

GARDENIA ISLES HOMEOWNERS ASSOCIATION, INC.

Instructions for Purchase Application Form

1. Fill out the Resale Application form in full.
2. A copy of the sales contract must accompany the application.
3. One check or money order payable to Gardenia Isles Homeowners Association for the application fee must accompany this application. The amount is \$150.00 for each occupant who is not a minor.
4. A sale ***is not*** effective nor may the unit be occupied by the prospective buyer without the prior written approval of the Board of Directors of the Association.
5. The Association may obtain a credit bureau report, criminal history report, eviction search, past and present employment verification, residential history verification and check references for each person named on the contract as well as for each occupant age 18 or older.
6. Consideration of application is subject to restrictions set forth in the Association's governing documents, as amended from time to time, and any rules and criteria established by the Board of Directors.
7. Each owner shall be jointly and severally liable to the Association for all costs incurred by the Association for the repair of any damage to Common Areas or to pay any claim for injury or damage to property caused by tenants.
8. All information and materials requested herein must be completed, executed and submitted to the Association, at the address below, **AT LEAST THIRTY (30) DAYS** prior to the expected date of occupancy. **Incomplete applications will create an unnecessary delay in processing.**

Submit the entire package to:

Campbell Property Management
401 Maplewood Drive, Suite 23
Jupiter, FL 33458

Should you have any questions, please contact Campbell Property Management at (561) 203-7910.

Thank you,
The Board of Directors
Gardenia Isles Homeowners Association, Inc.

GARDENIA ISLES HOMEOWNERS ASSOCIATION, INC.

Campbell Property Management ♦ 401 Maplewood Drive, Suite 23 ♦ Jupiter, FL 33458
Phone (561) 203-7910 ♦ Fax (561) 277-2481

NOTICE OF INTENT TO PURCHASE

I/WE DO HEREBY NOTIFY THE GARDENIA ISLES HOMEOWNERS ASSOCIATION, INC. OF THE INTENT TO PURCHASE THE UNIT AS FOLLOWS:

UNIT ADDRESS: _____

CURRENT OWNER: _____

OWNER'S CONTACT PHONE & EMAIL ADDRESS: _____

CURRENT OWNER MAILING ADDRESS: _____

PROSPECTIVE OWNER(S) NAMED ON THE CONTRACT:

OTHER PERSONS WHO WILL OCCUPY THE UNIT:

NAME	AGE	RELATIONSHIP TO TENANT(S)
------	-----	---------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CLOSING DATE: _____

CURRENT OWNER'S SIGNATURE:

DATE _____

DATE _____

GARDENIA ISLES HOMEOWNERS ASSOCIATION, INC.

Campbell Property Management ♦ 401 Maplewood Drive, Suite 23 ♦ Jupiter, FL 33458
Phone (561) 203-7910 ♦ Fax (561) 277-2481

APPLICATION FORM

Note: Each person named on the lease, as well as each occupant age 18 or older must complete a separate APPLICATION FORM and SCREENING FORM.

Date: _____ Property Address: _____

Applicant Full Legal Name: _____

Applicant Phone Number: _____

Applicant Email Address: _____

Applicant Current Address: _____

Applicant Next of Kin: _____

Current Employer Name, Address, Telephone: _____

Previous Employer Name, Address, Telephone: _____

Previous Employer Name, Address, Telephone: _____

Current Landlord Name, Address, Telephone: _____

Previous Landlord Name, Address, Telephone: _____

Previous Landlord Name, Address, Telephone: _____

Are you active military? Yes: _____ No: _____

APPLICATION FORM, CONT'D

REFERENCES:

1. Name & Phone Number: _____
Complete Address: _____
Relation to you: _____
2. Name & Phone Number: _____
Complete Address: _____
Relation to you: _____
3. Name & Phone Number: _____
Complete Address: _____
Relation to you: _____

List all vehicles:

PLEASE REFER TO ASSOCIATION DOCUMENTS FOR VEHICLE RESTRICTIONS

Make	Model	Year	Color	License Plate #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Type of Pets (include picture) (write NONE if no pets):

PLEASE REFER TO ASSOCIATION DOCUMENTS FOR PET RESTRICTIONS

I represent that the information contained in this application is factual and true and I am aware that any falsification or misrepresentation of the facts in this application will result in automatic rejection of this application. I consent to further inquiry concerning this application. I understand that all this information will be verified. If this information is incomplete the application will not be processed. I understand that this application form must be completed for each person named on the lease as well as each occupant age 18 or older. I understand that the results of the Association's screening and verification may be fully disclosed to the Owner/landlord.

Applicant's Signature

Date



**NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE
CONSUMER REPORT**

I, the undersigned consumer, do hereby authorize **GARDENIA ISLES HOMEOWNERS ASSOCIATION, INC.** by and through its independent contractor, **Scott Roberts and Associates**, to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports for **leasing or tenant ownership purposes** with **GARDENIA ISLES HOMEOWNERS ASSOCIATION, INC.** I authorize **GARDENIA ISLES HOMEOWNERS ASSOCIATION, INC.** to share this consumer report with prospective landlords if necessary.

Said reports may include, but are not limited to, information as to my character, general reputation and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **GARDENIA ISLES HOMEOWNERS ASSOCIATION, INC.** by and through **Scott Roberts and Associates**, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **Scott Roberts and Associates** at 2290 10 Ave. N, Suite 500, Lake Worth, FL 33461, www.scottrobertsassociates.com, (888)-605-4265(O) (888)605-4305 (F) if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C § 1681 et. seq.

Signature: _____

Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Print Name: _____

Other Names Used (alias, maiden, nickname) _____

Current

Address: _____
Street/P.O. Box City State Zip Code County Dates

Former

Address: _____
Street/P.O. Box City State Zip Code County Dates

Former

Address: _____
Street/P.O. Box City State Zip Code County Dates

Social Security Number: _____ **Daytime Telephone Number:** _____

Driver's License#: _____ **State:** _____ **Date of Birth:** _____ **Gender:** _____

Have you ever been convicted of a crime? ____yes or ____No (if yes please provide details)

Details: _____

**THIS FORM MUST BE COMPLETED FOR EACH PERSON LISTED ON THE LEASE
AS WELL AS EACH OCCUPANT AGE 18 OR OLDER**