



## THE GENERAL LEDGER

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BOOKKEEPING - PAYROLL - HOMEOWNERS ASSOCIATIONS

The General Ledger of the Palm Beaches, Inc.  
5646 Corporate Way, West Palm Beach, FL 33407  
Phone: 561.616.0555 Fax: 561.763.1003 Email: [hoa@thegeneralledger.com](mailto:hoa@thegeneralledger.com)

### Application to Buy or Lease in Brittany Village POA

Please find attached the documents needed to complete this process:

1. Application
2. Notice of Intent to Sell/Lease
3. Owner Affirmations
4. Parking Permit Form
5. Applicant Authorization for us to run a background check and a credit check on each adult that will be living in the property at Brittany Village (a credit score of 700 or more is required to be approved)

We will also need:

1. Copy of the drivers license for all adults that will be living in the property at Brittany Village
2. \$250 check made payable to Brittany Village POA (\$250 per adult applying)
3. Copy of Lease contract or purchase contract
4. If Renting, a copy of the License from the city (application form attached with instructions)

It normally takes 15 days to complete the process because the board members need to review everything.

Please return documents via email [hoa@thegeneralledger.com](mailto:hoa@thegeneralledger.com)

## Applicant Authorization

I hereby authorize and request any present or former landlord, employer, school, police department, financial institution, agency or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for residence.

I hereby authorize Brittany Village and it's bookkeeping firm The General Ledger of the Palm Beaches Inc. to obtain and verify such information including accessing consumer reporting agencies as well as performing a criminal and eviction search. I have been notified that a consumer report will be requested and understand that the information obtained is to be used in the processing of my purchase or lease application.

I hereby release and hold harmless The General Ledger of the Palm Beaches Inc, Brittany Village, its affiliates employees and agents from any and all liabilities arising out of the use of such information in connection with the reports obtained.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Name

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

Have you been ever been convicted of or plead guilty to (whether or not convicted) of , to a felony or misdemeanor other than traffic violations ? \_\_\_Yes or \_\_\_No

If Yes, explain \_\_\_\_\_

Applicant hereby authorizes verification of any and all information set forth on the Application, including release of information by any bank, loan, employer (present and former) credit reporting agency, and any Landlord for the purpose of evaluating this application. Applicant represents that the information set forth on this application is true and complete. Material representation on this application will result in the rejection of the Application and constitute a default under the lease addendum between the parties.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Signature

**The General Ledger of the Palm Beaches, Inc.**

**Application (fill out and return via email [hoa@thegeneralledger.com](mailto:hoa@thegeneralledger.com) or fax 561-763-1003)**

Buyer/Leasee Information:		
Association Name <b>Brittany Village POA</b>	Residents Living at this address (adults & children) max 4 in 2 bedroom, max 6 in 3 bedroom	AGE
Property Address Applicant is applying for		
Name of Buyer/Leasee		
Present Landlord or Mortgage Holder:	Emergency Contact:	
Name:	Name:	
Phone:	Address:	
Buyer or leasees current info:	Phone:	
Home:	Relationship:	
Cell:	Physician:	
Work:	For BackGround & Credit Check for all adults living in house:	
Email:	Full Name:	
Address:	Date of Birth:	
	Social Security #:	
	Dr Lic #	
Expected Move in Date:		
Current Address & Reference		
Street Address	City/State/Zip	Rent/Own ?
Date Moved IN	Date Moved Out	
Landlord Name	Landlord Phone	

Employment & Income Information		
Occupation/Position Held	Employer	salary
Supervisor	Supervisor's Phone	
Start Date	End Date	
Other Income:		
Bank References:		
Name: Acct/ Address		
Name:		
Automobiles:		
Vehichle #1 Make/Model/Color Tag #		
Finaced through: Monthly Payment:		
Vehichle #2 Make/Model/Color Tag #		
Finaced through: Monthly Payment:		
Pets:		
Type of Pet/Breed/Name:		
Weight/size:		
Age:		
National Background Check (must be run for all applicants over 18+)		
Credit Check (must be run for all applicants over 18+)		



RENTAL TAX #: \_\_\_\_\_

**RENTAL TAX APPLICATION/CERTIFICATE OF USE**

PCN #: \_\_\_\_\_

17 digit Parcel Control Number can be found on Palm Beach County Property Appraiser (PAPA) website at: <http://www.pbcgov.com/papa/>

OWNER NAME: \_\_\_\_\_

The Owner name as it appears on Palm Beach County Property Appraiser (PAPA). Copy of Bill of Sale/Recorded Warranty Deed/Settlement Documents from Closing required for recently purchased property. If the Owner name is a corporation, partnership, LLC, or fictitious name please provide proof from Division of Corporations (Sunbiz) official website: <http://dos.myflorida.com/sunbiz/search/>

FEIN#: \_\_\_\_\_ OR SS#: \_\_\_\_\_ OR ITIN#: \_\_\_\_\_  
Federal Employee Identification Number Social Security # Required FS205.0535(5) Individual Taxpayer Id Number

RENTAL ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\*VACATION RENTAL SHORT-TERM YES  NO

If yes, must provide proof of your State of Florida Vacation Rental license.

*\*Vacation rental short-term means any dwelling unit or structure originally constructed for residential use that is used for temporary lodging and is listed with an agent, advertised or made available by referral, word of mouth, Internet, recommendation and/or reputation as a vacation or tourist rental and rented or made available for rent for a minimum of 7 consecutive days.*

**FOR OFFICIAL USE ONLY**

ASSISTED BY: \_\_\_\_\_

DATE STAMP: \_\_\_\_\_

CATEGORY: \_\_\_\_\_

## FEE SCHEDULE AND DEPARTMENTAL APPROVAL

### RENTAL PROPERTY TYPE:

SINGLE FAMILY/TOWNHOUSE/CONDO	#: _____ X 38.59 = \$ _____
GARAGE APARTMENT(S)	#: _____ X 38.59 = \$ _____
APARTMENT(S)	#: _____ X 33.08 = \$ _____

### INSPECTIONS:

ZONING FEE (SINGLE UNIT) \$10.00	\$ _____
ZONING FEE (MULTIPLE UNITS) \$20.00	\$ _____
CODE ENFORCEMENT FEE \$20.00	\$ 20.00
FIRE INSPECTION FEE	
<i>*Inspection only for 3 or more units under the same roof. No fire inspection for condos.</i>	
	\$35.00 (3-11 UNITS) \$ _____
	\$55.00 (12-24 UNITS) \$ _____
	\$75.00 (25-100 UNITS) \$ _____
	\$125.00 (OVER 100 UNITS) \$ _____

### CERTIFICATE OF USE (COU) FEE:

\$50.00	\$ 50.00
Penalties: 10% _____ 15% _____ 20% _____ 25% _____	\$ _____

**TOTAL** \$ \_\_\_\_\_

### NAME CHANGE ONLY:

*\*No inspections on name change*

**\$25.00+COU \$50** \$ 75.00

I CERTIFY THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT, AND I UNDERSTAND THAT ANY FALSE STATEMENTS CONSTITUTE A VIOLATION OF FLORIDA STATE STATUTES § 832.02 AND WILL RESULT IN THE REVOCATION OR DENIAL OF CERTIFICATE OF USE AND PROSECUTION IN ACCORDANCE WITH THE LAW. I HEREBY AGREE TO OPERATE THE ABOVE DESCRIBED PROPERTY IN ACCORDANCE WITH ALL THE LAWS OF THE STATE OF FLORIDA AND THE LAWS AND ORDINANCES OF THE CITY OF WEST PALM BEACH. I ACKNOWLEDGE THE CITY OF WEST PALM BEACH ORDINANCE NO. 4159-08 SECTION 54-370, RELATING TO THE REGULATION OF THE RESIDENCY OF SEXUAL OFFENDERS AND SEXUAL PREDATORS. FURTHERMORE, I UNDERSTAND THAT THE ISSUANCE OF THIS LICENSE IS CONDITIONED UPON THE COMPLIANCE WITH ALL ORDINANCES AND THE RESULTS OF ANY INVESTIGATIONS OF THE ABOVE DESCRIBED PROPERTY. I ACKNOWLEDGE THAT THE RENTAL TAX RECEIPT EXPIRES EACH YEAR ON SEPTEMBER 30<sup>TH</sup>.

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**SIGNATURES MUST BE ORIGINAL. APPLICATION MAY NOT BE FAXED.  
RETURN APPLICATION BY MAIL OR IN PERSON TO DEVELOPMENT SERVICES AT  
401 CLEMATIS STREET WEST PALM BEACH FLORIDA 33401**

# Notice of Intent to Sell or Lease

Brittany Village POA

Property # in Brittany Village \_\_\_\_\_

I/We hereby notify Brittany Village Property Owners Association, Inc. of the intent to sell or lease the unit as follows:

Lease:

Starting: \_\_\_\_\_

Ending: \_\_\_\_\_

Current Owners: \_\_\_\_\_

Lessee: \_\_\_\_\_

City of WPB Rental Lic # \_\_\_\_\_

\*\* Please note City of WPB rental license # prior to renting in

Brittany Village is required

Sale:

Expected Closing Date: \_\_\_\_\_

Current Owners: \_\_\_\_\_

Buyers: \_\_\_\_\_

**Owner Affirmations - Brittany Village POA**  
**Initial and Sign Where Appropriate**

**Owner Initials**

\_\_\_\_\_ If this application applies to a lease; I understand that I am ultimately responsible for the actions of my tenants. Fines and other actions resulting from violations of the Documents or the rules and regulations will be assessed against the unit

\_\_\_\_\_ I understand that I must allow up to 15 days from the receipt of all materials by the associations.

\_\_\_\_\_ I understand that I will be subject to fines should I lease my unit prior to receiving approval from the Association.

\_\_\_\_\_ I have attached a copy of the lease agreement to this application. I will inform the Association of renewal (no fee required) or change of status of the lease.

\_\_\_\_\_ The lease is for no shorter than three (3) months. (per Art XII, Sec. 1 (b))

\_\_\_\_\_ This application must be accompanied by a check in the amount of \$200.00

\_\_\_\_\_  
Signature Of Owner(s)

I/We, the undersigned, have acknowledge and agree to the following:

**Tenant Initials**

\_\_\_\_\_ I have received, read and understand the Declaration of Restrictions and/or the Rules and Regulations of the community and understand that I (we) are bound by all of the conditions contained therein.

\_\_\_\_\_ I am aware that this is a community of single family units and that only one family may live in a single unit

\_\_\_\_\_ I am aware that I may not lease any portion of this unit to any other person(s). If I am a leasee, I may not sub-lease this unit.

\_\_\_\_\_ I am aware that the maximum number of persons living in this unit may not exceed 2 persons times the number of bedrooms originally constructed in this unit

\_\_\_\_\_ I agree to keep the office informed of the names and phone numbers of all persons living in this unit.

\_\_\_\_\_ I am aware that I may be fined and/or taken to court at my expense for failure to abide by the rules of the Association or for failure to abide by any of the provisions in the recorded Articles, By-laws, Declaration of Covenants and Restrictions and any amendments to these documents.

\_\_\_\_\_ I understand that the owner of the unit I am renting or buying is responsible for providing me with all keys.

SALE ONLY: I understand that I am to receive a copy of the above Documents from the seller. I may purchase a copy of the Documents from the management company for \$25.00. I understand that the Association is not responsible for supplying me with a set of Documents.

I/We declare that the above information is true and correct. I understand that a background check may be conducted by the Association. All information will be maintained as confidential. I release the Association, its employees, representatives and agents from any loss, expense or damage sustained directly or indirectly from information.

\_\_\_\_\_  
Applicant(s) Signature

\_\_\_\_\_  
Full Name Printed

\_\_\_\_\_  
Date



# Parking Permit Form

Brittany Village POA

Property # in Brittany Village

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Drivers License #:

---

Vehicle #1

License#

---

Make

---

Year

---

Color

---

Permit #

---

Vehicle #2

License#

---

Make

---

Year

---

Color

---

Permit #

---

Name:

---

Address:

---

Phone:

---

Signature:

---

Date:

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