

THE LANDS OF THE PRESIDENT CONDOMINIUM ONE, INC.
c/o The General Ledger of the PB Inc.
5646 Corporate Way, WBPB FL 33407
hoa@thegeneralledger.com 561-616-0555 fax:

APPLICATION FOR SALE, GIFT, DEVISE, LEASE OR INHERITANCE APPROVAL

The Association requires all prospective buyers and tenants to attend an orientation to discuss the Rules and Regulations of the Community. This meeting will take place online via Zoom. Failure to comply may result in your application being declined. Failure to comply with the Rules and Regulations of the Community will result in legal action by the Association's Attorneys.

- THIS APPLICATION AND THE ATTACHED APPLICATION FOR OCCUPANCY MUST BE COMPLETED IN DETAIL BY THE PROPOSED PURCHASER. **IF ANY QUESTION IS NOT ANSWERED OR LEFT BLANK, THIS APPLICATION WILL BE RETURNED, NOT PROCESSED AND NOT APPROVED.**
- PLEASE ATTACH **A COPY OF THE PURCHASE AGREEMENT/CONTRACT TO THIS APPLICATION.**
- PLEASE ATTACH A COPY OF VALID ID CARDS/DRIVER'S LICENSES AND VEHICLE REGISTRATIONS FOR ALL RESIDENTS 18 OR OLDER
- PLEASE ATTACH A NON-REFUNDABLE PROCESSING FEE OF **\$150.00 PER APPLICANT 18 OR OLDER MADE PAYABLE TO THE LANDS OF THE PRESIDENT CONDO ONE, INC.**
- PLEASE ATTACH A NON-REFUNDABLE PROCESSING FEE OF **\$100.00 plus \$30.00 PER APPLICANT MADE PAYABLE TO The General Ledger of the PB Inc.**
- **INTERNATIONAL APPLICANTS MUST INCLUDE COPY OF PASSPORT WITH APPLICATION**
- YOU MAY SUBMIT A SEPARATE RUSH FEE OF **\$100.00 MADE PAYABLE TO THE GENERAL LEDGER OF THE PB INC>** TO ENSURE YOUR APPLICATION IS PROCESSED AT PRIORITY AT THE GENERAL LEDGER OFFICE (**THIS DOES NOT GUARANTEE A FASTER ACTION BY THE BOARD**)
- **PLEASE COMPLETE BACKGROUND INVESTIGATION AUTHORIZATION (PG.11) PER APPLICANT 18 OR OLDER**
- THE COMPLETED APPLICATION MUST BE SUBMITTED TO THE ASSOCIATION OFFICE **AT LEAST THIRTY (30) DAYS** PRIOR TO THE DESIRED DATE OF OCCUPANCY/CLOSING.
- UNITS CAN ONLY BE LEASED ONE (1) TIME IN A TWELVE (12) MONTH PERIOD.
- MINIMUM LEASE TERM IS TWO (2) MONTHS AND MAXIMUM LEASE TERM IS NO MORE THAN FIVE (5) CALENDAR MONTHS.
- COMMERCIAL VEHICLES ARE NOT PERMITTED, AND THIS INCLUDES TRUCKS OF ANY KIND, MOTORCYCLES OR OTHER TWO-WHEELED MMOTORIZED VEHICLES, RECREATION VEHICLES, JEEPS OR JEEP-TYPE VEHICLES OR VANS, ETC.
- ONLY OWNERS ARE PERMITTED TO HAVE 1 DOG, CAT, OR BIRD LESS THAN 20LBS. PETS ARE PROHIBITED FOR LEASES.

ALL PAYMENTS MUST BE IN THE FORM OF MONEY ORDER OR CASHIER'S CHECK.

COVER SHEET FOR APPLICATION
PLEASE PRINT OR TYPE

ADDRESS OF UNIT: _____

OWNER'S NAME/NUMBER: _____

BUYER/TENANT'S NAME(S): _____

PRESENT ADDRESS: _____

PHONE #: _____ ESTIMATED CLOSING DATE: _____

EMAIL ADDRESSES: _____

NAME/NUMBER OF REALTOR HANDLING SALE: _____

OFFICE USE ONLY

- ____ Fully Completed Application
- ____ Copy of Purchase Contract or Lease (Fully Executed)
- ____ Completed Addendum to Residential Lease signed by Owner & Prospective Tenant
- ____ Signed Acknowledgement of Receipt of Documents
- ____ Clear copy of Driver's License(s)/Valid Identification Card(s)/Passport (Int'l)
- ____ Copy of Vehicle Registration(s)
- ____ Ledger (TGL provides this)
- ____ Background & Credit Check (TGL orders this)
- ____ Non-Refundable Application Fees, and Marriage Certificate (if applicable)
- ____ Date Received
- ____ Date Completed

Statute 83.683: If you are a service member, the Association is required to provide you an approval or denial in writing and is required to provide a reason if your application is denied. This approval or denial must be provided within 7 days, or the application is deemed to be approved if all other requirements have been met.

Service member defined as: "Service member" means any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces.

QUESTION: Are you an active service member? Yes or NO (Circle One) and initial here: _____

I HAVE RECEIVED A COPY OF THE DOCUMENTS, AND THE RULES AND REGULATIONS OF THE ASSOCIATION AND:

- 1.) I hereby agree for myself and on behalf of all persons who may use the home which I seek to purchase:
 - a. I will abide by all the restrictions contained in the by-laws, rules and regulations and restrictions which are or may in the future be imposed by **THE LANDS OF THE PRESIDENT CONDOMINIUM ONE**
 - b. I understand that pets (if any) must be kept on a leash and all solid waste must be removed.
 - c. I understand that sub-leasing or occupancy of my home in my absence is prohibited.
 - d. I understand that any violation of the terms, provisions, conditions, and covenants of **THE LANDS OF THE PRESIDENT CONDOMINIUM ONE** Association Documents provides cause for immediate action.
 - e. I understand that the acceptance for Purchase of a unit in **THE LANDS OF THE PRESIDENT CONDOMINIUM ONE** is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of information on these forms will result in the automatic rejection of this application.
- 2.) I understand that the Board of Directors of **THE LANDS OF THE PRESIDENT CONDOMINIUM ONE** may cause to be instituted such an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors to make such investigation and agree that the information contained in the attached application may be used in such investigation and that the Board of Directors and Officers of **THE LANDS OF THE PRESIDENT CONDOMINIUM ONE** 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.

I agree to be governed by the determination of the Board of Directors.

SIGNATURE: _____ SIGNATURE: _____

APPROVED BY: _____
Board of Directors

**THE LANDS OF THE PRESIDENT CONDOMINIUM ONE
APPLICATION FOR OCCUPANCY**

TODAYS DATE: _____ PURCHASE PRICE: _____ UNIT ADDRESS: _____

PRESENT OWNER(S) NAME: _____

PURCHASER NAME: _____ MARITAL STATUS _____

DATE OF BIRTH: _____ SSN: _____ PHONE #: _____

SPOUSE/CO-APPL: _____ MARITAL STATUS: _____

DATE OF BIRTH: _____ SSN: _____ PHONE #: _____

OF ADULT OCCUPANTS OTHER THAN OWNER: _____ # OF CHILDREN OCCUPANTS: _____

NAMES & AGES OF OTHER OCCUPANTS: _____

IN CASE OF EMERGENCY NOTIFY: _____

ADDRESS/PHONE #: _____

RESIDENCY

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LANDLORD/MORTGAGE COMPANY: _____

CITY: _____ STATE: _____ ZIP CODE: _____

AUTOMOBILE INFORMATION

NUMBER OF CARS: _____ DRIVERS LICENSE #: _____

ADD'L DRIVERS LICENSE #: _____ LICENSING STATE: _____

MAKE: _____ MODEL: _____ YEAR _____ COLOR: _____ TAG #: _____

MAKE: _____ MODEL: _____ YEAR _____ COLOR: _____ TAG #: _____

MAKE: _____ MODEL: _____ YEAR _____ COLOR: _____ TAG #: _____

EMPLOYMENT

PRESENT EMPLOYER (APPLICANT): _____

ADDRESS: _____

LENGTH OF EMPLOYMENT: _____ POSITION: _____ SALARY: _____

PRESENT EMPLOYER (SPOUSE): _____ PHONE #: _____

ADDRESS: _____

LENGTH OF EMPLOYMENT: _____ POSITION: _____ SALARY: _____

BANK INFORMATION

BANK NAME: _____ PHONE #: _____

**CHARACTER REFERENCES
(No Family Members)**

NAME: _____ HOME #: _____ WK #: _____

ADDRESS: _____

NAME: _____ HOME #: _____ WK #: _____

ADDRESS: _____

NAME: _____ HOME #: _____ WK #: _____

ADDRESS: _____

If any question is left blank, this application may not be approved. This application is subject to approval.

I/We declare the above information to be true and correct. I/We authorize the agent(s) to verify it.

I/We understand an investigation of my background will be conducted to determine by character, general reputation, personal characteristics, mode of living and specifically authorize The General Ledger of the PB Inc. to make such an investigation.

I/We agree to abide by the Rules and Regulations of the Association.

SIGNED _____ DATE _____

SIGNED _____ DATE _____

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure ALL THREE Authorization Forms are completed as indicated.

ALL PARTS OF THESE FORMS ARE REQUIRED - DO NOT CUT OR SEPARATE THEM

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND POLICE RECORD INFORMATION

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my/our application made for residency.

DESIGNATED PARTY: The General Ledger of the PB Inc.
I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).
Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

Applicant's Signature / Date

Applicant's Name PRINTED

Spouse's Signature / Date

Spouse's Name PRINTED

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND POLICE RECORD INFORMATION

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my/our application made for residency.

DESIGNATED PARTY: The General Ledger of the PB Inc.
I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).
Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

Applicant's Signature / Date

Applicant's Name PRINTED

Spouse's Signature / Date

Spouse's Name PRINTED

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND POLICE RECORD INFORMATION

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my/our application made for residency.

DESIGNATED PARTY: The General Ledger of the PB Inc.
I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).
Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

Applicant's Signature / Date

Applicant's Name PRINTED

Spouse's Signature / Date

Spouse's Name PRINTED

PET REGISTRATION FORM
OWNERS ONLY

NAME: _____

ADDRESS IN THE LANDS OF THE PRESIDENT CONDOMINIUM ONE

I HAVE THE FOLLOWING PETS:

1. Breed _____ Weight _____
Pet's Name _____

2. Breed _____ Weight _____
Pet's Name _____

3. Breed _____ Weight _____
Pet's Name _____

Signature of Applicant: _____

If you do not have any pets, please sign here:

A photo of each pet must be included with this application.

EFFECTIVE JULY 1, 2010; FLORIDA STATUTE 718.116 (CONDO) 720.3085 HOA:

UNIT OWNERS' CONSENT TO ASSIGNMENTS OF RENTS TO THE ASSOCIATION.

The undersigned, _____, as owner(s) of the property whose address is: _____ of _____, and whose mailing address is _____ and the undersigned tenant (s) _____ agree as follows;

1. That said owner agrees to continue making payments directly to the Association all dues/assessments and/or special assessments as they are due.
2. That in the event that said owner does not pay any one (1) monthly assessment by the 30th day of each month, The Association, or any agent thereof, shall have the right to require that the tenant pay the monthly assessment along with any additional amounts then owed to the Association, including but not limited to, delinquent assessments, special assessments, late fees, attorney's fees, costs from enforcement of this Addendum or other legal action to collect delinquent maintenance/assessments, and fines directly to The Association and to then pay the remainder to the landlord/owner.
3. The Association shall send written notice to both the unit owner and the tenant of the imposition of the requirement, after an owner has failed to pay any one (1) month's dues/assessments by the 30th day of the month.
4. The unit owner hereby assigns that portion of the rents, including any delinquent assessments, special assessments, attorney's fees and court costs, due and payable to the Association, upon the association giving notice as described above of the delinquency and imposition of the requirement that the tenant pay the monthly assessment to the Association.
5. The unit owner agrees that he/she/they will not consider the tenant delinquent in their rental payment, nor commence eviction proceedings against the tenant, in the event that the tenant pays the monthly assessment directly to the Association and deducts same from the tenant's rental payment to the unit owner.
6. After the account balance becomes current by means of tenant's payments, the tenant shall continue to deduct the monthly assessments/dues from the rent and pay it directly to the Association unless otherwise notified by The Association or an Agent of the association.
7. In the event it becomes necessary to bring legal action to enforce this agreement, the prevailing party shall be entitled to recover reasonable attorney's fees, costs and interest. Any fees or costs incurred by the Association shall be incurred in the amount paid by the tenant to the Association under this addendum.

THIS AGREEMENT SHALL BIND ALL PARTIES THERETO

Countersigned: _____ or Management

Unit Owner: _____

By: _____

Tenant: _____

Title: _____

BACKGROUND INVESTIGATION AUTHORIZATION

- I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history, criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions, state Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration, military records from the National Personnel Record Center, education records including transcripts, and requests for records and information from any individual, company, firm corporation, present and/or past employers and public agencies (including the Social Security Administration and the Immigration & Naturalization Service). I fully understand that Global Background Analysis, Inc., may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent for Global Background Analysis, Inc. to do so.
- II. According to the Fair Credit Reporting Act (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and be given the name of the agency providing that report.
- III. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies.
- IV. I hereby authorize, without reservation, any one contacted by Global Background Analysis, Inc., to furnish the information described in Section I.
- V. I hereby authorize, without reservation, Global Background Analysis, Inc., to contact my present employer for employment verification/references.

APPLICANT: COMPLETE THE FOLLOWING:

Credit & Criminal Criminal Only

Signature

Today's Date

Please print full name

Unit #

The following information is required, it is confidential and will not be used for any other purposes.

Please print other names you have used

Social Security Number - Your Social Security Number will be used in order to confirm your identity for purposes of completing an accurate background investigation and credit check.

Date of Birth - Your date of birth is required on this form in order to confirm your identity for purposes of completing an accurate background investigation.

Home Address

City

State

Zip

Driver's License Number and State

Name as it appears on License

Have you ever been arrested, convicted of, plead guilty, or "no contest" to a crime that has or has not been expunged or removed from your record? No Yes **If yes, please explain:** (Make sure to include the city/state/county and the year the crime occurred for each conviction.) **IF YOU PROVIDE FALSE INFORMATION, YOU WILL BE AUTOMATICALLY DENIED.**

Have you ever been evicted from any leased premise? No Yes

FAIR CREDIT REPORTING ACT, DRIVER'S PRIVACY PROTECTION ACT, and ANY APPLICABLE STATE STATUE (S) NOTICE:
In accordance with the Fair Credit Reporting Act, this information may only be used to verify a statement(s) made by an individual in conjunction with legitimate business needs. The depth of information available varies from state to state. The report that will be generated it is in compliance with the Fair Credit Reporting Act, the Driver's Protection Act, and any applicable state statute(s).

Global Background Analysis, Inc.
2420 Brickell Avenue, Ste 307-B, Miami, FL 33129
Phone: (305) 857-0200 | Fax: (305) 857-0110
www.globalbackground.net email: applications@globalbackground.net

REV January 2022