

**VALENCIA AT ABACOA HOMEOWNERS ASSOCIATION, INC.
C/O HARBOR MANAGEMENT OF SOUTH FLORIDA, INC.
641 UNIVERSITY BLVD., SUITE 205, JUPITER, FL 33458
PHONE – 561-935-9366 FAX – 561-624-7465
EMAIL – laura@harborfla.com**

Application Checklist

Date Received: _____

Closing or Move-in Date: _____

Name of Buyer(s) or Lessee(s): _____

Association: _____

Property Address: _____

ALL ITEMS INCLUDING THE APPLICATION FEES MUST BE SUBMITTED ALONG WITH THIS CHECKLIST FOR THE APPLICATION TO BE PROCESSED

General Submission Requirements:

- D Fully Executed Application
- D Fully Executed Purchase Contract or Lease Agreement
- D Copies of Photo IDs for All Residents Age 18 and over
- D All Application Fees and/or Deposits

Buyer(s)/Lessee(s) Realtor Info:

D Company Name: _____

D Company Phone: _____ Email: _____

Seller(s)/Lessor(s) Realtor Info:

D Company Name: _____

D Company Phone: _____ Email: _____

Title Company Info:

D Company Name: _____

D Company Phone: _____ Email: _____

Delivery of Certificate of Approval to:

D Email: _____ or Pick-up: _____

Management Comments:

Management Notifications (After Certificate of Approval is Issued):

- D Email Board of Directors
- D Resale & New Owner Update in Tops

Valencia at Abacoa Homeowners' Association, Inc.

Notification of Purchase / Request for Lease Approval

The application process will begin only when a COMPLETE package is filled out and returned to Harbor Management located at the address provided above with all the applicable application fees. Harbor Management will not accept an incomplete package. A complete package consists of the following:

- A non-refundable application fee in the amount of **\$500.00 per application**, which includes 2 background checks, **payable to Valencia at Abacoa Homeowner's Association** in the form of a check, cashier's check, or money order. Additional occupants over the age of 18 need to submit an additional payment of \$100 per applicant for a background check.
- A clear copy of the **Purchase Contract or Lease Agreement**
- **Copy of driver's license or photo ID** of everyone on the application over the age of 18.
- **PURCHASES ONLY:** There will be a Capital Contribution Fee collected at the time of closing. The fee is equal to four (4) quarters (1 year) assessment fees for that current budget year. Estoppels may be ordered by emailing gail@harborfla.com .
- A lease is not effective, nor may the home/unit be occupied by the prospective lessee without the prior written approval of the Association. Lease terms must be for a minimum of 12 months.
- All applications will be processed in the order in which they are received. Please allow 10 business days for processing.

Valencia at Abacoa Homeowners' Association, Inc.

c/o Harbor Management of South Florida, Inc.
641 University Blvd., Suite 205 Jupiter, FL 33458

Notification of Sale / Lease – (Please circle one)

Property Address: _____

Closing Date: _____ or Lease Term: _____

HOMEOWNER(S) INFORMATION: *(all information must be printed and legible)*

Name of Owner(s): _____

Mailing Address: _____

Phone Number: _____ Email: _____

APPLICANT(S) INFORMATION:

Applicant(s) Name: _____

Present Mailing Address: _____

Phone Number: _____ Cell: _____

Primary Email: _____ Email: _____

List all regular occupant(s) other than the applicant(s):

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Vehicle(s) to be parked on Association Property (Make / Model / Year / State Tag):

Make: _____ Model: _____ Year: _____ License Plate # _____

Make: _____ Model: _____ Year: _____ License Plate # _____

Make: _____ Model: _____ Year: _____ License Plate # _____

Pets: Yes _____ No _____ If yes, number of pets: _____

Breed / Color / Age / Sex: _____

DO YOU HAVE ANY COMMERCIAL OR RECREATIONAL VEHICLES, BOATS, CAMPERS, MOTORCYCLES,
TRUCKS, TRAILERS, OR PANELLED VANS? YES _____ NO _____

THESE VEHICLES ARE NOT ALLOWED TO BE PARKED ON ANY COMMON ELEMENT OR DRIVEWAY AND
MUST BE PARKED INSIDE THE GARAGE.

Owner Initials _____ Lessee/Buyer Initials _____

Valencia at Abacoa Homeowners' Association, Inc.

Acknowledgement

I/We have received, read, understood and agree to abide by the governing documents of the Valencia at Abacoa Homeowners' Association. Failure to comply with the terms and conditions thereof shall be a material default and breach of the PURCHASE or LEASE agreement.

I/We understand all exterior modification of the property require submission of an architectural change application and no work may commence on the premises until a written approval is granted by the Association.

Pursuant to Article XIX, Section 2, of the Declaration of Covenants, Conditions and Restrictions for Valencia at Abacoa, the Association shall have the right to require termination of the Lease upon default by the Tenant in observing any of the provisions of the Valencia governing documents.

In the event the Owner leases their property and becomes delinquent in the payment of the homeowners' association assessments during the term of the lease, the parties acknowledge the Association shall have the right to notify the tenant of such delinquency and demand all rent payments to be paid to the Valencia at Abacoa Homeowners' Association until the delinquency is paid in full per Florida Statute 720.3085(8).

I/We are aware any falsification or misrepresentation of the facts on this application will result in an automatic rejection of this application.

Purchaser/Lessee Print

Purchaser/Lessee Signature

Purchaser/Lessee Print

Purchaser/Lessee Signature

Owner Print

Owner Signature

Owner Print

Owner Signature

Date

DISCLOSURE REGARDING
BACKGROUND INVESTIGATION ON YOU

Harbor Management of the South Florida, Inc. (“the Company”) may obtain a “consumer report” about you from a consumer reporting agency for tenant purposes. A “consumer” report is a background screening report that may contain information regarding your criminal history, sex offender registry status, credit history, employment history, education history, driving history, professional licenses, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

The consumer reporting agency that may prepare an “consumer report” on you for the Company is Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Suite 500, Lake Worth, Florida 33461, (888) 605-4265, www.scottrobertsassociates.com, info@scottrobertsassociates.com.

ADDITIONAL NOTICE REGARDING
INVESTIGATIVE CONSUMER REPORTS ON YOU

Harbor Management of the South Florida, Inc. (“the Company”) may also request an “investigative consumer report” on you from a consumer reporting agency.

An “investigative consumer report” is a background screening report generated through personal interviews with sources such as your neighbors, friends or associates.

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Please be advised that the nature and scope of the most common form of “investigative consumer report” that may be ordered by the Company is an investigation into your employment history. During such an investigation, Scott-Roberts and Associates may ask questions about your employment history to certain knowledgeable individuals and provide response information to the Company.

Note: You have the right to request disclosure of the exact nature and scope of any “investigative consumer report” ordered by the Company on you. You may do so by contacting the Company.

AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU;
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT;
- ADDITIONAL NOTICE REGARDING INVESTIGATIVE CONSUMER REPORTS ON YOU;
- ADDITIONAL STATE LAW NOTICES.

By signing below, I also authorize **Harbor Management of the South Florida, Inc.** to obtain “consumer reports” and “investigative consumer reports,” about me for tenant purposes.

Signature: _____ Date: _____

Print Name (First, Middle, Last Name)

PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK

Please supply the following information to facilitate a background check on you.

Last Name: _____ First Name: _____ Middle: _____

Other Names Used (alias, maiden, nickname): _____

Social Security Number: _____ Date of Birth: _____

Driver License No.: _____ State Issued: _____

Email Address: _____

Current Address: _____

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

Former Address: _____

Street/P.O. Box City State Zip Code Country Dates

Current Employer Address City/State Start Date Salary

Supervisors name Employer Telephone Number

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Social Security Number: _____ Date of Birth: _____

Driver License No.: _____ State Issued: _____

Email Address: _____

Current Address: _____

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

Former Address: _____

Street/P.O. Box City State Zip Code Country Dates

Current Employer Address City/State Start Date Salary

Supervisors name Employer Telephone Number
