

Rolling Hills Homeowners Association, Inc.

PURCHASE/RENTAL APPLICATION PROCEDURES AND REQUIREMENTS:

This application must be filled out completely and submit to:

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

- 1) _____ Non-refundable application fee in the form of money order or cashier’s check in the amount of **\$200.00** (per person over the age of 18 {applicant}) made payable to: **ALLIED PROPERTY MANAGEMENT GROUP, INC. Married couples** eligible to only \$200.00 fee (marriage certificate will be required if last names differ).

Please note: An additional hundred (\$300.00 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) _____ 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.
- 6) _____ Acknowledgment of Orientation Prior to Approval. (The Board of Directors or representative will contact you for an Orientation of the community)

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 (RHH/ Applicants Last Name –Property address) in your email(s).

Applicant(s) Email: _____ Email: _____

Agent(s) Email: _____ Email: _____



RHH

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 Rolling Hills HOA, 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 ----- 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 Rolling Hills HOA, 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 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 Rolling Hills HOA, 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: _____ 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 **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

**ROLLING HILLS
HOMEOWNERS**

**RULES
AND
REGULATIONS**

ROLLING HILLS HOA
GOLF CART
Rules and Regulations

- 1) As per our Association master insurance policy, all Golf Cart owners are to obtain and maintain Golf Cart insurance. Rolling Hills HOA must also be named as an additional insured. A copy must be sent to the Association and maintained with their records.
- 2) Florida Law prohibits anyone under the age of 14 from driving a golf cart. When not in use, lock your golf cart keys in a safe location so you are aware every time the cart is operated. Off road vehicles of any kind (ATV's, dirt bikes, etc.) are prohibited anywhere in the community.
- 3) Golf Carts are subject to the same rules of the road commonly applied to licensed motor vehicles. This includes all traffic signs such as speed, yield and stop signs.
- 4) Pedestrians and bicycles shall, at all times be given due consideration and reasonable right of way.
- 5) Golf Carts should always drive to the far right side of the road, allowing licensed motor vehicles the ability to pass safely on the left.
- 6) At a minimum, all Golf Carts should be equipped with efficient brakes, safe tires, and all lights, mirrors, signals and other safety equipment which may be required by Florida State Law. Electric turn signals are highly encouraged. If not equipped, the use of standard hand signals is mandatory.
- 7) Golf Carts driven in the evening hours or during times of low visibility must be equipped with both headlights and tail lights.
- 8) Nothing shall be pulled behind a Golf Cart for any reason.
- 9) Golf Cart owners and/or operators will be held personally liable for injuries, and damage caused to Association property or private residential property.

Rolling Hills HOA
Board of Directors

**ROLLING HILLS HOA
HOMEOWNERS RENTAL
Rules and Regulations**

- 1) Homeowners are restricted to rentals of a minimum of six months, no more than one time per calendar year.

*****NO Short-term Rentals*****

**Rolling Hills HOA
Board of Directors**

**ROLLING HILLS
HOMEOWNERS ASSOCIATION
11800 SE Tiffany Way
Tequesta, FL 33469**

I/We _____ &
(Print)

(Print)
Address: _____

Telephone # _____

Email: _____

The purchasers of:

Lot # _____

Address _____
Tequesta Fl 33469

I/We acknowledge as of this date we have received, read and agree to abide by the Covenants & Restrictions, By-Laws and Rules & Regulations governing the Rolling Hills Home Owners Association.

Signed:

_____ Date _____

(Print name and title)

_____ Date _____

(Print name and title)