE \_\_\_\_\_

\_\_\_\_\_  
EMPLOYER NAME, ADDRESS, PHONE AND LENGTH OF TIME EMPLOYED THERE

\_\_\_\_\_  
PREVIOUS EMPLOYER NAME, ADDRESS, PHONE AND LENGTH OF TIME THERE

\_\_\_\_\_  
PLEASE LIST MAKE, MODEL, COLOR, YEAR AND TAG # OF YOUR VEHICLE

I AM PURCHASING/RENTING THIS UNIT FOR PERSONAL HOUSING AND  
WILL OCCUPY THIS UNIT ( ) ON A SEASONAL BASIS. ( ) AS AN ALL YEAR  
ROUND PERMANENT RESIDENT.

**WILL THIS UNIT BE VISITED BY CHILDREN? IF SO PLEASE INDICATE APPROXIMATELY WHEN AND THEIR AGES** \_\_\_\_\_

**NAME, ADDRESS AND PHONE NUMBER OF PERSON TO BE NOTIFIED IN CASE OF EMERGENCY** \_\_\_\_\_

**HAVE YOU EVER BEEN ADJUDICATED GUILTY OF A FELONY OR FIRST DEGREE MISDEMEANOR?** \_\_\_\_\_

**NAME OF COURT, STATE/PROVINCE OF COURT** \_\_\_\_\_

**DATE AND CHARGE:** \_\_\_\_\_

**HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? IF**

**YES, PLEASE PROVIDE THE DATES AND REASONS.** \_\_\_\_\_

**DO YOU HAVE ANY RECREATIONAL VEHICLES SUCH AS MOTORCYCLES, BOATS, ATV'S, ETC., WHICH YOU INTEND TO USE WHILE LIVING IN BUILDING # 14? IF YES, DESCRIBE WHAT ARRANGEMENTS YOU INTEND FOR THE LOCAL STORAGE OF THESE VEHICLES.**

**PLEASE GIVE 3 REFERENCES (NAME, ADDRESS, PHONE AND HOW LONG KNOWN)**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all of the above information is correct. I authorize my current and former employers, any credit information agency, any state driver's license agency, any prior condominium board or apartment manager, any bank, or any court, to furnish records of my service, credit, drivers license, residency, bank account information and/or criminal information, together with all such other information as those agencies may have on me, whether on record or not.

I further permit the Board of Directors of Crystal Court Manor, Building # 14 to conduct such investigation as they deem appropriate and to obtain any record concerning me from any agency, and hereby forever release and discharge from any claims, liability, actions for damages, compensation or otherwise, known or unknown, the Board of Directors of Crystal Court Manor, Building 14, its officers, agents, and employees and all other persons acting on its behalf, any person or agency furnishing said information as a result of the investigation of this application or arising out of the disclosure of any information concerning the investigation of this application.

A reproduced copy of this release shall be as valid as the original copy. I further understand that any interview committee is without the power to grant rule exceptions.

APPLICANT'S SIGNATURE \_\_\_\_\_

PRESENT OWNER'S SIGNATURE \_\_\_\_\_

# ***ASSOCIATED CREDIT REPORTING, INC.***

Established 1985

4690 NW 103rd Avenue, Sunrise, Florida 33351

www.associatedcreditreporting.com

Phone: 754-216-0025

Toll Free: 800-676-7640

Fax: 954-635-2157

Toll Free Fax: 800-235-7185

## **\*\*\*AUTHORIZATION FORM\*\*\***

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. **PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY.** If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Spouse's Signature)

\_\_\_\_\_  
(Applicant's Name Printed)

\_\_\_\_\_  
(Spouse's Name Printed)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Date Signed)



READ FIRST: Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014

**\*\* THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! \*\***

### APPLICATION FOR OCCUPANCY

Association Name: Crystal Court Manor #14 Condominium

Circle one: Purchase - Lease - Occupant - Unit.# \_\_\_\_\_ Bldg.# \_\_\_\_\_ Address applied for: \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Circle One: Single - Married - Separated - Divorced - How Long? \_\_\_\_\_ Other legal or maiden name \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Date (s) \_\_\_\_\_ County/State Convicted in \_\_\_\_\_

Charge (s) \_\_\_\_\_

Applicant's Cell Number(s) \_\_\_\_\_ Applicant's Email Address \_\_\_\_\_

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Other legal or maiden name \_\_\_\_\_ Have you ever been convicted of a crime? \_\_\_\_\_ Date (s) \_\_\_\_\_

County/State Convicted in \_\_\_\_\_ Charge (s) \_\_\_\_\_

Spouse's Cell Number(s) \_\_\_\_\_ Spouse's Email Address \_\_\_\_\_

No. of people who will occupy unit - Adults (over age 18) \_\_\_\_\_ Description of Pets \_\_\_\_\_

Names and ages of others who will occupy unit \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### **PART I - RESIDENCE HISTORY**

A. Present address \_\_\_\_\_ Phone \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Are you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Are you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other \_\_\_\_\_

B. Previous address \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Were you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Were you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other \_\_\_\_\_

C. Previous address \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Were you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Were you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other \_\_\_\_\_

## PART II – EMPLOYMENT REFERENCES

\*Include a recent copy of an earnings statement to expedite processing\*

- A. Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_ Fax \_\_\_\_\_  
Monthly Gross Income \_\_\_\_\_ Address \_\_\_\_\_
- B. Spouse Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_ Fax \_\_\_\_\_  
Monthly Gross Income \_\_\_\_\_ Address \_\_\_\_\_

## PART III – BANK REFERENCES

\*Include a recent copy of a bank statement to expedite processing\*

- A. Bank Name \_\_\_\_\_ Checking Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_
- B. Bank Name \_\_\_\_\_ Savings Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_

## PART IV – CHARACTER REFERENCES (No Family Members)

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
4. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Are you using a realtor? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Realtor's name \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Driver's License Number (Primary Applicant) \_\_\_\_\_ State Issued \_\_\_\_\_

Driver's License Number (Secondary Applicant) \_\_\_\_\_ State Issued \_\_\_\_\_

Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_

Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_