

**This Page for Internal Use Only**

**DELRAY OAKS CONDOMINIUM ASSOCIATION, INC.  
3119 SW 20TH TERRACE  
DELRAY BEACH, FL 33445**

**RULES AND INTERVIEW COMMITTEE**

**TO BE INTERVIEWED:** \_\_\_\_\_

**APPLICATION FOR:**

1. **Condominium Purchase:** \_\_\_\_\_

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

**Has received Condo Documents** \_\_\_\_\_

2. **Condominium Lease** \_\_\_\_\_

**Has Received Exhibit "E" of Condo Documents** \_\_\_\_\_

**Lease Received** \_\_\_\_\_

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

**Lease Expire Date:** \_\_\_\_\_

**Statement of Agreement to comply with the appropriate material (Items 1 or 2) mentioned above:**

**I have read and agree to comply with the Rules and Regulations contained in Exhibit "E", Rules and Regulations of the Condominium Documents.**

\_\_\_\_\_  
**Applicant**

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

\_\_\_\_\_  
**Applicant**

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

**Committee Recommendation:** \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
**Committee Chairperson**

**DELRAY OAKS CONDOMINIUM  
ASSOCIATION, INC.  
PURCHASE APPLICATION PACKAGE**

THE FOLLOWING REQUIREMENTS MUST BE MET IN ORDER TO SELL A CONDOMINIUM UNIT:

- 1) A ONE HUNDRED and 00/100 (\$100.00) DOLLAR screening fee is required with the return of the completed application package. Local checks, cashier's checks and money orders are the only acceptable forms of payment. Checks are to be made payable to: "DELRAY OAKS CONDOMINIUM ASSOCIATION, INC". This fee is non-refundable whether or not the application is approved.
- 2) A fully completed application for residency, signed by the current unit owner/seller AND the purchaser, MUST BE with the complete package. Omissions on this application could result in the rejection of said package.
- 3) A copy of the PURCHASE CONTRACT must accompany the completed application package.
- 4) NO APPLICATION WILL BE CONSIDERED FOR APPROVAL IF THE UNIT OWNER IS DELINQUENT IN ANY MONIES DUE TO CONDOMINIUM ASSOCIATION.
- 5) Application packages submitted incomplete will be returned and will not be processed until ALL required items have been provided.
- 6) Upon receipt and verification of all materials submitted, a personal interview will be scheduled with the screening committee representing the association. The applicant(s) will be notified of the date, time and place for the screening to occur. Everyone over the age of five (5) must attend.
- 7) No more than four (4) people may occupy two (2) bedroom units.
- 8) Occupancy may not occur until screening has been completed and a Certificate of Approval has been issued
- 9) Delray Oaks will be running a background check on all Adults living in the unit. Each individual must sign the Disclosure and Authorization Agreement as well as the Residential Screening Request forms included in this package.

PLEASE ALLOW A MAXIMUM OF THIRTY (30) DAYS PRIOR TO THE ESTIMATED CLOSING DATE FOR THE PROCESSING OF YOUR APPLICATION. THANK YOU!

\_\_\_\_\_  
Unit Owner (Seller) 1

\_\_\_\_\_  
Unit Owner (Seller) 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Purchaser 1

\_\_\_\_\_  
Purchaser 2

\_\_\_\_\_  
Date

**MUST BE SIGNED BY ALL PARTIES INVOLVED IN THE TRANSACTION**

## **DELRAY OAKS CONDOMINIUM ASSOCIATION, INC.**

I (We) hereby agree to adhere to the following rules of the Delray Oaks Condominium Association during the term of my lease or length of ownership at Delray Oaks:

- No Commercial Vehicles
- No Boats or Trailers
- No Motorcycles or Scooters
- Pick Up Truck Restriction: Must present Picture.
  - Weight Limit: Cannot be over  $\frac{3}{4}$  ton.
- No cooking on balconies of upper floors
- No hanging of laundry on patios, railings or banisters
- No brooms, mops, toys bicycles, debris on patios or stairs. These items must be store inside your unit.

Four (4) permanent occupants per unit are permitted. It is required that anyone sharing an apartment with a lessee be screened by the Association.

With proper execution of the Pet Permission Agreement included herein and approval of the Board of Directors, based on the Pet agreement, a property owner ONLY may keep on the Delray Oaks Premises, a single pet under 20 pounds.

Park only in assigned parking space. Guests must park in designate guest spaces. Observe 10 MPH speed limit and directional arrows.

Pool rules are posted in the pool area with emphasis that there be no eating or drinking in the pool areas. A covered gazebo with tables ad chairs are provided for this purpose.

Additional rules and regulations are outlined in the condominium documents. It is your responsibility to read and adhere to these rules.

We would also appreciate it if you would dispose of trash in closed plastic bags to discourage rodents. Also, please break down cardboard boxes prior to putting them into the dumpster. If it doesn't fit in the dumpster, it should not be left next to the dumpster.

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Signature (Owner/Seller) and Date

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Signature (Purchaser) and Date

Address and Unit #: \_\_\_\_\_

Witnessed by Interviewing Committee Member:

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Signature & Title

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Date

**APPLICATION FOR RESIDENCY**

DATE: \_\_\_\_\_ BLDG. NO.: \_\_\_\_\_ UNIT NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRESENT OWNER(s): \_\_\_\_\_

**PROSPECTIVE PURCHASER/LESSEE**

NAME 1 \_\_\_\_\_ BIRTHDAY: \_\_\_\_-\_\_\_\_-\_\_\_\_ SS # \_\_\_\_\_

NAME 2 \_\_\_\_\_ BIRTHDAY: \_\_\_\_-\_\_\_\_-\_\_\_\_ SS # \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

YEARS AT PRESENT ADDRESS: \_\_\_\_\_ OWNED \_\_\_\_\_ RENTED \_\_\_\_\_ PET \_\_\_\_\_

PRESENT LANDLORD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NUMBER OF AUTOS \_\_\_\_\_

MAKE/MODEL: \_\_\_\_\_ LICENSE # \_\_\_\_\_

MAKE/MODEL: \_\_\_\_\_ LICENSE # \_\_\_\_\_

EMPLOYER \_\_\_\_\_ YEARS \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

SPOUSES EMPLOYER \_\_\_\_\_ YEARS \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

IF RETIRED, STATE LAST PLACE OF EMPLOYEMENT \_\_\_\_\_

**NAME OF OTHER WHO WILL OCCUPY OR RESIDE IN THE UNIT:**

\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_

**REFERENCES (PLEASE LIST TWO)**

1) NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

2) NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF BANK \_\_\_\_\_

CHECKING ACCOUNT # \_\_\_\_\_

SAVINGS ACCOUNT # \_\_\_\_\_

**NEAREST LIVING RELATIVE (IN CASE OF EMERGENCY)**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE AND  
EMPLOYMENT INFORMATION**

APPLICANT(s): Most banks, financial institutions, mortgage companies and employers require your signature and name printed to verify information. Please complete both sections below:

**ALL PARTS OF THIS FORM ARE REQUIRED**

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**AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE AND  
EMPLOYMENT INFORMATION**

You are hereby authorized to release information to the below mentioned party, or their Attorney or Representative, any and all information they request concerning my banking credit, residence, and employment in reference to my/our Application for Occupancy.

DESIGNATED PARTY: ASSOCIATED CREDIT REPORTING, INC.

(I/We waive any privileges I/We may have with respect to the said information in reference to its release to the aforesaid party(s).

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

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

\_\_\_\_\_  
(Spouse Signature)

\_\_\_\_\_  
(Spouse Name Printed)

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**AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE AND  
EMPLOYMENT INFORMATION**

You are hereby authorized to release information to the below mentioned party, or their Attorney or Representative, any and all information they request concerning my banking credit, residence, and employment in reference to my/our Application for Occupancy.

DESIGNATED PARTY: ASSOCIATED CREDIT REPORTING, INC.

(I/We waive any privileges I/We may have with respect to the said information in reference to its release to the aforesaid party(s).

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

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

\_\_\_\_\_  
(Spouse Signature)

\_\_\_\_\_  
(Spouse Name Printed)

**DOG REGISTRATION FORM**  
**(Restrictions: One single pet under 20 pounds at maturity)**

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

I DO NOT OWN A DOG: \_\_\_\_\_

Lessee: \_\_\_\_\_

Address: \_\_\_\_\_

Breed of Dog: \_\_\_\_\_

Approximate weight of Dog (full grown): \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Coloring: \_\_\_\_\_

Please include a picture for identification purposes

Please remember all dogs are to be walked on a leash. The dog owner is responsible for the removal of his/her dog's excretion.

By my signature below, I verify that I have read and understand the above and will abide by the rules and regulations of the DELRAY OAKS CONDOMINIUM ASSOCIATION. INC. in this regard.

OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

PURCHASER: \_\_\_\_\_ 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 and/or continued residence. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your residence.** Upon timely written request of the management, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

**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.

Delray Oaks / 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:** \_\_\_\_\_