Bel Aire
Homeowners Association of Palm Beach County, Inc.
5121 Casa Real Dr. Delray Beach, Florida 33484

CHECK LIST FOR APPLICATION FOR RESIDENCY

_____ Completed application

_____ Purchase/lease contract

_____ Copy of driver's license(s)

_____ Copy of vehicle registration(s)

Fees (check or money order):

_____ **$500** application fee made out to Bel-Aire HOA of PBC, Inc.

_____ **$100** processing fee per applicant made out to Kay Association Management

Ways to submit application and fees:

- Mail to Kay Association Management, PO Box 3748, Boynton Beach, FL 33424
- Drop off in association lockbox on outside of clubhouse door
- Drop off in person at Victory Accounting, 1500 Gateway Blvd. Suite 220, Boynton Beach, Fl 33426

Normal processing time is at least <u>15 days</u>.

Please note that the estoppel letter will not be issued until after the application and fees have been submitted.

Certificate of Approval will not be issued until after processing of the application, background/credit check, and interview is completed.

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Date: _____

_____ Purchaser _____ Lessee (check one)

Bel-Aire Address: _____ Lot #: _____

Name of Prospective Owners:

_____

_____

The undersigned applicant, hereinafter referred to as "undersigned" acknowledges and has reviewed a copy of the Homeowner's Documents containing the Declaration of Restrictions, the Articles of Incorporation, the By-laws and Rules & Regulations of Bel-Aire, and the undersigned, having read and understood the contents of the said documents, does hereby agree to be bound thereby and thereby comply with same.

The undersigned agrees to abide and comply with all Rules and Regulations as shall now be in effect, or as may hereafter be in effect by amendment or change as approved by Bel-Aire Homeowners Association of Palm Beach County, Inc., and/or its Board of Directors.

The undersigned understands that it is the undersigned's responsibility to inform all family members and/or guests of the contents of the aforesaid Rules & Regulations of Bel-Aire, as they are now or as they may subsequently be amended, and to advise these same family members and/or guests that they must abide by and comply with all such Rules & Regulations.

The undersigned further understands that he/she/they is/are directly responsible for any and all actions of family members and guests at all times while these family members and guests are on the premises of Bel-Aire. In the event of any infraction, violation and/or deviation of any of the said Rules & Regulations of Bel-Aire, committed by the undersigned or a family member or guest of the undersigned, the undersigned will be responsible for the same and will be subjected to such action as the Board of Directors of Bel-Aire Homeowners Association of Palm Beach County, Inc., may deem necessary by assessment, removal from the premises or any other relief the Board of Directors may deem necessary in the interests of the Association.

The application is subject to approval of the Board of Directors, acting accordance with the Homeowner Association Documents of Bel-Aire. Upon approval the owner will receive a Certificate of Approval executed by the Association.

Purchaser/Lessee Signature: _____

Purchaser/Lessee Signature: _____

INSTRUCTIONS:

1 -All applicants are processed as separate investigations.
2 -Print legibly or type all information. Account and telephone numbers and complete addresses are required.
3 -If any question is not answered or left blank, this application may be returned, not processed or not approved.
4 -Missing information will cause delays in processing your application.
5 -Any misrepresentation, falsification or omission of information may result in your disqualification.
6- Only the applicants are authorized to sign all forms on page 2.

APPLICATION FOR OCCUPANCY/APPROVAL

PRINT OR TYPE (Use Black Ink)

Purchase_____ or Lease _____ (How long)

Apt. No. _____Bldg No._____ Special Address or Unit _____

Date_____20_____Desired date of occupancy _____

Name (Mr./Mrs. /Ms.)_____Date of Birth_____ Soc. Sec No. _____
(mm/dd/yy) *(Passport, Alien, Green Card, Social Insurance No.)*

Spouse (Mr./Mrs./Ms.)_____ Date of Birth_____ Soc. Sec No. _____
(mm/dd/yy) *(Passport, Alien, Green Card, Social Insurance No.)*

[ ] Sngl. [ ] Married [ ] Widow(er) [ ] Sep._____ [ ] Div._____ Maiden Name_____
(How long) (How long)

Number of people who will occupy. Adults (over age 18) _____Children (over 18) _____Children (under 18) _____

Names & ages of children who will occupy: _____

Description of Pets (Breed, Size, Color, Weight, Etc.)_____

In case of emergency notify: _____
Name *Address* *Telephone*

PRINT OR TYPE (Use Black Ink)

RESIDENCE HISTORY

A. Present Address _____ Phone (____) _____
(Street Address, Apt No., City, State, Zip)
Name of Apt. /Condo_____Phone (___) _____ Dates of Residency_____
Name of Landlord or Mortgage Co. _____Phone (___) _____
Address _____Mtg. No. _____

B. Previous Address _____ Your Apt No. _____
(Street Address, Apt No., City, State, Zip)
Name of Apt. /Condo_____Phone (___) _____ Dates of Residency_____
Name of Landlord or Mortgage Co. _____Phone (___) _____
Address _____Mtg. No. _____

C. Prior Address _____ Your Apt No. _____
(Street Address, Apt No., City, State, Zip)
Name of Apt. /Condo_____Phone (___) _____ Dates of Residency_____
Name of Landlord or Mortgage Co. _____Phone (___)_____
Address _____Mtg. No. _____

PRINT OR TYPE (Use Black Ink)

EMPLOYMENT & BANK REFERENCES

A. Employed By (Business Name) _____ Phone (___) _____
(or retired from)
How long_____ Dept. or Position _____Mo. Income _____
Address _____Zip _____

B. Spouse's Employment (Business Name) _____ Phone (___) _____
(or retired from)
How long_____ Dept. or Position _____Mo. Income _____
Address _____Zip _____

C. Bank Reference _____Phone (___) _____
How long_____ Ck. Acct. No. _____Sav. Acct. No. _____
Address _____Zip _____

D. Bank Reference _____Phone (___) _____
How long_____ Ck. Acct. No. _____Sav. Acct. No. _____
Address _____Zip _____

(Continued on Back)

PRINT OR TYPE (Use Black Ink) **CHARACTER REFERENCES** (OTHER THAN FAMILY)*

1. _____
Name *Address* *Phone (Residential & Office)*

2. _____
Name *Address* *Phone (Residential & Office)*

3. _____
Name *Address* *Phone (Residential & Office)*

Driver's Lic. No. #1 _____ #2 _____ State_____

Make_____ Model _____ Year _____ Plate No._____ Color _____ State_____

Make_____ Model _____ Year _____ Plate No._____ Color _____ State_____

If this application is NOT legible or is not completely and accurately filled out, Applicant Information (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 or their agent, Applicant Information may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature_____ Signature _____
Applicant Applicant's Spouse

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

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND CRIMINAL BACKGROUND

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: APPLICANT INFORMATION

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) (Applicant's Name Printed)

_____ _____
(Spouse's Signature) (Spouse's Name Printed)

DATE _____

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