

DELRAY OAKS CONDOMINIUM ASSOCIATION, INC.

APPLICATION TO PURCHASE OR LEASE

Revised 08/04/2025

Please return this form to:
Albion, LLC
561-988-6998

By Hand or Mail:
1101 S Rogers Circle, Suite 4
Boca Raton, Florida 33487

By Email:
nicolas@2albion.com

Notes: You must allow up to 30 days for processing, longer if international processing is required. Additional fees apply to all international background checks; call for pricing. Processing time is calculated from the date we receive a complete application. You will be notified if additional information is required. **Personal checks are not accepted.** Cash is. So are cashier's checks and money orders. All fees are non-refundable. Association documents are not provided to applicants. All association documents must be obtained from the unit's current owner. All residents over the age of 18 are considered applicants even if they are not a party to the contract or lease. All fees are payable to "Albion LLC" unless otherwise indicated. All applicants must be interviewed. For assistance with this application, call 561-988-6998.

DO NOT STAPLE, RE-SORT, FOLD, SPINDLE, OR MUTILATE. PLEASE PRINT LEGIBLY.
WE CAN'T PROCESS WHAT WE CAN'T READ.

Property Address (number and street)	Please check one: Purchase ☐ Lease ☐ Renewal ☐		
Applicant 1 Name			
Cell Phone	Email Address		
Applicant 2 Name	Please check one: *I am Applicant 1's spouse Yes ☐ No ☐		
Cell Phone	Email Address		
Current Owner's Name(s)			

Use additional sheet to include additional applicants.

APPLICATION CHECKLIST

- ☐ Application Fee of **\$150** per applicant and/or married couple **made payable to Albion LLC**
NOTES: *Proof of marriage is required; NO PERSONAL CHECKS ACCEPTED; ONLY CASHIER'S CHECKS, MONEY ORDERS, OR CASH
- ☐ Copy of fully executed (signed by all parties) contract of sale or lease
NOTES: Lease terms must be a minimum of four (6) months and is restricted to one (1) lease per calendar year
- ☐ Copies of valid driver's licenses for all applicants
- ☐ Copies of all vehicle registrations
- ☐ Copies of veterinarian certificate and picture of the pet (ONLY 1 ALLOWED, under 20 lbs.)
No Pets are allowed for renters.
- ☐ Please initial to indicate that you acknowledge that you have received, or will receive all association documents from the unit owner, including all rules and regulations. _____

Use additional sheets if necessary.

Please feel free to include your broker's business card, or a copy of it, if you wish.

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Applicant 1

Present Address _____

Rent ☐ Own ☐ Years there _____

Present Employer _____

Work Address _____ Phone _____

Applicant 2

Present Address _____

Same as above ☐

Rent ☐ Own ☐ Years there _____

Present Employer _____

Work Phone _____ Phone _____

List all additional occupants, their ages, and relationships to the applicants.

All occupants over the age of 18 are considered applicants and must submit their information and pay all applicable fees.

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

In case of emergency, please notify:

Name _____ Phone _____ Phone 2 (Optional) _____

Address _____

Email _____ Relationship _____

Your Pet (if any)

Breed _____ Weight _____

Use additional sheets if necessary.

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Personal References:

List three (3) references that may be reached during business hours. You may not use a relative as a reference.

Name	_____	Phone	_____
Name	_____	Phone	_____
Name	_____	Phone	_____

I hereby agree for myself and on behalf of all persons who may use the property which I seek to Purchase/Lease:

- 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 Delray Oaks Condominium Association.
- I understand that the acceptance for leasing any residence at Delray Oaks Condominium Association 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 of these forms will result in the automatic rejection of this application.
- I understand that the Board of Directors of Delray Oaks Condominium Association may conduct an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize Albion LLC 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 information contained herein or any investigation conducted.

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.

SIGNED _____ **Date** _____

SIGNED _____ **Date** _____

FOR BOARD USE ONLY

Use additional sheets if necessary.

DELRAY OAKS CONDOMINIUM ASSOCIATION RESTRICTIONS

- This application must be completed in detail by the proposed purchaser/lessee. Missing information will cause a delay in processing your application. Make sure all applicants sign the Application. Application must be filled out by everyone occupying a unit that is over the age of 18.
- **The application process will begin once all paper documentation and required fees are submitted.** If the information is not submitted in full, your application will not be processed. In order to meet application processing timeframe, applicants must make sure COMPLETED application reaches the management office **30 days** prior to closing or move-in. **NO EXCEPTIONS!**
- Owners **MUST** provide buyers and/or tenants with a copy of the Association Documents and the Rules and Regulations. It is not the responsibility of the Board of Directors to furnish Association Documents. Association Documents may be purchased from Albion LLC. It is the responsibility of the unit owner to go over the Rules and Regulations with the renter. All unit owners are responsible for the actions of their renter and the Association reserves the right to evict any tenant who does not abide by the Association Rules.
- After your application is processed, you will be contacted to set up an interview before you will receive your Approval. **Applicants MUST make themselves available for a personal interview.**
- **Maximum of four (4) people** can live in a unit, per City of Delray Beach code.
- **PETS - require approval:** Only one (1) pet is allowed for owners (maximum 20 lbs.). No Pets are allowed for renters.
- **No signage of any kind** is allowed, including both property and vehicles.
- **VEHICLES:** No motor home, trailer, boat, recreational vehicle, camper, or truck shall be permitted to be parked or stored in or on the Condominium Property.
No Motorcycles of any kind permitted on the premises.
- There is only one parking space per unit, parking decal must be displayed.
- No blocking the dumpsters.
- Noise level is to be kept to your unit only.
- No renters are permitted to plant outdoors.
- No grills permitted on the second story units.

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ASSOCIATION GOVERNING DOCUMENTS & RULES AND REGULATIONS **ACKNOWLEDGEMENT**

Unit Number: _____

I/we hereby declare that we have read and understand Delray Oaks Condominium Association Rules and Regulations and agree to abide by same. I further acknowledge that I am aware that the Board of Directors can negate my lease/purchase if I/we do not abide by them.

If leasing a unit, I/we understand that the disregarding of these Rules and Regulations can result in the revocation of our lease.

If we become an owner we understand that it can result in the levying of fines as contained in the Association documents.

In making the foregoing application, I am aware that the decision of DELRAY OAKS CONDOMINIUM, INC. will be final and no reason will be given for any action taken by the Board. I agree to be governed by the determination of the Board of Directors.

Applicant Signature _____ **Date** _____

Applicant Signature _____ **Date** _____

Background Check - Release Authorization

I hereby authorize your company or any agent of your company, to contact any of my references, previous employers, companies, credit bureaus, corporations, law enforcement agencies, persons and educational institutions to supply any information concerning my background and criminal History. I also hereby release any of the above from liability, including the managing agent for the above, from responsibility arising from their doing so. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy and/or forfeiture of deposit and may constitute a criminal offense under the laws of this state. I believe to the best of my knowledge that all information I have provided is accurate and that I fully understand the terms of this release.

Photocopies of this authorization form 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 Name: _____

Social Security #: _____ - _____ - _____ **Date of Birth:** ____ / ____ / ____

Street Address: _____

City/State/Zip: _____

Applicant Signature: _____ **Date:** ____ / ____ / ____

Co-Applicant Name: _____

Social Security #: _____ - _____ - _____ **Date of Birth:** ____ / ____ / ____

Street Address: _____

City/State/Zip: _____

Co-Applicant Signature: _____ **Date:** ____ / ____ / ____

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VEHICLE IDENTIFICATION FORM

Please fill in the information needed below, which is required for our Association records.

NAME OF RESIDENT: _____

UNIT ADDRESS: _____

RESIDENT TELEPHONE NUMBER: _____

☐ Resident is Owner

☐ Resident is Renting

Lease Expiration Date: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____

OWNER TELEPHONE NUMBER: _____

VEHICLE #1:

Make _____ Model _____ Year _____

License Plate # _____ Registration # _____

Parking Space#: _____ **Decal #** _____

VEHICLE #2:

Make _____ Model _____ Year _____

License Plate # _____ Registration # _____

Parking Space#: _____ **Decal #** _____

Date: _____