

SABAL LAKE WEST AT BOCA WEST CONDOMINIUM ASSOCIATION, INC.

INSTRUCTIONS FOR APPLICATIONS FOR PURCHASE OR RENTAL

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APPROVAL OF RENTAL OR SALE IS CONTINGENT UPON RECEIPT OF **ALL** SIGNED DOCUMENTS TWENTY (20) DAYS **PRIOR** TO OCCUPANCY/CLOSING.

IF DOCUMENTS ARE NOT COMPLETE THEY WILL BE RETURNED AND LESEE/BUYER WILL NOT BE APPROVED.

ALL OWNERS NOT COMPLYING WILL BE SUBJECT TO FINES AS CALLED FOR IN THE ASSOCIATION'S DOCUMENTS.

PLEASE NOTE THAT THE RULES AND REGULATIONS MUST BE READ AND THE AGREEMENT MUST BE SIGNED AND RETURNED WITH THIS APPLICATION.

THE FOLLOWING ITEMS ARE **NECESSARY** FOR THE PROCESSING OF ANY PURCHASE OR RENTAL:

1. COMPLETE AND SIGN APPLICATION
2. \$100.00 CHECK MADE PAYABLE TO SABAL LAKE WEST AT BOCA WEST CONDOMINIUM ASSOCIATION. **AND** \$125 CHEQUE PAYABLE TO CHATEAU CHAPERONES.
3. TWO (2) LETTERS OF REFERENCE SHOWING AN ADDRESS AND TELEPHONE NUMBER WHERE THE WRITER MAY BE CONTACTED. **NO RELATIVES.**
4. COPY OF SALES CONTRACT/LEASE AGREEMENT
5. SIGNED RULES AND REGULATIONS AGREEMENT
6. **MAINTENANCE ASSESSMENTS MUST BE CURRENT UP TO THE TIME OF RENTAL OR PURCHASE. IF EARLY APPROVAL IS DESIRED, PREPAYMENT OF ASSESSMENTS IS NECESSARY.**
7. **ONE PET ALLOWED FOR OWNERS ONLY, MUST BE 20 LBS OR LESS. Tenants are not allowed pets.**
8. The attached National Tenant Network Application must be completed and signed by ALL names on the lease acknowledging that the Association will be doing a criminal search and a credit search. A separate fee for EACH person will be charged. You must complete and include the attached credit card authorization. If the form is not included, the lease will not be processed or approved. This credit fee is in addition to the application fees listed above.

IF THE LESSEEE IS FROM OUTSIDE THE UNITED STATES, THE SEARCH FEE IS \$185 FOR EACH PERSON ON THE LEASE. SEARCHES TAKE 11-22 DAYS ON AVERAGE, SO PLAN YOUR LEAD TIME ACCORDINGLY.

THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

Please mail this completed application to:

Chateau Chaperones, Inc
720 Lucerne Ave
#1031
Lake Worth Beach, FL 33460

**APPLICATION FOR APPROVAL OF PURCHASE OR RENTAL
SABAL LAKE WEST OF BOCA WEST CONDOMINIUM ASSOCIATION, INC.**

1. THIS DOCUMENT AND THE ATTACHED APPLICATION FOR OCCUPANCY MUST BE COMPLETED IN DETAIL BY THE PROPOSED BUYER/LEASEE. IF THERE ARE TWO OR MORE UNRELATED PEOPLE APPLYING, THEN EACH PERSON MUST COMPLETE AN APPLICATION FOR OCCUPANCY AND BOTH MUST SIGN WHERE REQUIRED ON ALL OTHER PAGES.
2. IF ANY QUESTIONS ARE NOT ANSWERED OR LEFT BLANK, THIS APPLICATION WILL BE RETURNED, NOT PROCESSED AND NOT APPROVED.
3. MAINTENANCE ASSESSMENTS MUST BE CURRENT UP TO THE TIME OF RENTAL OR PURCHASE. IF EARLY APPROVAL IS DESIRED, PREPAYMENT OF ASSMENTS IS NECESSARY.
4. PLEASE ATTACH A NON-REFUNDABLE PROCESSING FEE OF \$100.00 MADE PAYABLE TO SABAL LAKE WEST AND \$125 FEE TO CHATEAU CHAPERONES.
5. PLEASE ATTACH A COPY OF THE SALES CONTRACT OR RENTAL AGREEMENT.
6. THE COMPLETED APPLICATION MUST BE RETURNED TO CHATEAU CHAPERONES, TWENTY (20) DAYS PRIOR TO RENTAL/SALE DATE.
7. THE RENTAL AGENCY OR OWNER MUST PROVIDE BUYER OR LEASEE WITH A COPY OF THE RULES AND REGULATIONS.
8. NO COMMERCIAL VEHICLES, TRUCKS, BOATS, TRAILERS, MOTOR HOMES, RV'S, MOTORCYCLES, ETC. PERMITTED ON THE PREMISES.
9. NO LEASE SHALL BE FOR LESS THAN ONE MONTH.
10. NO SUBLEASING AT ANY TIME.
11. **AN INTERVIEW WITH A BOARD MEMBER IS REQUIRED.**
12. **TENANTS ARE NOT ALLOWED PETS.**
13. Any changes to unit; windows, flooring, shutters, patio painting must be approved by the Board prior to work being done. An ARB Application is required.

PRINT OR TYPE

DATE: _____ LEASE TERM: _____ TO _____
OR CLOSING DATE: _____

SELLER/LEASOR NAME: _____ BLDG. _____ UNIT# _____

PRESENT ADDRESS: _____ PHONE: () _____

SELLERS REALTOR: _____ PHONE: () _____

NAME OF PROPOSED BUYER/LESEE: _____

RULES & REGULATIONS

1. I HEREBY AGREE FOR MYSELF AND ON BEHALF OF ALL PERSONS WHO MAY USE THE APARTMENT WHICH I SEEK TO BUY/LEASE:
 - A. I WILL ABIDE BY ALL OF THE RESTRICTIONS CONTAINED IN THE BY-LAWS, RULES AND REGULATIONS AND RESTRICTIONS WHICH ARE OR MAY IN THE FUTURE BE IMPOSED BY **SABAL LAKE WEST**.
 - B. I UNDERSTAND THAT SUB-LEASING IS PROHIBITED.
 - C. I UNDERSTAND THAT ANY VIOLATION OF THESE TERMS, PROVISIONS, CONDITIONS AND COVENANTS OF **SABAL LAKE WEST** DOCUMENTS PROVIDES CAUSE FOR IMMEDIATE ACTION AS THEREIN PROVIDED OR TERMINATION OF THE LEASEHOLDER UNDER APPROPRIATE CIRCUMSTANCES.
2. I UNDERSTAND THAT THE ACCEPTANCE FOR BUYER/LESEE OF ANY UNIT IS CONDITIONED UPON THE TRUTH AND ACCURACY OF THIS APPLICATION AND UPON THE APPROVAL OF THE BOARD OF DIRECTORS. **OCCUPANCY PRIOR TO APPROVAL IS PROHIBITED.** ANY MISREPRESENTATION OR FALSIFICATION OF INFORMATION ON THESE FORMS WILL RESULT IN THE AUTOMATIC REJECTION OF THIS APPLICATION.
3. I UNDERSTAND THAT THE BOARD OF DIRECTORS MAY CAUSE TO BE INSTITUTED SUCH AN INVESTIGATION OF MY BACKGROUND AS THE BOARD MAY DEEM NECESSARY. ACCORDINGLY, I SPECIFICALLY AUTHORIZE CHATEAU CHAPERONES 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 MANAGEMENT COMPANY 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.
4. ANY STRUCTURAL CHANGE/S MADE TO THE UNIT INSIDE OR OUTSIDE, INCLUDING HURRICANE COVERAGE, MUST BE SUBMITTED FOR BOARD OF DIRECTORS APPROVAL. SAID ARB FORM CAN BE OBTAINED FROM CHATEAU CHAPERONES OFFICE. NOTE-ANY CHANGES IN FLOORING IN 2ND FLOOR UNITS, MUST BE SUBMITTED ON AN ARB FORM WITH SAMPLES OF AT LEAST ½ INCH THICK SOUNDPROOFING INSTALLATION PRODUCTS.

IN MAKING THE FOREGOING APPLICATION, I AM AWARE THAT THE DECISION OF THE BOARD OF DIRECTORS WILL BE FINAL AND NO REASON SHALL BE GIVEN FOR ANY ACTION TAKEN BY THE BOARD. I AGREE TO BE GOVERNED BY THE DETERMINATION OF THE BOARD OF DIRECTORS.

SIGNATURE: _____ SIGNATURE: _____

DATE: _____ DATE: _____

*****IMPORTANT:** IF THIS APPLICATION IS PRESENTED WITH ANY BLANKS OR NOT PROPERLY COMPLETED, SIGNED AND DATED BY ALL PARTIES CONCERNED, IT **WILL NOT** BE ACCEPTED AND WILL BE RETURNED.

SABAL LAKE WEST OF BOCA WEST CONDOMINIUM ASSOCIATION, INC.

TO: BUYER/LESSEE

FROM: SABAL LAKE WEST CONDOMINIUM ASSOCIATION, INC.

SUBJECT: RULES AND REGULATIONS AGREEMENT/QUESTION AND ANSWER SHEET

.....

I HAVE READ AND UNDERSTAND THE SABAL LAKE WEST CONDOMINIUM ASSOCIATION'S RULES AND REGULATIONS AND AGREE TO ABIDE BY SAID REGULATIONS.

IF PURCHASING, I HAVE RECEIVED A COPY OF THE "FREQUENTLY ASKED QUESTIONS AND ANSWERS SHEET".

I AGREE TO BREAK DOWN AND PROPERLY DISPOSE OF ALL MOVING BOXES, CONTAINERS, ETC.; SO AS NOT TO OVERLOAD WASTE CONTAINERS.

ADDRESS: _____

UNIT#: _____

SIGNATURES:

BUYER: _____ LESSEE: _____

PHONE: _____ PHONE: _____

EMAIL: _____ EMAIL: _____

BUYER: _____ LESSEE: _____

PHONE: _____ PHONE: _____

EMAIL: _____ EMAIL: _____

DATE: _____

SABAL LAKE WEST OF BOCA WEST CONDOMINIUM ASSOCIATION, INC.

TO: BUYER

FROM: SABAL LAKE WEST CONDOMINIUM ASSOCIATION, INC.

SUBJECT: MAINTENANCE RESPONSIBILITIES

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I ACKNOWLEDGE:

ALL OWNERS ARE RESPONSIBLE FOR SCREENING, SCREEN PORCH COMPONENTS THAT ARE NON-STRUCTURAL (SUCH AS PICKETS, CEILING AND FLOORING), ALL WINDOWS AND DOORS.

SECOND FLOOR UNIT OWNERS ARE RESPONSIBLE FOR THE MAINTENANCE OF THE STAIRWELL LEADING TO THEIR UNIT, NON-STRUCTURAL BEAMS ON THE SCREENED PORCH, AS WELL AS ALL COMPONENTS OF THE THIRD FLOOR BALCONY (FLOORING/ROOF, RAILINGS, ETC.)

I HAVE RECEIVED AND REVIEWED THE ASSOCIATION DOCUMENTS.

ADDRESS: _____

UNIT#: _____

SIGNATURES:

BUYER: _____ PHONE: (____) _____

BUYER: _____ PHONE: (____) _____

DATE: _____

APPLICATION FOR OCCUPANCY – PURCHASE OR RENTAL
PLEASE PRINT OR TYPE ALL INFORMATION

COMMUNITY: _____ ADDRESS: _____

PURCHASE: _____ LEASE: _____ (CHECK ONE)

NAME: _____ D/O/B: _____ SS#: _____

SPOUSE: _____ D/O/B: _____ SS#: _____

NAMES AND AGES OF CHILDREN AND OTHERS WHO WILL OCCUPY THE UNIT:

RESIDENT HISTORY

PRESENT ADDRESS: _____ PHONE: () _____

DATES OF RESIDENCY: _____ TO: _____

PREVIOUS ADDRESS: _____ HOW LONG: _____

LANDLORD: _____ PHONE: () _____

EMPLOYMENT AND BANK REFERENCES

EMPLOYER: _____ PHONE: () _____

HOW LONG: _____ POSITION: _____ APPROX. MO. INCOME: _____

SPOUSE'S EMPLOYER: _____ PHONE: () _____

HOW LONG: _____ POSITION: _____ APPROX. MO. INCOME: _____

BANK: _____ PHONE: () _____

HOW LONG: _____ ACCT. #: _____ CHECKING

HOW LONG: _____ ACCT. #: _____ SAVINGS

REFERENCES – **NO RELATIVES**: PLEASE SUBMIT (2) LETTERS OF REFERENCE FROM PEOPLE OTHER THAN RELATIVES, INCLUDING AN ADDRESS AND TELEPHONE NUMBER WHERE THE WRITER MAY BE CONTACTED, IF NECESSARY. PLEASE BE SURE THE LETTER IS SIGNED.

OF CARS: _____ DRIVER'S LICENSE #: _____

DRIVER'S LICENSE #: _____

MAKE: _____ MODEL: _____ YR: _____ TAG#: _____

MAKE: _____ MODEL: _____ YR: _____ TAG#: _____

IF THIS APPLICATION IS NOT LEGIBLE OR NOT ACCURATELY COMPLETED, CHATEAU CHAPERONES AND THE ASSOCIATION WILL NOT BE LIABLE OR RESPONSIBLE FOR ANY INACCURATE INFORMATION IN THE INVESTIGATION AND RELATED REPORT TO THE ASSOCIATION CAUSED BY SUCH OMISSIONS OR ILLEGIBILITY.

BY SIGNING, THE APPLICANT RECOGNIZED THAT THE ASSOCIATION AND THEIR AGENT, CHATEAU CHAPERONES AND THE ASSOCIATION WILL INVESTIGATE ALL INFORMATION SUPPLIED BY THE APPLICANT AND A FULL DISCLOSURE OF FACTS MAY BE MADE TO THE ASSOCIATION. THE INVESTIGATION MAY BE MADE OF THE APPLICANT'S CHARACTER, GENERAL REPUTATION AND MODE OF LIVING. THE ASSOCIATION MAY ALSO REQUIRE A CREDIT REPORT THROUGH A CREDIT REPORTING AGENCY.

NOTE: LESSEES ONLY: AS THE ASSOCIATION AND/OR THEIR AGENT, CHATEAU CHAPERONES WILL BE CONDUCTING A CRIMINAL BACKGROUND CHECK, A COPY OF THIS REPORT MAY BE PROVIDED TO THE ASSOCIATION TO BE KEPT AS PART OF THE ASSOCIATION'S RECORDS.

INITIAL: _____ INITIAL: _____
APPLICANT: _____ APPLICANT: _____ DATE: _____

APPLICATION FOR *PET* APPROVAL (20 lbs or Less) Owners only, Tenants are not allowed pets.

In order for this Application to be considered, all Owners of the Unit must sign this Application.

Do you own a pet? Yes ____ No ____

Date: _____

Name of Unit Owner : _____

Mailing Address : _____

Address of Unit : _____

Home Number : _____

Work Number : _____

Emergency contact: _____

Pet Information:

Type of Animal _____ Name of Animal _____

Weight _____; Color _____; Age _____; Sex _____

Distinguishable markings _____

(Photo of animal must be attached above)

Is animal current with all inoculations? _____

Proof may be required prior to application approval.

Name & address of veterinarian: _____

(ATTACH PHOTO OF PET HERE)

RULES AND REGULATIONS

1. All pets, while outside the confines of a unit, must be leashed.
2. Pets may be walked on sidewalks and roadways only.
3. Pet owners are responsible for the immediate disposal of any waste created by a pet while outside the confines of the unit.
4. No fowl, livestock, swine, reptiles or any undomesticated animal shall be permitted within a unit. Domesticated birds or rodents must be kept caged.
5. No animals of any kind shall be kept in a unit or allowed upon the property except by prior written consent of the Board of Directors of the Association.
6. Consent, if given, shall be revocable by the Board of Directors at any time and shall automatically expire upon the death or other disposition of the pet.
7. **No guest, lessee or invitee shall bring any animal upon the property at any time.**
8. Owners maintaining pets on the property, shall be responsible for, and bear the expense of any damage to person or property resulting there from. Any such damage shall be determined by the Board of Directors of the Association and collected by the Association.
10. Pets may not be left unattended on Unit patios or balconies.
11. No animal shall be allowed to constitute a nuisance.
12. **No tenants are allowed pets.**
13. **Any changes to unit; windows, flooring, shutters, patio painting must be approved by the Board prior to work being done. An ARB Application is required**

I, AS OWNER OF SAID UNIT, HEREBY ACKNOWLEDGE THAT I HAVE READ THE FOREGOING RULES AND REGULATIONS AND AGREE, FOR MYSELF AND MY FAMILY, GUESTS, SERVANTS AND INVITEES, TO BE GOVERNED BY THEM SHOULD APPROVAL BE GRANTED FOR PET OWNERSHIP. IN THE EVENT OF VIOLATION OF ANY OF THESE RULES, I UNDERSTAND THAT THE ASSOCIATION SHALL HAVE THE RIGHT TO WITHDRAW ITS CONSENT AND TO REQUIRE IMMEDIATE REMOVAL OF THE ANIMAL. I ALSO UNDERSTAND THAT THE ASSOCIATION MAY BRING WHATEVER LEGAL ACTION IT DETERMINES TO BE NECESSARY AND THAT I SHALL BE RESPONSIBLE FOR ALL ATTORNEY'S FEES INCURRED BY THE ASSOCIATION AS A RESULT OF BREACH OF ANY OF THESE RULES AND REGULATIONS, WHETHER LITIGATION IS FILED OR NOT.

Signature: _____
New Owner or Tenant

Signature: _____
New Owner or Tenant

THIS APPLICATION HAS BEEN _____ APPROVED _____ DISAPPROVED by the
Board of Directors of Sabal Lake West of Boca West Condominium Association, Inc.

SIGNED: _____ DATE: _____
BOARD MEMBER

ADDENDUM TO RESIDENTIAL LEASE & LEASE APPLICATION
FOR SECOND FLOOR UNITS

THIS ADDENDUM is made this ____ day of _____, 2016 by and between _____ ("Landlord") and _____ ("Tenant/s").
This Addendum amends the Residential Lease dated _____ thru _____ attached hereto and being a part hereof for all purposes.

This amendment is to the Residential Lease for the home located at _____ Sabal Lake Dr., Boca Raton, FL 33434.

The parties agree that the Residential Lease is contingent upon:

Area rugs must be in place prior to lease commencement date, on the majority of the flooring throughout, due to the fact that there is no proper sound proofing currently in place under the present tiled flooring. This will be inspected by an Association representative, prior to the lease application's approval.

The parties have executed this Addendum to Residential Lease & Lease application the day and year above written.

Lessor-Print Name

Lessor-Sign Name

Lessee-Print Name

Lessee-Sign Name

On behalf of: _____
Sabal Lake West
Board of Directors



NATIONAL TENANT NETWORK

THE NATION'S PREMIER SCREENING COMPANY
TELEPHONE 1.800.330.2930 or FAX 1.800.368.1241

SUBSCRIBER NAME:Chateau Chaperones.....

ACCESS NUMBER:N/A.....

PHONE NUMBER:561-320-1213.....

REQUESTING AGENT(PRINT NAME) :Theresa Leiser.....

CHECK THE DESIRED REPORTS BELOW:

- ☐ Scored Credit Report
- ☐ Eviction/Tenant Performance
- ☐ Multistate Criminal/Sex offender search
- ☐ Credit & Eviction (SSP)
- ☐ Credit & Eviction & Criminal (PSP)
- ☐ Canadian Credit
- ☐ Canadian Criminal
- ☒ **Decision Point**

APPLICANT (PRINT NAME)

SOCIAL SECURITY # DATE OF BIRTH.....

CURRENT ADDRESS

CITY STATE ZIP CODE

PLEASE CAREFULLY FILL IN ALL OF THE ABOVE INFORMATION. I CERTIFY.

THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND HEREBY AUTHORIZE YOU TO MAKE ANY INQUIRIES YOU FEEL NECESSARY TO EVALUATE MY TENANCY. IF I RENT/BUY THE UNIT, I UNDERSTAND THAT THE INFORMATION GATHERED ON, AND FROM THIS FORM AND THE RENTAL AGREEMENT MAY BE MAINTAINED BY MANAGEMENT AND NATIONAL TENANT NETWORK FOR UP TO FIVE (5) YEARS AFTER I VACATE THE PREMISES.

TENANT/PURCHASER SIGNATURE.....DATE.....

MAKE SURE YOU FILL OUT FULL NAME, DOB, SOCIAL SECURITY # & FULL ADDRESS

IF YOU HAVE A SECURITY FREEZE, PLEASE LIFT WITH ALL 3 BUREAUS BEFORE APPLYING!!

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize: NTN
to make a onetime debit to your credit card listed below.
This will cover the fee for our Tenant Screening/Background Searches. We run these
reports through **National Tenant Network**.
(National Tenant Network will appear on your billing statement)

By signing this form you give us permission to debit your account for the amount
indicated on or after the indicated date. This is permission for a single transaction
only, and does not provide authorization for any additional unrelated debits or credits
to your account.

Please complete the information below:

I _____ authorize Chateau Chaperones/NTN to
charge my credit card

account indicated below for background screening on or after _____.
(date)

This payment is for:
Buyer/Tenant Screening/Background Search
(description of goods/services)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: ☐ Visa ☐ MasterCard

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC) _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.