

NORTHLAKE CONDOMINIUM ASSOCIATION, INC.

313 LAKE CIRCLE, NO. 100



NORTH PALM BEACH, FL 33408-5227

FAX 561-847-3200 ~ E-mail: NorthLakeCondo@hotmail.com ~ www.NorthLakeCondo.info

A Beautiful Waterfront Community in North Palm Beach

**APPLICATION FOR RESIDENCY APPROVAL AND
AUTHORIZATION TO RELEASE CONSUMER REPORT INFORMATION**

*Maximum three occupants per unit, no pets of any kind - Complete this form in **BLACK** ink only.*

Print legibly; one application each for all resident adults must be completed.

Note to current unit owners; only one lease per 12-month period is allowed.

If resident or non-resident alien(s), please include legible copy of Visa and photograph page of Passport

Please attach legible copy of valid drivers' license with this application.

Reason for occupancy; Purchasing Leasing Domiciled companion, what unit No.: _____ Bldg. No.: _____

IMPORTANT - READ AND UNDERSTAND: All adult applicants and co-applicants are required to provide a complete and recently dated credit report; Equifax, Experian (freecreditreport.com) or Trans-Union to Northlake Condominium Association, Inc. along with this application. Separate signed applications are required for all adult persons to be domiciled. Applicant, spouse or co-applicant will be required to meet with the association appointed applicant screening committee for approval prior to closing on property or moving into a unit. All applicants and co-applicants must attach legible copies of valid driver's licenses to this application. No applicants may transfer property, belongings, household goods or themselves onto the condominium property without first meeting with the applicant screening committee and receiving written approval from the Board of Directors (BOD); not following this guideline will constitute immediate rejection of applicant(s). Civil legal action may be brought against applicant(s) and unit owner(s) if applicant(s) commence moving into a unit prior to receiving BOD approval. From the time application and credit report are received, allow minimum of two weeks for screening appointment. You will be contacted in order to schedule a meeting. After screening committee approves applicants, allow up to four weeks for BOD approval. With the signing of this document we agree to all stipulations herein written.

SCOTT • ROBERTS & ASSOCIATES, LLC

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

I, the undersigned consumer, do hereby authorize Northlake Condominium 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 Northlake Condominium Association, Inc. I authorize Northlake Condominium 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 Northlake Condominium 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.

I certify that the answers given in this application are true and complete to the best of my knowledge. I understand and agree to the following: This application is subject to approval. If any question is left blank, this application may not be approved. Willful misrepresentation may void any lease, contract, or agreement entered into in connection with this application. Attached is my non-refundable application check; \$100.00 per adult applicant. I have been given a copy of the condominium Rules and

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Regulations to review. If purchasing a unit; the unit owner is responsible for giving you copies of the Condominium Documents, i.e., Declaration of Condominium, Articles of Incorporation and By-Laws of the Association

Applicants 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: _____

Present Employment: (Complete for Employment Verification Only)

Employer's Name: _____

Employer's Address: _____

Employer's Telephone: (_____) _____ Supervisor's Name: _____

Monthly Salary: _____ Position: _____ Hire Date: _____ End Date: _____

REQUIRED NORTHLAKE CONDOMINIUM INFORMATION

E-Mail Address: _____

Number of vehicles to be parked here (Maximum 2, no trucks of any kind, see Rules & Regulations)

Make: _____ Model _____ Tag No. _____ State _____

Make: _____ Model _____ Tag No. _____ State _____

No. of adult occupants over 18 years old: _____ No. and ages of children to occupy unit: _____/_____/_____

VOLUNTARY INFORMATION

In case of emergency contact _____ Mob # _____ Wrk # _____

CHECK LIST FOR RESIDENCY APPLICATION

This page for applicants use only and need not be submitted with application

- 1. **NO ANIMALS ALLOWED IN UNITS OR ON NORTHLAKE CONDOMINIUM PROPERTY.**
- APPLICANTS THAT REQUIRE A SPECIAL NEEDS ANIMAL ARE REQUIRED TO REQUEST OUR "POLICY AND PROCEDURE FOR DISABLED / HANDICAPPED RESIDENT FOR SERVICE SUPPORT ANIMAL"**
- 2. **NO TRUCKS, MOTORCYCLES, ETC., (Download our Rules & Regulations).**
- 3. **NO MOVING IN OF FURNISHINGS OR INDIVIDUALS PRIOR TO RECEIVING CONDOMINIUM BOARD APPROVAL.**
- 4. **SEPARATE APPLICATION FOR ALL ADULT OCCUPANTS.**
- 5. **EACH APPLICANT MUST APPLY FOR AND SUBMIT A COMPLETE CURRENT CREDIT REPORT FROM ONE OF THE FOLLOWING; EQUIFAX, EXPERIAN OR TRANS-UNION**
- 6. **THERE IS A NON-REFUNDABLE APPLICATION FEE OF \$100.00 FOR EACH ADULT APPLICANT.**
- 7. **ALL LINES ON APPLICATION COMPLETED & IN BLACK INK.**
- 8. **LEGIBLE COPY OF ALL APPLICANT DRIVER LICENSES.**
- 9. **READ "RULES & REGULATIONS", YOU WILL BE QUESTIONED.**
- 10. **READ CONDOMINIUM DOCUMENTS, YOU WILL BE QUESTIONED.**
- 11. **IT IS YOUR RESPONSIBILITY TO HAVE THE CURRENT UNIT OWNER PROVIDE MAIL BOX KEY, PARKING SPACE NUMBER AND STORAGE BAY NUMBER & LOCATION.**
- 12. **PURCHASERS MUST INCLUDE COPY OF SALES CONTRACT WITH APPLICATION FOR RESIDENCY.**
- 13. **RENTERS/LESSEES MUST INCLUDE COPY OF RENTAL AGREEMENT WITH APPLICATION FOR RESIDENCY.**
- 14. **ALL PURCHASER OR LEASEE APPLICANTS MUST MEET WITH CONDOMINIUM SCREENING COMMITTEE BEFORE THEY MAY MOVE IN OR CLOSE ON PROPERTY AND RECEIVE CERTIFIED APPROVAL, TAKE YOUR CERTIFICATION TO THE CLOSING WITH YOU.**

From the time application is received, allow minimum of two weeks for screening appointment. You will be contacted in order to schedule a meeting. After screening committee approves applicants, allow up to four weeks for BOD approval. Incomplete applications will not be accepted and will delay the application and screening process.