

VILLAGE GARDEN CONDOMINIUM ASSOCIATION, INC.

C/o Harbor Management of South Florida
641 University Blvd, Ste. 205, Jupiter, FL 33458
Phone/Fax (561)935-9366

SALES/LEASE PACKAGE

Sale _____

Lease _____

Unit: _____

To Be Given To All Applicants:

- _____ Sale/Lease Information Form
- _____ Resident Information Form
- _____ Vehicle Parking Registration
- _____ Billing Information (purchaser only)
- _____ Frequently Asked Questions & Answers
- _____ Rules and Regulations

NOTE*

Occupancies' limits:

One Bedroom Units 2 person's maximum.

Two Bedroom Units 4 persons maximum.

BUYERS/ LESSEES: Please return this package to the office completed in its entirety with a copy of your lease and a check (application processing fee) in the amount of \$150.00 made payable to: Village Garden Condominium Association, Inc. prior to your interview.

SELLERS MUST ACCOMPANY BUYERS TO INTERVIEW.

LESSORS MUST ACCOMPANY LESSEES TO INTERVIEW.

Address: _____

Real Estate Broker: _____ Phone: _____

Attorney: _____ Phone: _____

Closing Agent: _____ Phone: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

Address: _____ Relationship: _____

I (We) fully authorize an investigation, if necessary, of all answers and references given.

I (We) fully acknowledge and agree that purchaser/lessee may not park a trailer, boat, camper, or commercial vehicle at Village Garden.

I (We) hereby agree to abide by all the Documents and Rules and Regulations of Village Garden Condominium Association, Inc., a copy of which was received by the Lessor/Seller. Owner and/or Lessee agree that the terms of the attached lease/contract are within the requirements of Village Gardens Condominium Association, Inc., Rules and Regulations pertaining thereto.

This application must be submitted to the Association office not less than fifteen (15) days prior to the closing or commencement of lease.

Date: ____/____/____
Seller/Lessor

Date: ____/____/____
Purchaser/Lessee ****Print and Sign****

APPROVAL SIGNATURE: _____ Date: ____/____/____

****The applicant(s) attests that all information provided is true and correct on the lease, sales contract and this application and acknowledges any incorrect information shall be reason for automatic denial of occupancy by Association. This application must be legible & complete and accurately filled out. If not, our background service provider and the Association will not be liable or responsible for any inaccurate information in the investigation related to the association by such illegibility or omissions. Any misrepresentation or falsification of information may result in denial. Only applicants are authorized to sign. ****

I/WE HEREBY AUTHORIZE THE LANDLORD OR ITS AGENT, ATLANTIC PERSONNEL AND TENANT SCREENING, TO OBTAIN AND VERIFY A CONSUMER CREDIT REPORT, ALONG WITH AN INVESTIGATION OF MY BACKGROUND WHICH MAY INCLUDE INFORMATION REGARDING MY CHARACTER, BANKING HISTORY, PRESENT AND PRIOR RESIDENTIAL HISTORY, PAST AND PRESENT EMPLOYMENT HISTORY AND CRIMINAL HISTORY.

NOTE: All applications must be returned with a copy of the sales contract or lease and a \$150.00 processing fee payable to: Village Garden Condominium Association, Inc., prior to the issuance of a Certificate of Approval. Purchaser must provide Association with a copy of the Warranty Deed via the Title Company or attorney.

VILLAGE GARDEN CONDOMINIUM ASSOCIATION, INC..

c/o Harbor Management of South Florida, Inc.,
6 41 University Blvd, Ste. 205, Jupiter, FL 33458
Phone/Fax (561) 844-6818

SALE/LEASE INFORMATION

Sale: _____ Lease _____ Date: ____/____/____

Village Garden Address: _____

CURRENT/EXISTING PROPERTY OWNER

Name: _____ Phone: _____

Current Mailing Address: _____

APPLICANT

Maiden Name _____

Name: _____ DOB: _____ Phone: _____

S.S.# _____ DL# _____ Marital Status: _____

Current Address: _____

Do you intend to occupy this unit? yes no Spouse's Name: _____

Name(s) & Age(s) of Children: _____

Names of Occupants/Relationship _____

Applicant's Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Spouse's Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Previous Residence: _____ Association Name _____

Contact: _____ Phone: _____

Vehicle #1 Make: _____ Model: _____ Tag: _____

Vehicle #2 Make: _____ Model: _____ Tag: _____

REFERENCES (non-relatives)

1) Name: _____ Phone: _____

Address: _____

2) Name: _____ Phone: _____

VILLAGE GARDEN CONDOMINIUM ASSOCIATION, INC.

c/o Harbor Management, 641 University Blvd. Ste. 205, Jupiter, FL 33458

Phone/Fax (561)844-6818

revised 8/30/04

FREQUENTLY ASKED QUESTIONS AND ANSWERS SHEET

_____ as of ____/____/____
Name of Condominium Association

Q: What are my voting rights in the condominium association?

A: Each unit owner shall be entitled to one (1) vote to be cast by its Owner(s) in accordance with the provisions of the By-Laws and Articles of Incorporation of the Association.

Q: Are there rental restrictions in the condominium documents?

A: Yes, any unit owner who acquires title to a unit shall be prohibited from leasing the unit during the first 24 months of ownership.

Q: What other restrictions exist in the condominium documents on my right to use my unit?

A: Each unit shall be used as a residence only. No unit owner or occupant may maintain any household pet in his unit. Hurricane and similar shutters may be installed inside the screening on a Limited Common Element balcony or terrace. No unit owner shall cause or allow improvements or changes to any unit, limited common elements appurtenant thereto or common elements without obtaining the prior written consent of the Association. No nuisances shall be allowed on the Condominium Property. No improper, offensive, hazardous or unlawful use shall be made of the Condominium Property. No unit owner shall cause anything to be affixed or attached to, hung, displayed or placed on the exterior walls, doors, balconies or windows of the building. Boats, boat trailers, campers, trailers or buses and/or any commercial usage vehicle shall not park anywhere on the Condominium Property.

Q: How much are my assessments to the condominium association for my unit type and when are they due?

A: Unit # _____ Quarterly Maintenance Fee \$ _____ due on the 1st day of January, April, July, October of each year.
Other _____

Q: Do I have to be a member of any other association?

A: No.

Q: Am I required to pay rent or land use fees for recreational or other commonly used facilities?

A: No.

Q: Is the condominium association or other mandatory membership association involved in any court cases in which it may face liability in excess of \$100,000? If so, each such case.

A: _____ YES _____ NO _____

NOTE: The statements contained herein are only summary in nature. A prospective purchaser should refer to all references, exhibits hereto, sales contract, and the Condominium Documents.

fsmfaq

VILLAGE GARDEN CONDOMINIUM ASSOCIATION, INC.
419 U.S. HIGHWAY 1, NORTH PALM BEACH, FLORIDA 33408
Phone/Fax (561) 844-6818

VEHICLE PARKING REGISTRATION

PARKING SPACE NUMBER _____

NAME _____ VG ADDRESS _____

TELEPHONE NUMBER: HOME: _____ WORK: _____

EMERGENCY CONTACT: NAME _____ PHONE: _____

VEHICLE #1

TYPE OF VEHICLE: _____

TAG NUMBER _____

INSURANCE CARRIER: _____

VEHICLE #2

TYPE OF VEHICLE: _____

TAG NUMBER _____

INSURANCE CARRIER: _____

I agree to abide by the parking regulations of Village Garden Condominium Association, Inc., and understand that the speed limit in the community is **20MPH** and agree to observe this limit.

I understand that guest parking spaces are for visitors and are not to be used on a regular basis by the residents of the community.

I understand and agree that **overnight parking of ALL commercial vehicles is prohibited.**

I understand and agree that trucks are not permitted.

Signature

____/____/____
Date

frmvpr

VILLAGE GARDEN CONDOMINIUM ASSOCIATION, INC.

419 U.S. Highway 1, North Palm Beach, Florida 33408
Phone/Fax (561) 844-6818

BILLING INSTRUCTIONS

SEND BILLS TO:

Out of Town _____

Address _____

In Residence _____

Address _____

Note* This information is for the Bookkeeping Department and will be kept confidential

____/____/____
Date

Owner Signature

Unit #

Print Name

(not required for leasing, only purchasing)

VILLAGE GARDEN CONDOMINIUM ASSOCIATION, INC.

419 U.S. HWY 1, NORTH PALM BEACH, FLORIDA 33408

Phone/Fax (561) 844-6818

RESIDENT INFORMATION

DATE: ___/___/___ NAME(S): _____

VILLAGE GARDEN ADDRESS _____

TELEPHONE NUMBER(S): HOME: _____ EMAIL : _____

Please Check One: Owner/Full Time Resident () Owner/Part Time Resident () Closing Date ___/___/___
Lessee/Full Time Resident () Occupancy Date ___/___/___

1) If you are an Owner/Part Time Resident, please specify period you occupy the unit:
From: ___/___/___ To: ___/___/___

PERMANENT MAILING ADDRESS: _____
TELEPHONE NUMBER(S): HOME: _____ WORK: _____

2) If you are Leasing your unit, please provide name, address and phone numbers of the unit owners:

NAME OF UNIT OWNER: _____
MAILING ADDRESS: _____
TELEPHONE NUMBER(S): HOME: _____ WORK: _____
LEASE TERM: From: ___/___/___ To: ___/___/___

3) If you are the Unit Owner and are leasing out your unit, please provide name, address and phone numbers of your Lessee and term of lease.

NAME OF LESSEE: _____
MAILING ADDRESS: _____
TELEPHONE NUMBER(S): HOME: _____ WORK: _____
LEASE TERM: From: ___/___/___ To: ___/___/___

VEHICLE INFORMATION:

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

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
TELEPHONE NUMBER(S): HOME: _____ WORK: _____

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.

The consumer reporting agency that may prepare an “investigative 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. The information contained in an “investigative consumer report” may bear upon your character, general reputation, personal characteristics, and/or mode of living.

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
