

PORTOFINO TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

PURCHASE/RENTAL APPLICATION PROCEDURES AND REQUIREMENTS:

This application must be filled out completely and submit to:

PORTOFINO TOWNHOMES HOMEOWNERS' ASSOCIATION, 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 personas signer for such business entity. Proof of authorized signer required such as a print out from Sunbiz.org

- 1) _____ Non-refundable application fee in the form of money order or cashier's check 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. SocialSecurity Number.
- 2) _____ 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).
- 3) _____ Copies of ALL Vehicle Registrations & Vehicle Insurance Cards for vehicles that will be parked in the community.
- 4) _____ Signed APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION form signed by all parties residing in the residence over the age of 18.
- 5) _____ Executed copy of the 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. We do not accept applications by email.

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

*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 (PTH/ Applicants Last Name -Property address) in your email(s).

Applicant(s) Email: _____ Email: _____

Agent(s) Email: _____ Email: _____



PTH

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 PORTOFINO TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

Applicant Signature: _____ Printed Name: _____ Date: _____



PTH

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 PORTOFINO TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

Applicant Signature: _____ Printed Name: _____ Date: _____



PTH

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 PORTOFINO TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

Applicant Signature: _____ Printed Name: _____ Date: _____

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

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

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: _____



PTH

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 **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/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 **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: ____ / ____ / ____
MM DD YYYY

PORTOFINO TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

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 PORTOFINO TOWNHOMES HOMEOWNERS' ASSOCIATION, INC. 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 PORTOFINO TOWNHOMES HOMEOWNERS' ASSOCIATION, 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.
- 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: _____