

Pointe Overlook Condominium Association, Inc.

PURCHASE/RENTAL INFORMATION INSTRUCTIONS:

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

Pointe Overlook Condominium Association, Inc.

c/o Allied Property Management Group, Inc.

1711 Worthington Rd. Ste 103

West Palm Beach, FL 33409

- 1) _____ Incomplete applications will not be accepted.
 - a) **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
- 2) _____ A non-refundable application fee in the form of money order, cashier's check or personal 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). \$250.00 additional **Per applicant** if no Social Security Number/Foreign National
- 3) _____ Legible copy of each applicant's valid DL or government issued picture ID.
- 4) _____ Legible copies of all vehicle registrations that will be parked in the community.
- 5) _____ Signed APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION form.
- 6) _____ Executed copy of the Purchase Agreement or Signed Lease Agreement.
- 7) _____ Rules page must be signed by all occupants 18 years of age and older and submitted with application.
- 8) _____ Service/Emotional Support Pet Registration Form.

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 until you have been approved by the board and issued a certificate.**

*Applicant(s) will be contacted once the board has made a decision. **Note: the board has up to thirty(30) days to make the final decision.** you may follow up via email to: applications@alliedpmg.com Please include the following subject line (POL/ Applicants Last Name – Property address) in your email (s).



POL

POINTE OVERLOOK NEW RESIDENT APPLICATION

PROPERTY ADDRESS: _____

Applicant 1

Name: _____ Maiden Name: _____

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

Cellular: _____ Work: _____ Email: _____

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

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

Landlord: _____ Ph: _____ Reason for moving: _____

Previous Residence 1: _____

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

Development/Community: _____ Contact: _____ Phone: _____

Current Employer: _____ Ph: _____ Income: _____

Address: _____ Supervisor: _____

Previous Employer: _____ Ph: _____ Income: _____

Addr: _____ Supr: _____ Reason for Leaving: _____

Applicant 2

Name: _____ Maiden Name: _____

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

Cellular: _____ Work: _____ Email: _____

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

Current Address: _____ How Long: _____

Landlord: _____ Ph: _____ Reason for Moving: _____

Previous Residence 1: _____

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

Development/Community: _____ Contact: _____ Phone: _____

Current Employer: _____ Ph: _____ Income: _____

Address: _____ Supervisor: _____

Previous Employer: _____ Ph: _____ Income: _____

Addr: _____ Supr: _____ Reason for Leaving: _____

Other Occupants That Will Reside with You

Name	DOB	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pets: (MUST FILL OUT PET REGISTRATION FORM)

Type: _____ Breed: _____ Weight: _____ Age: _____

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Vehicles to be Parked at Residence (All vehicles must be registered with the Association)

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

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

*(Provide copies of each vehicle registration)***References (Not Related)**

Name: _____ Address: _____

Relationship: _____ Phone: _____

Name: _____ Address: _____

Relationship: _____ Phone: _____

Has any applicant 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.

I (we) understand that should the landlord enter into a lease with me (us), and I have provided false information on this application, I (we) will be subject to having my (our) lease terminated at the landlord's option, and have my (our) full security deposit forfeited as compensation for damages.

Notice: Unless agreed otherwise in writing, the Property remains on the market until a lease is signed and Landlord may continue to show the Property to other prospective tenants and accept another offer.

Signature of Applicant_____
Signature of Applicant_____
Date Signed_____
Date Signed



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

Print Name Clearly

Co-Applicant Signature

Print Name Clearly

Date: _____

Pointe Overlook Condominium Association, Inc.
RULES:

General Occupancy:

- Age 55+, 18 Minimum.
- Guests are limited to 3 weeks per calendar year.
- No pick-up trucks except with 2nd row seating, no vans except “mini-vans”, no business vans, no panel or other trucks, no motorcycles.
- Service and emotional support animals only.
- Service and Support animals require supporting Written documentation.
- Pool Rules are posted.
- Garbage must be placed in the trash bins located at the front and rear of the clubhouse. No Construction Materials to be placed in bins. Large household bulk items are to be placed at Curbside on Friday evening no earlier than 5:00 P.M.
- Recycle goods go into the yellow and blue bins that are in the Trash Enclosures by the clubhouse.
- No business may be operated from any unit.

Leasing: Units may NOT BE LEASED for the first 3 years of ownership; notice of intended rental and application must be filed with the office and approval is required Prior to allowing anyone to move into the unit.

- Lease renewal request must be submitted 60 days prior to renewal date.

Please note the documents mentioned below should be received from the current owner/landlord. Your Signature below is required prior to submitting your applications.

I/we have received Pointe Overlook Rules and policies: I/we certify that I am not/we are not convicted felon(s):

Applicant Signature

Print Name Clearly

Co-Applicant Signature.

Print Name Clearly

Date: ____/____/____

Pointe Overlook Condominium Association

SERVICE/ EMOTIONAL SUPPORT PET REGISTRATION

This agreement is attached to and is part of the Purchase and or Rental Agreement dated

_____ between _____, (POCA), and

_____, (Applicant)

It becomes effective on _____ (date).

Resident desire to keep the following described pet

Type: _____

Breed: _____

Name: _____

Weight: _____ Height _____

In the dwelling resident occupies at:

_____ POCA Community, which is no pet community, the By-Laws specifically prohibits keeping pets without the Associations' permission. Resident agrees to the following terms and conditions in exchange for their permission to bring a pet to assist in their need of service or support.

To qualify, resident must meet the federal definition of disability and must provide note from a physician or other medical profession stating that applicant has a disability, emotional or physical, and that the pet provides a benefit which alleviates or mitigates some of the symptoms of disability. Resident agrees to supply all required professional documentation supporting their claim and request to have a service or emotional support pet.

1) The resident agrees that they are solely responsible for the maintenance of the above described pet, and agree to keep their pet under control at all times. Resident agrees to keep their pet restrained, when it is outside their dwelling.

3) Resident agrees to adhere to local ordinances, including leash, licensing, and Immunization requirements of their pet

4) Resident agrees not to leave their pet unattended for unreasonable periods.

- 5) Resident agrees to clean up after their pet and to dispose of their pet's waste properly and quickly.
- 6) Resident agrees not to leave food or water for their pet or any other animal outside their dwelling where it may attract other animals.
- 7) Resident agrees to keep their pet from being unnecessarily noisy or aggressive and causing any annoyance or unreasonable interference, with the use and enjoyment of the common elements and is disruptive to other unit owners. The resident must immediately remedy any complaints made through to the Association or Manager.
- 8) Resident agrees to provide their pet with an identification tag that the pet will wear at all times while on the premises.
- 9) Resident agrees not to breed or allow the pet to reproduce, but if this should occur, the pet's offspring will be placed within eight weeks of birth.
- 12) Resident agrees that this Agreement applies only to the specific pet described above and that no other pet may be substituted. Resident agrees to furnish the Association with a picture of their pet prior to occupancy.
- 13) Resident agrees that the Association reserves the right to revoke permission to keep the pet should the Resident break this agreement. Resident will be given 7 days to remove the pet from the premises.
- 14) Any animals on the property not registered under this application will be presumed to be strays and will be disposed of according to law, at the option of the Association.

Below this line is **For Internal Use Only:**

Approval granted by the Board of Directors of Pointe Overlook Condo Association

POCA _____

Resident _____

Dated this _____ **day of** _____ **20** _____