

Boca Heights Property Owners Association, Inc. d/b/a Tudor Woods

PURCHASE/RENTAL INFORMATION INSTRUCTIONS:

This application is subject to approval. Fill out the attached Purchase/Rental Information Form and submit to:

BOCA HEIGHTS PROPERTY OWNERS ASSOCIATION
c/o Allied Property Management Group
1711 Worthington Rd. Ste 103
West Palm Beach, FL 33409

- 1) _____ **PURCHASES ONLY** – No application fee required at this time.
- 2) _____ **RENTALS ONLY:**
 - ✓ A non-refundable application fee in the form of money order or cashier's check in the amount of \$150.00 (per applicant, 18 years of age or older) made payable to: **ALLIED PROPERTY MANAGEMENT GROUP, INC.** Married couples eligible to only \$150.00 fee (marriage certificate may be requested).
 - a. **Please note:** An additional hundred (\$250.00 total - made payable to: **ALLIED PROPERTY MANAGEMENT GROUP, INC.**) is required per applicant if of Foreign nationality and holds no U.S. Social Security Number.
 - ✓ Rental Security Deposit of **\$1000.00** or 1 month's rent **whichever is greater** made payable to **Boca Heights Property Owners Association, Inc.** **Please Note: this must be paid by LANDLORD.** If paid previously, Proof of payment is required with submission of this application.
- 3) _____ Legible copy of each applicant's valid DL or government issued picture ID for everyone (18 years of age or older) who intends to live at this address.
- 4) _____ Signed APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION form.
- 5) _____ Executed copy Purchase Agreement or Signed Lease Agreement.

Please note: applications must be turned in complete. All must check / initial next to each item above to ensure you are submitting all required documentation prior to mailing or dropping off.

***PLEASE do not schedule closing or occupy unit until you have been approved by the board and issued a certificate.**

Applicant(s) will be contacted once the board has made a decision. **Please note: the board has up to thirty (30) days to make the final decision.** You may follow up for the status within 14 days via email to: **Applications@alliedpmg.com** including the following subject line (BOC/ Applicants L.Name – Property address) in your email(s).

*** Orientation required to receive approval certificate- Property Manager will contact applicant to schedule once completed application has been received (30-45 minutes long).**

I/We declare the above information to be true and correct. I/We authorize the landlord, or agent(s) to verify and obtain a consumer credit report.

I/We agree to abide by the Rules and Regulations of the Association.

APPLICANT'S Signature/Date

CO-APPLICANT'S Signature/Date

REV/ 02.2023



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 denied. Missing information will cause delays. Once submitted, order can be cancelled but all fees are NON-Refundable.

PROPERTY ADDRESS: _____ Unit # _____
Purchase _____ OR Lease/Rental _____ Lease Dates: _____ - _____

Realtor: _____ Contact# & Email: _____

Please Print

Applicant 1

Maiden Name: _____

Name: _____

DOB: _____ Social Security ----- Phone: (_____) _____

Cellular: _____ Work: _____ Email: _____

Driver's License Number: _____ State: _____ Current Rent: _____

Current Address: _____ City, State _____ Zip _____ How Long: _____

Landlord: _____ Ph: _____ Reason for Moving: _____

Previous Residence 1: _____

How Long: _____ Reason for moving: _____ Landlord: _____

Development/Community: _____ Contact: _____ Phone: _____

Current Employer: _____ Ph: _____ Mthly Income: _____

Address: _____ Supervisor: _____

Dates of Employment: From _____ To _____ Position: _____

Previous Employer: _____ Ph: _____ Mthly Income: _____

Addr: _____ Supr: _____ Reason for Leaving: _____

Dates of Employment: From _____ To _____ Position: _____

Have you ever been convicted of a crime? _____ Date(s): _____

County/State Convicted in _____

Charges: _____

By signing the applicant recognizes that the Association and Allied Property Management Group, Inc. 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 the Board of BOCA HEIGHTS PROPERTY OWNERS (TUDOR WOODS) ASSOCIATION

Applicant Signature: _____ Printed Name: _____ Date: _____



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 denied. Missing information will cause delays. Once submitted, order can be cancelled but all fees are NON-Refundable.

Applicant 2

Name: _____ Maiden Name: _____

DOB: _____ Social Security ----- Phone: (_____) _____

Cellular: _____ Work: _____ Email: _____

Driver's License Number: _____ State: _____ Current Rent: _____

Current Address: _____ City, State _____ Zip _____ How Long: _____

Landlord: _____ Ph: _____ Reason for Moving: _____

Previous Residence 1: _____

How Long: _____ Reason for moving: _____ Landlord: _____

Development/Community: _____ Contact: _____ Phone: _____

Current Employer: _____ Ph: _____ Mthly Income: _____

Address: _____ Supervisor: _____

Dates of Employment: From _____ To _____ Position: _____

Previous Employer: _____ Ph: _____ Mthly Income: _____

Addr: _____ Supr: _____ Reason for Leaving: _____

Dates of Employment: From _____ To _____ Position: _____

Have you ever been convicted of a crime? _____ Date(s): _____

County/State Convicted in _____

Charges: _____

By signing the applicant recognizes that the Association and Allied Property Management Group, Inc. 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 the Board of BOCA HEIGHTS PROPERTY OWNERS (TUDOR WOODS) ASSOCIATION

Applicant Signature: _____ Printed Name: _____ Date: _____



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 denied. Missing information will cause delays. Once submitted, order can be cancelled but all fees are NON-Refundable.

Applicant 3

Name: _____ Maiden Name: _____

DOB: _____ Social Security ----- Phone: (_____) _____

Cellular: _____ Work: _____ Email: _____

Driver's License Number: _____ State: _____ Current Rent: _____

Current Address: _____ City, State _____ Zip _____ How Long: _____

Landlord: _____ Ph: _____ Reason for Moving: _____

Previous Residence 1: _____

How Long: _____ Reason for moving: _____ Landlord: _____

Development/Community: _____ Contact: _____ Phone: _____

Current Employer: _____ Ph: _____ Mthly Income: _____

Address: _____ Supervisor: _____

Dates of Employment: From _____ To _____ Position: _____

Previous Employer: _____ Ph: _____ Mthly Income: _____

Addr: _____ Supr: _____ Reason for Leaving: _____

Dates of Employment: From _____ To _____ Position: _____

Have you ever been convicted of a crime? _____ Date(s): _____

County/State Convicted in _____

Charges: _____

By signing the applicant recognizes that the Association and Allied Property Management Group, Inc. 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 the Board of BOCA HEIGHTS PROPERTY OWNERS (TUDOR WOODS) ASSOCIATION

Applicant Signature: _____ Printed Name: _____ Date: _____

OTHER OCCUPANTS THAT WILL RESIDE WITH YOU (over 18yrs old is considered an applicant)

<i>Name</i>	<i>DOB</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pets- SEE PET REGISTRATION FORM

Vehicles

Vehicle #1: Make: _____ Model: _____ Tag#: _____ Yr: _____
Vehicle #2: Make: _____ Model: _____ Tag#: _____ Yr: _____

Character References (Not Related) Minimum of two

Name: _____	Address: _____
Relationship: _____	Phone: _____
Name: _____	Address: _____
Relationship: _____	Phone: _____
Name: _____	Address: _____
Relationship: _____	Phone: _____
Name: _____	Address: _____
Relationship: _____	Phone: _____

Has any applicant(s) ever been: Evicted Lost part/all security deposit Had lease terminated
Give detail: _____

Emergency Contact

Name: _____ Address: _____
Relationship: _____ Phone: _____

I (we) agree to abide by the Declaration of Covenants, Conditions and Restrictions and Amendments thereto, of the governing Association.
I (we) fully authorize an investigation, if necessary, of all answers and references given. Accordingly, I specifically authorize Allied Property Management Group, Inc., its principals, managers or agents to make such investigation and agree that the information contained in this application may be used in such investigation and Allied Property Management Group, Inc., its principals, manager or agents 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 Allied Property Management, Inc., its principals, managers or agents.

Applicant: _____ Co-Applicant: _____ Date: _____



APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that **Allied Property Management Group, Inc.**, may now, or any time while I own or I am renting, conduct a verification of my current and previous tenant history, current and previous employment, credit history, contact personal references, and to receive any criminal history information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the Owner/Tenant requirements. The results of this verification process will be used to determine Owner/Tenant eligibility under **Allied Property Management Group, Inc.**, tenant policies.

I/We authorize **Active Screening** and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative **Allied Property Management Group, Inc.** These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

I/We have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, current and former landlords and other organizations and Agencies to provide **Active Screening** with all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original. You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and Active Screening 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5580. For information about Active Screening's privacy practices, see www.activescreening.com.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization.

Applicant Signature: _____ Date: _____

Print Name: _____ Last Four Digits of SSN: _____ If No US SS# fill out below:

FOREIGN CITY/PROVIDENCE/COUNTRY OF BIRTH: _____ PASSPORT # _____

Co- Applicant Signature: _____ Date: _____

Print Name: _____ Last Four Digits of SSN: _____ If No US SS# fill out below:

FOREIGN CITY/PROVIDENCE/COUNTRY OF BIRTH: _____ PASSPORT # _____

Co- Applicant Signature: _____ Date: _____

Print Name: _____ Last Four Digits of SSN: _____ If No US SS# fill out below:

FOREIGN CITY/PROVIDENCE/COUNTRY OF BIRTH: _____ PASSPORT # _____

BOCA HEIGHTS PROPERTY OWNERS (TUDOR WOODS) ASSOCIATION

c/o Allied Property Management Group, Inc.
1711 Worthington Rd. Ste 103
West Palm Beach, FL 33409

PET REGISTRATION FORM

Address: _____ Owner Name: _____

Pet Type: _____ Breed: _____ Weight: _____ Color: _____

Veterinarian: Name and phone #: _____

YOU MUST PROVIDE A RECORD OF YOUR PETS CURRENT VET RECORDS

Rules & Regulations:

- 1) **Incessant barking dogs are not acceptable.** Please respect your neighbors by adhering to this. **Please do not allow your dogs to urinate in common areas. (i.e.: Parking Lots, Walkways, Stairwells, or the bushes lining these areas. Please pick up after your dogs.**
- 2) No Aggressive Breeds, No pit bull terrier, pit bull terrier mix, or any other dog of mean or violent temperament, or otherwise evidences such temperament.
- 3) All pets must be registered and approved by the Association.
- 4) Proof of all required vaccinations must be provided. Current rabies tag # _____
- 5) Proof of updated Shots will be required annually.
- 6) Current photograph of your pet must be provided.
- 7) Owner(s) agree to abide by pet regulations established by the Governing Documents.
- 8) No pet shall be tied out of the exterior of the unit or left unattended on the patio or common area.
- 9) No pet shall be permitted outside except on a leash not to exceed 6 ft on BOCA HEIGHTS PROPERTY OWNERS (TUDOR WOODS) ASSOCIATION property.
- 10) All pets must be cleaned up after, regardless of the size of the feces or location where deposited. Urination and feces in the courtyard or any BOCA HEIGHTS PROPERTY OWNERS (TUDOR WOODS) ASSOCIATION property is prohibited. If your animal has an accident, wash down the urine with water and pickup feces immediately. Continued issues will result in a violation which may result in eviction.
- 11) Any stray cats on property may be trapped and taken away if the board sees fit.
- 12) You must notify your property manager in writing of all deaths & new arrival of pets.

I have read and agree to the rules and regulations regarding pets. I agree to provide the Association with copies of the vaccination papers by a veterinarian, along with a photo and agree to follow the above states rules.

Signature of Pet Owner: _____ Date: _____ Co-Pet Owner: _____ Date: _____



ALLIED

PROPERTY MANAGEMENT GROUP, INC

International Background Check Required information

ONE FORM PER INTERNATIONAL APPLICANT

Applicant:

Full Legal Name: _____

Mothers Full Legal Name: _____

Country of Origin: _____

Complete (IN COUNTRY) Address: _____

****In-Country of Origin****

Government ID Requirement:

- CPF Number and Copy of Registro Geral Identity Card (preferred)
- Or
- CPF Number and one of the following copies of ID
 - Carteira de Trabalho e Previdência Social (CTPS)
 - Passport
 - Carteira de Habilitação/Carteira de Motorista (Driver's License)
 - Professional License
 - Registro Nacional Migratório (National Migration Registration Card) (RNM)
 - Registro Nacional de Estrangeiros (RNE)
 - Copy of Foreign Passport (only if the candidate has none of the above identification) *