

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.
RENTAL APPLICATION PACKAGE**

THE FOLLOWING REQUIREMENTS MUST BE MET IN ORDER TO RENT OR 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 unit owner/Lessor AND the Lessee, MUST BE with the completed package. Omissions on this application could result in the rejection of said package.
- 3) A copy of the LEASE 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 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 Ten (10) DAYS PRIOR TO ESTIMATED LEASE
DATE FOR THE PROCESSING OF YOUR APPLICATION. THANK YOU!

Unit Owner 1

Unit Owner 2

Date

Lessee 1

Lessee 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
- No Pets
- 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, Exhibit E included herein. 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.

Signature (Owner) and Date

Signature (Lessee) and Date

Address and Unit #: _____

Witnessed by Interviewing Committee Member:

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

**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)

**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)

LEASE RIDER

In the event the Lessor (Owner) becomes delinquent in the payment of any monthly maintenance assessment due the Condominium Association, and if such delinquency continues for a period in excess of ten (10) days, the Lessee (Tenant), upon receiving written notice of such delinquency from the Condominium Association of it's agents, shall pay the full amount of such delinquency as set forth in said notice to the Condominium Association.

Lessee is authorized to deduct from rental payment due to the Lessor the amount paid to cure the delinquency. It is understood and agreed by the Lessor that the Lessee shall continue to pay the monthly maintenance payments thereafter until the expiration of the lease. It is further understood and agreed that such deduction from the rental payment will not constitute default of rent to the Lessor.

It is understood the Association has the right to evict the tenant(s) for non-payment of the Association's assessments with seven (7) days notice. Additionally, the Lessor understands payments to the Association effectively are to be considered payments to the Lessor and cannot pursue eviction for failure to receive funds personally.

UNIT ADDRESS _____

LESSOR/OWNER _____

Name: Printed

Signature and Date

LESSEE/TENANT _____

Name: Printed

Signature and 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:** _____