

# Clear Lake Club Association / Bella Lago Vista

710 Executive Center Dr., West Palm Beach FL 33401

Email: [clearlake@elite-pmc.com](mailto:clearlake@elite-pmc.com) Office: 754-333-0659

## SALE APPLICATION & REQUIRED DOCUMENTS CHECK LIST

### APPLICATION FEE

**An application fee of \$ 195.00 (per adult) is due upon submission of an application.**

All Fees are to be submitted online at <https://clcbellalagovista.com/documents-and-forms#>

**\*\*Enter your Name, Building & Unit # in the Notes Section\*\***

**When you receive your emailed payment confirmation, please forward your application and required documents to [info@elite-pmc.com](mailto:info@elite-pmc.com)**

**Applications and required documents are to be emailed to [info@elite-pmc.com](mailto:info@elite-pmc.com) for processing.**

- Applications must be submitted to the Association complete with all required documents
- Incomplete applications will be rejected
- Completed applications must be submitted at least **7 business days prior** to the scheduled move in date.
- **\*\*Rush\*\*** application processing requests will be an **additional \$50 per applicant.**
- Applicant #1 Completed Application (**Do Not leave any blanks**)
- Applicant #2 Completed Application (**Do Not leave any blanks**)
- Authorization to Release Information Applicant #1 Form
- Authorization to Release Information Applicant #2 Form
- Assignment of Rent
- Subletting Agreement
- HO-6 Insurance
- Electronic Disclosure Authorization Form
- Pet Registration Form
- Association Consent and Agreement Form
- Copy of Driver's License/State ID
- Vehicle Registrations and Vehicle Insurance
- Executed Sales Contract
- **Sale Closing:**
  - Upon closing please email a copy of the Deed and HUD/Closing Statement to [info@elite-pmc.com](mailto:info@elite-pmc.com)
- **Orientation**
  - New Owners **must** complete the Orientation prior to closing.
  - Existing Owners are **not required** to complete another Orientation.
  - Issued upon completion of Orientation:
    - Resident Vehicle Parking Decals (Owner Occupants)
    - Setup and activation of Residents Guest Parking Portal App (Owner Occupants)
    - Setup and activation of Keyless Amenities Access Control (Owner Occupants)

# Clear Lake Club Association / Bella Lago Vista

**BUILDING AND UNIT#** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Please Select:**

☐ **OWNER OCCUPIED**

☐ **INVESTMENT PROPERTY**

☐ **Self Managed**

**Management Company - Name of Company:** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

☐ **Unit is Vacant**

☐ **Current Tenant will continue to reside in the unit**

## **APPLICANT #1 APPLICATION**

Applicant Name/Entity Representative: \_\_\_\_\_

Entity Name: \_\_\_\_\_

**Vehicle Information: *Maximum 2 vehicles per unit***

Vehicle #1: Year \_\_\_\_\_ Color \_\_\_\_\_ License Plate \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_

Vehicle #2: Year \_\_\_\_\_ Color \_\_\_\_\_ License Plate \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_

Have you ever been arrested for or convicted of a felony? Applicant: Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes" to any of the above questions, please explain the circumstances regarding the situation.

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## **APPLICANT #2 APPLICATION**

Applicant Name/Entity Representative: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Have you ever been arrested for or convicted of a felony? Applicant: Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes" to any of the above questions, please explain the circumstances regarding the situation.

# Clear Lake Club Association / Bella Lago Vista

## AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize, CLEAR LAKE CLUB CONDOMINIUM ASSOCIATION and/or ELITE PROPERTY MANAGEMENT AND CONSULTING INC, herein referred to as "MANAGER" and/or its assigns to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for occupancy through a third party service. Said report may contain information about me from consumer reporting agencies including but not limited to indebtedness, mode of living, present and previous employers and/or employment contracts, driving record/license, validity of social security number, personal references, criminal records, and any information that I have disclosed on my applications and/or any attachments, exhibits. I authorize the MANAGER to contact or contract others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by the MANAGER to furnish the above mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and/or resumes are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed affect my application. This authorization and consent shall be valid in the original, fax or photocopy form. authorize the ongoing procurement of the above-mentioned information/reports by the MANAGER at any time during my occupancy with the MANAGER. The name, address and telephone number of the agency providing the report will be disclosed to you upon timely written request to the personnel department of the MANAGER. A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your Rights Under FCRA can be provided by contacting the agency directly.

By signing below, I acknowledge understanding of the purpose of this Authorization Form and its intended use.

\*\*\*\*\*

### **Applicant #1 Information**

Print First, Middle and Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Driver's License State \_\_\_\_\_

Maiden, Other and/or Former Name(s) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

IMPORTANT: The following information will be used by Screening Services for identification purposes only to perform a background check. This information will not be used as part of the decision process of your prospective Association.

Applicant # 1 Signature: \_\_\_\_\_

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

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By signing below, I acknowledge understanding of the purpose of this Authorization Form and its intended use.

\*\*\*\*\*

### **Applicant #2 Information**

Print First, Middle and Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Driver's License State \_\_\_\_\_

Maiden, Other and/or Former Name(s) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

IMPORTANT: The following information will be used by Screening Services for identification purposes only to perform a background check. This information will not be used as part of the decision process of your prospective Association.

**Applicant # 2 Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Clear Lake Club Association / Bella Lago Vista

## ASSIGNMENT OF RENTS

As a condition of lease approval, the Owner and Lessee shall agree to the following: in the event the Unit Owner is delinquent in the payment of any assessment for more than ninety (90) days, the Association may notify the Lessee of the delinquency and in such event, the Lessee shall be obligated to commence paying all future rent payments to the Association, until the delinquent assessments and related charges are paid in full to the Association. At such time, the lessee shall resume paying rent to the Unit Owner. During the period that the Lessee is paying the rent to the Association, the Unit Owner may not evict the Lessee for non-payment of rent. However, if the Lessee does not pay the rent, the Association shall have the authority to evict the Lessee. In such an event, the Unit Owner shall be obligated to reimburse the Association for the eviction cost and attorney's fees incurred by the Association.

## SUBLETTING AGREEMENT

(Subletting is NOT PERMITTED)

I / We, do hereby agree not to allow anyone to reside in the condominium unit referenced in this application without prior written approval of Clear Lake Club Condominium Association Board of Directors.

I/We understand that failure to abide by this agreement may subject me/us to violation fees, immediate termination of lease and/or eviction.

## HO-6 INSURANCE

Homeowners must have an HO-6 insurance policy (with a \$1MM of liability coverage) naming Clear Lake Club Condominium Association as additionally insured.

## ELECTRONIC DISCLOSURE AUTHORIZATION FORM

In a continued effort to keep our residents informed and up to date on community matters, the Association utilizes electronic communication for all of our notices and communications.

Please complete and return this form to authorize Clear Lake Club Association to use your email address and cell phone for general association-related communications. This authorization restricts the use of your email address for only the purposes of communications from the Clear Lake Club Association or the Association's management company. Your email address and cell phone number will not be shared with any third parties.

I hereby authorize and agree for Clear Lake Club Association to use my email address and cell phone number for all communications from the Association and or its management company, as described above, for association-related communications. I agree to promptly notify the Association of any changes in my email address or phone number, to ensure current contact information is on file with the Association. Furthermore, I agree to not hold the Association or its management company responsible for any notices not received due to not providing the Association with updated contact information.

**To be used for Clear Lake Club Association communications:**

Applicant #1 Email address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Applicant #1 Email address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mailing Address for Association correspondence: \_\_\_\_\_

By signing this document, I/We do hereby agree to abide by the terms and conditions of the Assignment of Rents, Subletting Agreement, HO-6 Insurance, and Electronic Disclosure Authorization sections outlined above.

Applicant #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

# Clear Lake Club Association / Bella Lago Vista

## PET REGISTRATION FORM

- ☐ N/A - I do not have a pet
- ☐ I have a Pet (Please enter pet information below)
- ☐ Service Animal (Enter animal information below) \*additional information needed
- ☐ Emotional Support Animal (Enter animal information below)\*additional information needed

This application must be completed in full, signed, dated, and submitted to the Association for review.

- The Association reserves the right to reject any pet for any reason.
- Only non-aggressive breeds under 50 lbs. will be considered.
- There is a maximum limit of 2 pets per apartment.
- By signing this registration form, you agree to abide by all pet policies and rules of the Association.

Please include the following information and documents:

- Completed Registration Form
- Current photo of the pet(s) to be considered for tenancy.
- If registering a Dog, you must also provide:
  - Copy of the County registration
  - Veterinarian statement confirming the name, breed, weight, height, color and age of the dog.
- If registering a CAT:
  - You must provide a veterinarian statement confirming the cat has been spayed/neutered.



**\*\*NO pet(s) may be replaced, or new pet(s) added without the prior written approval of the Association office and the completion of the Pet Registration and Agreement and the Addendum to Lease with Pet Registration.\*\***

1<sup>st</sup> Pet Name \_\_\_\_\_ Cat/Dog \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Height \_\_\_\_\_ in. Weight \_\_\_\_\_ lbs. Age \_\_\_\_\_

2<sup>nd</sup> Pet Name \_\_\_\_\_ Cat/Dog \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Height \_\_\_\_\_ in. Weight \_\_\_\_\_ lbs. Age \_\_\_\_\_

# Clear Lake Club Association / Bella Lago Vista

## ASSOCIATION CONSENT AND AGREEMENT

I/We agree all Association requirements have been completed, and all required fees be paid per outlined instructions.

Upon approval, I/We agree to promptly complete the orientation by the Association prior to moving in. The purpose of the orientation is to review the rules and regulations of the community and receive access to the amenities, parking decals, and guest parking portal for the property.

By signing this application, I/We agree I/we have received, understand, and agree to abide by the rules and regulations of the Association. I/We also agree all correspondence from the Association or on behalf of the Association will be sent via electronic communication.

I/We have completed the application in its entirety, and have included all required documents. I/We understand that by submitting an incomplete application and/or not providing all required documents, the application will be rejected and approval processing will be delayed until a completed application and required documents are resubmitted.

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Applicant#1 Signature

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Date

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Applicant #2 Signature

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Date

If you have any questions regarding your application please email [info@elite-pmc.com](mailto:info@elite-pmc.com)