## **Knollwood Homeowners' Association, Inc.**

#### PURCHASE/RENTAL INFORMATION INSTRUCTIONS:

This application is subject to approval. Please complete and submit with all required documentation to:

#### Knollwood Homeowners' Association, Inc.

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

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

a) **<u>Please note</u>**: 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.

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:
<u>ALLIED PROPERTY MANAGEMENT GROUP, INC.</u> Married couples eligible to only \$150.00 fee ((if legally married using different last name, copy of marriage certificate required).

- a) <u>Please note:</u> An additional hundred (\$250.00 total made payable to: <u>ALLIED PROPERTY</u> <u>MANAGEMENT GROUP, INC</u>) is required per applicant if of Foreign nationality and holds no U.S. Social Security Number.
- A non-refundable, processing fee of \$150.00 per applicant payable to Knollwood Homeowners' Association in the form of money order or cashier's check only.
- > \_\_\_\_\_ Legible copy of each applicant's valid DL or government issued picture ID.
- > \_\_\_\_\_ Legible copies of all vehicle registrations that will be parked in the community.
- Signed APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION form.
- > \_\_\_\_\_ Executed copy of the Purchase Agreement or Signed Lease Agreement.
  - a) **LEASING ONLY** Owner must submit with application a copy of the business tax receipt from the City of Boynton Beach for the rental license. Use link info below (<u>http://www.boyntonbeach.org/departments/business\_tax/index.php</u>)
  - b) **LEASING ONLY** –No lease can be for less than a (6) month period.

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

\*Applicant(s) will be contacted once the board has made a decision. If you have not heard anything after 14 days, you may follow up via email to: <u>applications@alliedpmg.com</u> Please include the following subject line (KNO/ Applicants Last Name – Property address) in your email(s).

#### Knollwood Homeowners Association, Inc.

**Boynton Beach, Florida** 

#### ADDENDUM TO LEASE AGREEMENT

1. The Association and/or its authorized agent shall have the irrevocable right to have access each unit from time to time during reasonable hours as may be necessary for inspection, maintenance, repair or replacement of any Common Element therein or accessible therefrom, or for making emergency repairs therein necessary to prevent damage to the Common Elements or another unit or units.

2. The Lessee agrees not to use the demised premises, or keep anything in the unit which will increase the insurance rates of the unit or interfere with the rights of other residents of the Condominium Association or any other residents by unreasonable noises or otherwise; nor shall Lessee commit or permit any nuisance, immoral or illegal act in his unit, or on the Common Elements, or the Limited Common Elements.

3. The Lessee covenants to abide by the Rules and Regulations of the Condominium, and the terms and provisions of the Declaration of Condominium, Charter and By-Laws of the Condominium Association, and agrees to be bound by the rules and guidelines of the Association and any other rules which may become operative from time to time during said Leasehold.

4. The approval of the proposed Lease Agreement issued by the Association is to be expressly

conditioned upon the Lessee's observance of the provisions contained in this Addendum. Any breach of the terms hereof shall give the Association the authority to take immediate steps to terminate the Lease Agreement. The Owner/Lessor acknowledges that he remains ultimately responsible for the acts of Lessee and Lessee's family and guests and for any costs incurred by Association, including Attorney's fees, in remedying violations of this Addendum and/or violations of the Condominium Documents.

5. In the event the Owner/Lessor becomes delinquent in the payment of any sums and assessments due the Association during the term of the Lease Agreement, upon written demand by the Association, Lessee shall pay directly to the Association rental payments due to the Owner/Lessor. The Association shall be granted the full right and authority to demand and receive the entire rent due from the Lessee and deduct from the rent all assessments, interest, late charges and attorney's fees and costs, if any, due to the Association. The balance if any, shall be forwarded to the Owner/Lessor at such address as the Owner may designate in writing. At such time as the delinquency no longer exists, the Association shall cease the demand and payments shall again be made by the Lessee directly to the Owner/Lessor.

#### ADDENDUM TO LEASE AGREEMENT (Page 2) Knollwood Homeowners Association, Inc.

This right may be exercised by the Association at any time the Owner shall become delinquent.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seals, this

day of	, 20
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Signed, sealed and delivered in the presence of: LESSORS:

Witness

Witness

LESSEES:

Witness

Witness

Knollwood Homeowners Association, Inc.

	BY:	
Witness		
	ATTEST:	
Witness		

## <u>NOTE:</u> Complete all questions and fill in all blanks. If any question is not answered or left blank, this application may be returned, not processed, and/or not approved. Print legibly or type all information. All information on this application will be verified.

#### PLEASE USE BLACK INK THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY!

	APPLICATION I Knollwoo	FOR OCCUPA od HOA, Inc	<u>NCY</u>
Today's Date:	Purchase:	_Lease:	_ Apt Bldg. No
Property Address:			
Applicant:		DOB:	SSN:
Applicant(s) Cell:		_ Applicant(s) E	mail:
(_) Single (_) Married (_) Separate	d (_) Divorced - Ho	w Long:	_ Maiden Name:
Have you ever been convicted of a	crime	Date (s):	
County/State Convicted in:	Cl	narge (s):	
Co-Applicant:	D	OB:	SSN:
Have you ever been convicted of a	crime	Date (s):	
County/State Convicted in:		Charge	(s):
Names/Ages of others who will oc	cupy unit:		
In case of emergency notify:		1	Phone:
<b>Pets</b> : Y/N # of Pets	Description of pet(s		Aggressive Breeds Allowed)
NOTE: All information supplied is	subject to verification	n. All phone num	bers must be reachable between 9-5 P.M.
PART I – RESIDENCE HISTOI	RY *PLEASE PRINT FUL	L ADDRESS, INCLUD	ING UNIT/APT NUMBER, CITY, STATE & ZIP CODE*
A. Previous address:			Phone:
Apt. or Condo Name:			Phone:
Dates of Residency: From:	to: O	wn Home () l	Parent/Family Member () Rented ()
Other: Rent/I	Mtg Amount:		Name of Landlord:
Address:		Phone:	

Mortgage Holder		Mortgage No
Phone		
B. Previous address:		Phone:
Apt. or Condo Name:		Phone:
Dates of Residency: From:	to:	Own Home () Parent/Family Member () Rented (
Other:	Rent/Mtg Amount:	Name of Landlord/:
Phone:		
Mortgage Holder		Mortgage No
Phone		
C. Previous address:		Phone:
Apt. or Condo Name:		Phone:
Dates of Residency: From:	to:	Own Home () Parent/Family Member () Rented (
Other:	Rent/Mtg Amount:	Name of Landlord:
	Pł	hone:
Mortgage Holder		Mortgage No
Phone		
PART II – EMPLOYMEN	T REFERENCES *I	Include a recent copy of an earnings statement to expedite processing*
		Phone:
Dates of Employment: From	n: To:	Position:
		y Gross Income: Address:
		Phone:
Dates of Employment: From	n: To:	Position:
Fax:	Monthly	y Gross Income: Address:

#### PART III – BANK REFERENCES

А.	Bank Name		Checking A	Acct	
	Phone	Address			
	Fax				
B.	Bank Name		Checking	g Acct. #	
	Phone	Address			
				Fax	
	' IV – CHARACT	<b>TER REFERENCES (No Fa</b> References that we will be c	amily Members	)	
1. Na	me:		Phone:		
Addres	SS:				
Email	Address:		Ce	11:	
2. Na	me:		Phone:		
Addres	55:				
Email	Address:		Ce	11:	
3. Na	me:		Phone:		
Addres	SS:				
Email	Address:		Ce	11:	
Driver	's License Numbe	r (Primary Applicant).			State Issued:
Make:		Type:	Year:	License Plate No.	
Driver	's License Numbe	r (Secondary Applicant).			_State Issued:
Make:		Type:	Year:	License Plate No.	

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that the Association and Associated Credit 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 Associated Credit Reporting, Inc.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



# PROPERTY MANAGEMENT GROUP, INC

#### 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 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 Tenant requirements. The results of this verification process will be used to determine tenant eligibility under **Allied Property Management Group, Inc.**, tenant policies.

I authorize **Background Info USA** 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.** 

**I 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 **Background Info USA** 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.

**Applicant Signature** 

Printed Name

Co-Applicant Signature

Printed Name

Co-Applicant Signature

Printed Name

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