

APPLICATION FOR PURCHASE OR LEASE IN WYNDAM PARK HOMEOWNERS ASSOCIATION

Dear Applicants(s)

Attached are the forms required by the Board of Directors of Wyndam Park HOA to aid in the submission of required information, please use the following check list:

1. This application, an application for approval and authorization forms must be complete in detail by each proposed adult occupant, other than husband/ wife or parent/ wife or parent/ dependent child (which are considered one applicant.)
2. We will return as "incomplete any forms that are not fully and legibly filled in, delaying the approval process.
3. The completed application must be submitted to Southern Shores Management at 6801 Lake Worth Rd Suite 111 Greenacres FL 33467 at least 14 business days before your closing.
4. An interview for approval of all applicants over 18 years of age must occur before occupancy takes place. If you have a problem speaking or understanding English you will need to have someone interpret for you at the time of the scheduled interview.
5. **OCCUPANCY PRIOR TO APPORVAL IS STRICTLY PROHIBITED.** Fines and/ or eviction will be enforced.
6. Use of the unit is single family residence only
7. You may NOT have more than six(6) household pets you must complete one visual identity form for each pet.(include an attached picture of each pet)
8. Seller must provide purchaser with a copy of the Wyndam Park HOA Documents or you may purchase them from the Association.
9. Read and sign top portion of acknowledgement form.
10. Completely fill out and sign the application for occupancy/ approval form.
11. If a Lease : all parties must read and sign the **ADDENDUM TO LEASE.**
12. Attach a non-refundable \$150.00 money order or a payment by credit card of \$165 made payable to Southern Shores Management IF YOU ARE A US RESIDENT AND NOT A US CITIZEN PLEASE CONTACT OUR OFFICE FOR FURTHER INSTRUCTION
13. Enclose a signed executed copy of your purchase or lease agreement.
14. Enlcose a photocopy of applicant(s) driver's license and valid vehicle registration(s).

HOUSE #: _____ STREET NAME: _____ OWNER/ RENTER (CIRCLE ONE)

Applicant Release for WYNDAM PARK HOMEOWNERS ASSOCIATION

(Application and fee must be completed for each adult living in the unit.)

Please fill out form completely and deliver to Southern Shores Management

In connection with for employment or residency, I understand that investigative background inquires are to be made on me including consumer credit, criminal convection, motor vehicles and other reports. Further I understand that WTC backgrounds, inc. will be requesting information from various state and other agencies which maintain records about my history. These records include but are not limited to driving, credit, criminal and civil history.

I authorize any party or agency contacted by WTC backgrounds, Inc. to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

Applicant Signature

Date

Please Print Clearly:

Print Full Name: _____

Male/ Female Married/ Single

Print Other names you have used: _____

Date of Birth: _____ Social Security #: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Current Drivers License #: _____ Issuing State: _____

Number of years lived in Florida: _____ Race: _____ * Race will only be used for criminal history searches

Current Occupation: _____

Telephone: _____
Home Work Cell

Spouse: _____
Last First Middle

Date of Birth: _____ Social Security #: _____

Current Drivers License #: _____ Issuing State: _____

Children: _____
Name Relationship Age Name Relationship Age

Child/ Occupant: _____
Name Relationship Age Name Relationship Age

Vehicle # 1 _____ #2 _____
Year Make Model Tag# Year Make Model Tag #

Emergency contact: _____
Name Telephone#

NOTE APPLICATION WILL NOT BE PROCESSED UNTIL ENTIRE APPLICATION IS FILLED OUT AND APPLICATION FEE IS RECEIVED. MONEY ORDER OF \$150 OR A PAYMENT BY CREDIT CARD OF \$165 MADE PAYABLE TO SOUTHERN SHORES MANAGEMENT

Wyndam Park HOA

C/o Southern Shores Management Inc.

6801 Lake Worth Rd Suite 111

Greenacres FL 33467

Office: 561-460-2619 Fax: 1-888-582-3876

VISUAL IDENTITY FORM FOR DOGS

Dear Prospective Owner/ Tenant:

Please be advised that Wyndam Park HOA does have **BREED RESTRICTIONS** for dogs. The following breeds are **PROHIBITED** from Wyndam Park. This includes all mixed breeds with any one breed listed below:

- **PITBULLS**

Name: _____ Address: _____

Pet Name: _____ Breed: _____

Height: _____ Weight: _____

*****TO BE FILLED OUT BY OFFICE ONLY*****

This animal has been visually identified by the Property manager or Board of Directors and is approved to reside in Wyndam Park.

____ Yes ____ No

Remarks _____

Authorized agent _____ Signature _____

WYNDAM PARK HOA

ACKNOWLEDGEMENT

I understand that the Board of Directors of the Wyndam Park HOA may cause to be instituted an investigation of my background as the Board may deem necessary.

Accordingly, I specifically authorize the Board of Directors or Management to make such an investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors, Officers, and Management if the Wyndam Park HOA, itself 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 Board of Directors.

In making the foregoing application, I am aware that the decision of the Wyndam Park HOA will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

Applicant's Signature _____

Applicant's Signature _____

Date _____

Wyndam Park HOA Application

INFORMATION ON UNIT TO BE PURCHASED OR LEASED

Application Date: _____

Address of Unit: _____

Approximate Closing Date: _____

Current Owners Name: _____

Current Owners Address: _____

City, State, Zip: _____

Current Owners' Phone #: _____

Realtor information on unit to be purchased or leased

Name of Real Estate Agency: _____

Agency Phone#: _____ Fax#: _____

Name of Agent: _____

Agent Phone# _____ Cell _____

Mortgage information on unit to be purchased

Name of lender: _____

Address of Lender: _____

Lender Phone# _____ Lender fax: _____

Lender agent or Contact person: _____

ADDENDUM TO RESIDENTIAL LEASE

This Addendum, dated this _____ day of _____, 20____ is made by and between _____ hereinafter referred to as "Landlord" and _____ hereinafter referred to as "Lessee."

WITNESSETH

Whereas, The Parties hereto are, simultaneous herewith, entering into a residential lease for Landlord's property located in the Homeowners Association Property known as Wyndam Park Homeowners Association at the address shown on the lease to which this addendum is attached and made a part, said Homeowners Association hereinafter being referred to as The Association and

Whereas, the said property is subject to a recorded Declaration of Covenants and Restrictions of Wyndam Park, a Homeowners Association ("Declaration") and the reinstated and amended bylaws of Wyndam Park Homeowners Association inc ("Bylaws"), Which include covenants permitting the Board of Directors to adopt reasonable rules and regulations regarding the use of the units; and

Whereas, Article XIV of the declaration authorizes the Association to approve all leases and lessees and to require that each lease contain certain provisions; and

Whereas, the Association has deemed it to be in the best interest of the members to require this addendum to be executed by Landlord and Lessee as a condition prerequisite to the Associations Approval of any lease of a unit;

Now, therefore, in consideration of the terms as contained herein and within the aforementioned lease agreement and other good and valuable consideration, the existence and sufficiency of which are hereby mutually and conclusively acknowledged by the parties, the parties do agree as follows:

1. The terms of this addendum shall prevail over any conflicting terms contained within the lease agreement.
2. The parties hereto do hereby ratify and reaffirm any and all terms of said lease agreement which are not in conflict herewith.
3. The lessee will abide by all the Homeowners Documents
4. A violation of the Documents is a material breach of the lease and is grounds for damages, termination and eviction.
5. The Lessee and Owner agree that the association may proceed directly against such lessee(s)
6. The lessee(s) and/ or owner shall be responsible for the Associations costs and expenses, including attorney fees, whether or not suit is filled, and at all trial and appellate levels.
7. If such costs are not immediately paid by the Lessee(s) the unit owner shall pay them and such funds shall be secured as an assessment against the owner and the lot.
8. The Association may file a lien to secure payment of any such assessment, and may foreclose said lien in the same manner as permitted hereunder for the foreclosure of other assessments.

- 9. Owner irrevocably appoints the Association as owner's agent authorized to bring actions in owner's name and at owner's expense including injunction, declaratory relief, damages, termination and eviction.
- 10. This addendum shall remain in full force and effect for the entire term of the lease, any lease renewal between the landlord and Lessee whether or not approved by the Association, and any extension as to the tenancy resulting after the termination of the existing lease whether or not in writing, including but not limited to tenancy on a month to month basis.

WITNESS:

Sign

Print Name

WITNESS:

Sign

Print Name

LANDLORD:

Sign

Print Name

Lessee:

Sign

Print Name

Sign

Print Name

AUTHORIZATION OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize Fidelity Data Service 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 during my period of employment. These above-mentioned 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 Fidelity Data Service by and through its' independent contractor, 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 Fidelity Data Service, 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. § 1681et. seq. and Cal. Civ. Code § 1786.

Signature: _____

Print Name: _____ Date: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

(PLEASE PRINT OR TYPE)

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER & STATE

DATE OF BIRTH* _____ GENDER* (M or F) _____

LAST NAME FIRST NAME MIDDLE

OTHER NAMES USED (alias, maiden, nickname) _____

YEARS USED _____

 CURRENT STREET ADDRESS _____

 CITY STATE ZIP

DATES LIVING HERE _____

PLEASE LIST ALL ADDRESSES FOR LAST SEVEN (7) YEARS

(If you need additional space please use the back of this form)

STREET/P.O. BOX CITY STATE ZIP

DATES LIVED HERE _____

* Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.