

Chasewood of Jupiter COA, Inc.

PURCHASE/RENTAL APPLICATION PROCEDURES AND REQUIREMENTS:

This application must be filled out completely and submit to:

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

Please note: if purchasing under a business entity the application must be filled out with said person as signer for such business entity. Proof of authorized signer required such as a print out from Sunbiz.org

*****APPLICATIONS MUST BE RECEIVED COMPLETE OR THEY WILL NOT BE PROCESSED*****

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. We do not accept applications or parts of the application via email.

- 1) _____ Non-refundable application fee in the form of **money order or cashier's Check ONLY** in the amount of **\$150.00** (per person over the age of 18 {applicant}) made payable to: **ALLIED PROPERTY MANAGEMENT GROUP, INC.** Married couples eligible to only \$150.00 fee (marriage certificate will be required if last names differ).
 - a **Please note:** An additional hundred (\$250.00 per person) of Foreign Nationality with no US Social Security number - made payable to: **ALLIED PROPERTY MANAGEMENT GROUP, INC.** is required **per applicant** if of Foreign Nationality and holds no U.S. Social Security Number.
- 2) _____ Leases/Rentals: **Rental Security Deposit of \$2,000.00 or (1) month's rent whichever is greater** must be submitted at the time of this application. Cashier's check or Money Order **ONLY** made payable to: **Chasewood of Jupiter COA, 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 Driver's License or Government issued Picture ID/Passport for ALL persons residing in the residence over 18 Years of age (applicants). Proof of US Residency will be required if you do not have a Social Security Number or are of Foreign Nationality.
- 4) _____ Copies of ALL Vehicle Registrations, Pictures of License Plate, Pictures of Vehicles for ALL vehicles that will be parked in the community.
- 5) _____ Pet Rules and Registration Form must be completed and signed. If you do not have a pet write N/A on the form, and it still must be initialed and signed.
- 6) _____ Complete and sign the Written Consent to Receive Official Notices by Electronic Transmission & Update Form.

- 7) _____ Print Name, Sign and Date the Acknowledgement Page.
- 8) _____ Signed APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION form signed by all parties residing in the residence over the age of 18.
- 9) _____ Executed copy of the Purchase Agreement or Signed Lease Agreement.

Please allow up to 30 days for approval and do not schedule closing or occupy the unit until you have been approved by the board and issued a certificate of approval. A Certificate of Approval must be taken to your closing. You will not be able to close without it. This certificate will be available to you AFTER your orientation with Chasewood of Jupiter COA, Inc., or it's representative, if you are approved. It is critical for the orientation that the occupant(s) speak and read English or you must bring an interpreter with you.

Orientation times are scheduled with the Board of Directors and ONLY scheduled in the following time slots:

THE 2ND & 4TH THURSDAY OF THE MONTH ONLY

3:00 PM BY APPOINTMENT ONLY

Orientation times will not be modified and if you cannot make the available time on your scheduled appointment date you will not get your approval certificate to close or occupy the unit. You must be present.

A copy of your Warranty Deed will need to be provided to the management company after closing to officially change ownership in our records.

NO PERSONS OTHER THAN THOSE LISTED ON THIS APPLICATION WILL RESIDE IN THE UNIT. APPLICANT(S) AND OWNER(S) AGREE THAT ANYONE MOVING INTO THE UNIT AT A LATER DATE WILL HAVE TO GO THROUGH THE APPLICATION PROCESS THROUGH THE ASSOCIATION.

*Applicant(s) will be contacted once the board has made a decision. You may follow up for the status within two (2) weeks via email to: **applications@alliedpmg.com** including the following subject line (COJ/ Applicants Last Name –Property address) in your email(s).

Applicant(s) Email: _____ Email: _____

Agent(s) Email: _____ Email: _____



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 Number _____ - _____ - _____ 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 Chasewood of Jupiter COA, Inc.

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 Number _____ - _____ - _____ 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: _____

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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 Number _____ - _____ - _____ 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 Chasewood of Jupiter COA, Inc.

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: _____ Color: _____ Tag#: _____ Yr: _____
 Vehicle #2: Make/Model: _____ Color: _____ 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: _____

Have 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 #1: _____ Applicant #2: _____ Date: _____

Applicant #3: _____ Applicant #4: _____ 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 # _____



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) *

Chasewood of Jupiter COA, Inc.

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

PET REGISTRATION FORM

Address _____ Unit # _____ Owner Name(s): _____

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

Veterinarian: Name and phone #: _____

YOU MUST PROVIDE AN RECORD OF ALL OF YOUR PETS CURRENT VET RECORDS ON VETERINARY LETTERHEAD

Rules & Regulations:

- 1) No pet that is a nuisance will be allowed on Condominium Property.
When outdoors, keep your pets on a leash at **ALL TIMES**. Pets are **NOT** Permitted in the pool area at any time! **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) Pets must be less than 30 pounds. No more than (1) one pet allowed
- 3) All pets must be registered and approved by the Association.
- 4) Kitty litter must be emptied into a plastic bag and tie it shut prior to disposing in dumpsters. Cat boxes are not to be stored on the patio or the balcony.
- 5) Proof of all required vaccinations must be provided. **Current rabies tag #** _____
- 6) Proof of updated Shots will be required annually.
- 7) Current photograph of your pet must be provided.
- 8) Owner(s) agree to abide by pet regulations established by the Governing Documents/Declaration of Condominium.
- 9) No pet shall be tied out of the exterior of the unit or left unattended on the patio, balcony, or the common area(s).
- 10) No pet shall be permitted outside except on a leash not to exceed (6') six feet on Chasewood of Jupiter COA, Inc. property.
- 11) 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 Chasewood of Jupiter COA, Inc 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. Owners that allow unapproved pets/animals shall not be allowed to re-rent the property/premises.
- 12) Disapproved pets/animals shall not be allowed to re-enter the property or the premises. Any stray cats on property will be trapped and taken away.
- 13) 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: _____

Written Consent to Receive Official Notices by Electronic Transmission

I, _____, as an owner of the following property.
(Print name)

Community Name: Chasewood of Jupiter COA, Inc.

Community Address: _____

and on behalf of all the owners of the property hereby provide Written Consent to receive all Official Notices from the Association by Electronic Transmission to the following email address.

Email Address: _____ Email Address: _____

NOTE: I understand that I am responsible to ensure such Electronic Transmissions are not blocked by a spam filter or other type of filter. I further understand that notwithstanding such opt-in the Association may, from time to time, still provide notices to me via U.S. mail at my official mailing address maintained with the Association.

Signature

Date

Update Form

If you do NOT want to opt in as per above, but would like to still access the Owner Access Portal to view your account and receive Community bulk emails please provide your information below.

Community Name: Chasewood of Jupiter COA, Inc.

Email Address: _____ Owner Name: _____

Community Address: _____ Alternative Address: _____

Phone Number: _____ Cell: _____

Contact Phone Number: _____

Email Address: _____

Chasewood of Jupiter COA, Inc.

By completing, signing and submitting this application, I/We agree to the following:

1. That I/We as a Lessee have received a complete copy of all the Rules & Regulations for the Association and agree to abide by all Rules & Regulations.
2. That I/We understand that I/WE will be advised by Allied Property Management Group, Inc. or the Chasewood Office regarding the acceptance or denial of this application and that occupancy of the unit in question prior to approval by Chasewood Officer's is prohibited.
3. Chasewood of Jupiter Condominium Association, Inc. will have a background check(s) run on all occupants 18 years of age and older. I/We agree that all information contained in this application may be used in this investigation and that the Association, its Board Members and Officers and Allied Property Management Group, Inc., shall be held harmless from any action or claim by me/us in connection with the use of the information contained in this application and or in any investigation of my/our background in connection with this application.
4. That any misrepresentation or falsification of information in this application will void and disqualify this application and that the acceptance is contingent in part on the truth and accuracy of the information contained in this application.
5. I/We understand and fully agree not to park any commercial vehicles on the Association property at any time for any reason nor will I/we display a parking permit or guest tag on any commercial vehicle at any time. Parking permit must be displayed on the lower left corner of the driver's side front window of registered vehicles. Parking permits cannot be altered.
6. All persons using the pool do so at their own risk. Chasewood of Jupiter Condominium Association, Inc. is not responsible for accidents or injuries. The Association reserves the right to deny the use of the pool to anyone at any time that fail to abide by the Rules & Regulations of the pool area.
7. Complaint and Workorder Forms are available in the Clubhouse and Clubhouse office hours are posted.
8. Guest policy: Guest(s) are defined as person(s) who are not immediate family such as mother, father, son, daughter, sister, brother or grandchildren who make use of a unit without payment to the owner. They shall be governed by the following rules. Owners must submit names of their guests to the office prior to arrival. Guests must register at the office upon arrival; Receive parking stickers and Rules and Regulations of the Association. A guest may stay up to four (4) weeks in any calendar year if the owner is present. In the absence of the owners, a guest is permitted to stay fourteen (14) days in a calendar year.
9. A buyer can only buy more than one unit if they live in one of the units.

Signature Applicant #1 _____ Date: _____

Signature Applicant #2 _____ Date: _____

.....

Signature of Screening Committee or Appointee

Print Name & Title

Signature of Screening Committee or Appointee

Print Name & Title

FOR OFFICE USE ONLY:

Application Fee: Check Number# _____ Amount: \$ _____