

CLUBSIDE POINTE CONDOMINIUM ASSOCIATION INC.

C/O Mahogany Services, Inc.
21 S. E. 5th Street, Suite 200
Boca Raton, FL 33432
561-997-6453

Application for new owners/leases

1. This application for occupancy must be completed in detail by the proposed Purchaser(s)/lessees. If any question is not answered or left blank, this application may be returned nor processed and not approved. It can take up to thirty (30) days to process an application. Occupancy prior to approval is prohibited.
2. Please email the complete application to donna@mahoganyservices.com and include copies of all checks. Original checks can be mailed or dropped off at the Mahogany Services office.
3. Please attach a copy of the Purchase Contract/lease agreement to this application including condominium rider
4. Non-refundable \$100.00 Application Fee payable to Clubside Pointe Condominium Association, Inc. must be included with the Application which includes background screening
5. Non-refundable \$100.00 Application Fee payable to Mahogany Services, Inc.
6. Copy of Driver's License & Copy of Social Security Card (EACH APPLICANT)
7. Signed Background/Credit Authorization Form.
8. Two quarters of maintenance is required as a capital contribution for all sales
9. Personal Interview is required prior to occupancy

CLUBSIDE POINTE CONDOMINIUM, INC.

I HEREBY AGREE FOR MYSELF AND ON BEHALF OF ALL PERSONS WHO MAY USE THIS DWELLING, WHICH I SEEK TO BUY:

1. I will abide by all of the conditions contained in the by-laws, rules and regulations and restrictions, which are or may in the future be imposed by Clubside Pointe.
2. I understand that occupancy of this dwelling in my absence is prohibited.
3. I understand that I must be present when any visitors or children who are not permanent occupants of the unit use the recreational facilities.
4. I understand that the acceptance for buyer of any dwelling is conditioned upon the truth and accuracy of this application and upon approval of the board of directors. Occupancy prior to approval is prohibited. Any misrepresentation or falsification of information on these forms will result in automatic rejection of this application.
5. I understand that the board of directors may cause to be institutes such an investigation of my background as the board may deem necessary. Accordingly, I specifically agree to authorize mahogany services 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 if the information contained herein or any investigation conducted.
6. Buyer is aware that they are responsible for timely payments of all fees and assessments. At present assessment are due the 1st day of each quarter. Any payments received after the 15th day of month will be assessed a late fee
7. Upon closing, buyer should receive from the seller a copy of completed current documents.

In making the foregoing application, I am aware that the decision of the board of directors will be final. I agree to be governed by the determined of the board of directors.

SIGNATURE: _____ SIGNATURE: _____
DATE: _____ DATE: _____

UNIT NUMBER _____

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 RETURNED.

DATE: _____

PRESENT OWNERS: _____

PROPERTY ADDRESS: _____

PROSPECTIVE RESIDENT INFORMATION

NAME: _____

SPOUSE _____

PRESENT ADDRESS: _____

TELEPHONE
NUMBER: _____

EMAIL ADDRESS _____

PREVIOUS ADDRESS

OWNED: _____ RENTED: _____ HOW LONG: _____

PERSONAL
REFERENCES _____

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

OTHER PERSONS WHO WILL BE OCCUPYING THE HOME WITH YOU

NAME: _____ AGE: _____ RELATIONSHIP: _____

NAME: _____ AGE: _____ RELATIONSHIP: _____

Welcome to our community

Frequently Asked Questions

- Q. What are my voting rights in the Condominium Association?
- A. Each unit has one vote
- Q. What restrictions exist in the Condominium Documents on my right to use my unit?
- A. Only owners of record are allowed to live in the unit
- Q. What restrictions exist in the Condominium Documents on the leasing of my unit?
- A. You may lease your unit after owning for _____
- Q. How much are my assessments to the condominium association for my unit type and when are they due?
- A. At present, the quarterly payment is 2807.00 and is due January 1, April 1, July 1, and October
- Q. Is the Condominium Association involved in any court cases in which it may face liability in excess of \$100,000.00?
- A. No
- Q. Are pets permitted?
- A. Yes pets are allowed
- Q. Am I permitted to operate a business from my unit?
- A. No unit may be used for the conduct of any business or profession
- Q. Are the buildings covered by insurance?
- A. Yes- But the interior is not covered by the Condominium. You must obtain your own Homeowners Insurance. The association must get proof of insurance for your unit each time it is renewed.
- Q. If I want to sell my unit, may I put a sign on the lawn or in the window?
- A. No signs or displays are permitted.
- Q. If my neighbor is gone and I hear water running, what should I do?
- A. Notify a member of the Board of Director

- Q. How should I prepare when I will be absent during hurricane season?
- A. If you are away during hurricane season (June –October), you must remove all objects from the outside of your unit. You must designate a responsible person who has access

ACKNOWLEDGEMENT AND CERTIFICATION

We/I, the undersigned purchaser/

do hereby acknowledge and certify that we/I have received, read and reviewed the Declaration of Condominium, By –Laws and all Amendments thereto of CLUBSIDE POINT CONDOMINIUM, INC. including all Rules and Regulations therein.

We/I do hereby consent to said Declaration and Rules as amended and further agree to be bound by all of the expressed terms and conditions therein contained..

We/I also acknowledge receipt of the QUESTION AND ANSWER form which is required by State Condominium Law.

Date: _____

Signature: _____

_____ I would like to receive I electronic communications from the community.

Email address to be used _____

Is this application for a:

_____ Full time resident

_____ Seasonal resident*

**If seasonal resident please provide contact information for caretaker of the unit in your absence:

Name _____

Telephone _____

Email _____

ASSOCIATED CREDIT REPORTING, INC.

Established 1985

4690 NW 103rd Avenue, Sunrise, Florida 33351
www.associatedcreditreporting.com

AUTHORIZATION FORM

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my credit history and criminal record history.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY. If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

(Applicant's Signature)

(Spouse's Signature)

(Applicant's Name Printed)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)

READ FIRST: Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014

**** THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! ****

APPLICATION FOR OCCUPANCY

Association Name: _____

Circle one: Purchase - Lease - Occupant - Unit # _____ Bldg # _____ Address applied for: _____

Applicant _____ Date of Birth _____ Social Security # _____

Circle One: Single - Married - Separated - Divorced - How Long? _____ Other legal or maiden name _____

Have you ever been convicted of a crime? _____ Date (s) _____ County/State Convicted in _____

Charge (s) _____

Applicant's Cell Number(s) _____ Applicant's Email Address _____

Spouse _____ Date of Birth _____ Social Security # _____

Other legal or maiden name _____ Have you ever been convicted of a crime? _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

Spouse's Cell Number(s) _____ Spouse's Email Address _____

No. of people who will occupy unit - Adults (over age 18) _____ Description of Pets _____

Names and ages of others who will occupy unit _____

In case of emergency notify _____ Address _____ Phone _____

RESIDENCE HISTORY (Seven Years History Required)

A. Present address _____ Phone _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Dates of Residency: From _____ to _____

B. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Dates of Residency: From _____ to _____

C. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Dates of Residency: From _____ to _____

Are you using a realtor? Yes _____ No _____ If yes: Realtor's name _____

Email Address _____ Cellular Phone _____

Driver's License Number (Primary Applicant) _____ State Issued _____

Driver's License Number (Secondary Applicant) _____ State Issued _____

Make _____ Type _____ Year _____ License Plate No. _____

Make _____ Type _____ Year _____ License Plate No. _____

If this application is not legible or is not completely and accurately filled out, Associated Credit (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 recognizes that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____