

# Woodmont Estates Homeowners Association

## PURCHASE/RENTAL INFORMATION INSTRUCTIONS:

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

Woodmont Estates Homeowners Association  
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.

- **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.

- 1) \_\_\_\_ **PURCHASES ONLY** – No application fee required at this time.
- 2) \_\_\_\_ **RENTALS** -Non refundable application fee in the form of money order or cashier's check in the amount of \$200.00 (per applicant, 18 years of age or older) made payable to: **ALLIED PROPERTY MANAGEMENT GROUP, INC.** Married couples eligible to only \$200.00 fee (marriage certificate may be requested).
- **Please note:** An additional hundred (\$300.00 total - made payable to: **ALLIED PROPERTY MANAGEMENT GROUP, INC**) is required per applicant if of Foreign nationality and holds no U.S. Social Security Number.
- 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 Contract or Signed Lease Agreement.

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

**Any usage of the house as a rental property, airbnb, or as such, will be a violation of the commercial activity clause of the amendments, and will be subject to legal action up to the possibility of foreclosure.**

\* Applicant(s) will be contacted once a decision is made. **You may follow up for the status within two weeks upon receipt of the application via email to: [applications@alliedpmg.com](mailto:applications@alliedpmg.com)** including the following subject line (WEH/ Applicants Last Name – Property address) in your email(s).



**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**

Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_  
 Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

**Vehicles to be Parked at Residence**

Vehicle #1: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag#: \_\_\_\_\_ Yr: \_\_\_\_\_  
 Vehicle #2: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag#: \_\_\_\_\_ Yr: \_\_\_\_\_

**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.

\_\_\_\_\_  
 Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

***Woodmont Estates Homeowners Association, Inc.***  
***Addendum to Application for Ownership or Lease***

Pursuant to Article 7(c) of the Declaration of Restrictions of Woodmont Estates, “no trade, business or any other type of commercial activity may be conducted upon any Lot.”

As an applicant to purchase or lease a home within Woodmont Estates Homeowners Association, Inc., I hereby understand and agree that I am not permitted to conduct any business upon the Lot, including but not limited to, utilizing the home as an AirBnb, VRBO, or other similar transient/hotel use, as the exchange of money for use of the home is deemed a commercial activity by the Board of Directors, and is prohibited by Article 7(c) of the Declaration.

I understand that should I violate this covenant and restriction, the Association has the right to file suit against me in a court of competent jurisdiction to force my compliance and the Association shall also seek payment of the incurred legal fees and costs associated with that action.

Acknowledged and agreed by:

\_\_\_\_\_  
Printed Name of Applicant 1

Dated \_\_\_\_\_

\_\_\_\_\_  
Signed Name of Applicant 1

\_\_\_\_\_  
Printed Name of Applicant 2

Dated \_\_\_\_\_

\_\_\_\_\_  
Signed Name of Applicant 2



**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](http://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 # \_\_\_\_\_



# ALLIED

PROPERTY MANAGEMENT GROUP, INC

## **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) \*