**CME Management Group**
**10320 Flores Drive**
**Boca Raton, FL 33428**

**Phone: 561-826-7729**
**Fax: 561-826-8078**
**Email: cathyr@CMEmanagementgroup.com**

## LAGUNA AT MISSION BAY ASSOCIATION

### APPLICATION FOR PURCHASE - RENTAL AND APPROVAL

1. The Resident information form, the Application and the Authorization Affidavit must be completed in detail by the proposed Buyer/Renter.
2. If any question is unanswered, this Application will be returned for completion before being processed.
3. **Please attach a copy of the Sales or Lease Contract to this Application and copies of the applicant (s) Driver's License(s)**
4. **Please attach a non-refundable $150.00 processing fee to this Application, payable to CME Management Group.**
5. **Please attach a non-refundable fee/per person, 18 years of age or over to pay for a background check required by the Association, payable to CME Management Group. The fees are as follows:**

` **$30.00 per person for those residing anywhere in the United States.**

**Canada and International background check fees per person will be determined by Scott-Roberts & Associates based upon your country of origin. CME Management Group will notify prospective applicants what this cost will be once your application is submitted.**

6. **Please attach a non-refundable $150.00 processing fee to this Application, payable to Laguna at Mission Bay Association, Inc. Checks and Money Orders Only. NO CASH.**
7. The completed Application must be submitted to the Association at least thirty (30) days prior to the desired sale/lease date.
8. **If approval is needed prior to this time frame there is an *additional rush fee of $100.00, payable to CME Management.***
9. **Name of Realtor: _____ Phone: _____ Email: _____**
10. The Purchaser(s)/Renter(s) is/are obliged to take part in an interview conducted by the Association.
11. Use of the unit is for single family residence only.
12. **Please attach a picture of pet (s), and a copy of the license and vaccinations.**
13. The Owner must provide the Buyer with a copy of the Declaration of Protective Covenants, Articles of Incorporation and By-Laws and a copy of all documents.
14. Purchaser(s)/Renter(s) is/are bound to follow all the guidelines as stated in the Declaration of Protective Covenants (and any amendments thereto), Articles of Incorporation and By-Laws. Purchaser is bound to follow all Association guidelines.
15. Purchase(s)r/Renter(s) must follow all rules and regulations for Association's Club and Tennis Facilities. Failure to follow the rules and regulations will result in revocation of Club and Tennis privileges.
16. **Renters Only:** A security deposit in the amount of $1,500, payable to Laguna must be on file.

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**RESIDENT INFORMATION**
**(Please Print or Type)**

**ASSOCIATION NAME:** **Laguna at Mission Bay** **ACCOUNT NUMBER:** _____

**PROPERTY ADDRESS:** _____

**PROSPECTIVE OWNER(S) or TENANT(S)**

Last Name 1: _____ Applicant 1: First Name: _____

Last Name 2: _____ Applicant 2: First Name: _____

Home Phone: _____

Applicant 1 Work Phone: _____ Applicant 2 Work Phone: _____

Applicant 1 Cell Phone: _____ Applicant 2 Cell Phone _____

Applicant 1 Email _____ Applicant 2 Email: _____

Alternate Mailing

Emergency Contacts: _____

Lease Term: **(If Applicable**) beginning on: _____ and ending: _____

Emergency Contact (s): _____

**Other persons who will occupy unit with you:**
(Name/Age/Relationship/Occupation)

| Name | Age | Relationship / Occupation (if applicable) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

Pet(s) - Number, weight & type: _____

**VEHICLES**

Make (1): _____ Model: _____ License Plate: _____ State: _____

Make (2): _____ Model: _____ License Plate: _____ State: _____

Make (1): _____ Model: _____ License Plate: _____ State: _____

Make (2): _____ Model: _____ License Plate: _____ State: _____

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**PLEASE PRINT LEGIBLY ** AND ** PLEASE VERIFY INFORMATION**

**Applicant 1:** _____ S/S/N: _____

Driver's License #: _____ State _____ D/O/B: _____

**Applicant 2:** _____ S/S/N: _____

Driver's License #: _____ State _____ D/O/B: _____

**Applicant 1 present address:** _____

City: _____ State: ____ Zip Code: _____ Owned: _____ Rental: _____

Current Landlord (if applicable) _____ Phone: _____ How Long? _____

**Applicant 2 present address:** _____

City: _____ State: ____ Zip Code: _____ Owned: _____ Rental: _____

Current Landlord (if applicable) _____ Phone: _____ How Long? _____

## EMPLOYMENT

**Applicant 1 Present Employer**: _____ Phone: _____ How Long? ____

Position: _____ Supervisor: _____

Gross Income: _____ per week _____ per month _____ per year _____ (check one)

Other Income: _____ per week _____ per month _____ per year _____ (check one)

**Applicant 2 Present Employer**: _____ Phone: _____ How Long? _____

Position: _____ Supervisor: _____

Gross Income: _____ per week _____ per month _____ per year _____ (check one)

Anticipated Closing Date: _____

Name (s) of Proposed Purchaser(s) / Renter(s) (as will appear on Deed/Lease): _____

_____

_____

# Laguna at Mission Bay Association

**VOLUNTARY INFORMATION**

Do you have any handicap that the Association should be aware of in case of an Emergency (fire/flood/etc.)?

Yes/No?_____ Describe:_____

1 . I hereby agree for myself and on behalf of all persons who may use the unit which I seek to purchase:
   a . I will abide by all of the guidelines contained in the Declaration of Protective Covenants, Articles of Incorporation, By-Laws, Rules & Regulations, Restrictions and as they may be amended from time to time in the future.
   b . I understand that I must be present and obtain a guest pass when any guest, relatives, visitors or children who are not permanent residents use the recreational facilities.
   c . I understand that if I wish to lease my unit the Tenant must be approved prior to the move-in date and in accord with Declaration of Protective Covenants, Articles of Incorporation, By-Laws, Rules & Regulations, Restrictions and as they may be amended from time to time in the future.
   d . I understand that any violation of the terms, provisions, conditions and covenants of LAGUNA AT MISSION BAY ASSOCIATION AND MISSION BAY COMMUNITY documents provide for immediate action.

2 . I have received a copy of Laguna at Mission Bay Association documents referred to above:

   Yes _____ No _____

3 . I have received a copy of the Mission Bay Association documents referred to above:

   Yes _____ No _____

4 . I understand that I will be advised by the Board of Directors of either approval or denial of this Application.

   Yes _____ No _____

5. I understand that the acceptance for purchase at LAGUNA AT MISSION BAY is conditioned upon the truth and accuracy of this application and upon approval of the Board of Directors. Any misrepresentation or falsification of information on these forms will result in the automatic rejection of this application. **Occupancy prior to Board approval is prohibited.**

_____ _____
(Applicant 1 Signature) (Date)

_____ _____
(Applicant 2 Signature) (Date)

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## Authorization Form

You are hereby authorized to release any and all information requested with regards to verification of my bank account(s), tax returns, credit history, residential history, criminal record history, employment verification and character references to Scott-Roberts & Associates. This information is to be used for my/our credit report for my/our Application for occupancy.

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 Scott-Roberts & Associates, Property Manager, Board of Directors for their exclusive use only.

**PLEASE INCLUDE A COPY OF DRIVER'S LICENSE(S) TO CONFIRM IDENTITY. If you do not have a Social Security Card, please include a copy of your passport or current identification card.**

**Please notify your Employer(s) and Character References that we will be contacting them to obtain a reference pursuant to your application.**

I/We further state the Authorization form were signed by me/us and was not originated with fraudulent intent by me/us or any other person that the signature(s) below are my/our own proper signature(s).

If you or the co-applicant have falsified or deliberately mislead or omitted to mention any information on your application, you may not be approved for a purchase, lease and/or occupancy.

**Everyone over 18 years old must sign below.**

Applicant Print Name: _____

_____ _____ _____
(Applicant's Signature) (Social Security Number) (Date)

Applicant Print Name: _____ Maiden Name (if applicable) _____

_____ _____ _____
(Applicant's Signature) (Social Security Number) (Date)

Applicant Print Name: _____

_____ _____ _____
(Applicant's Signature) (Social Security Number) (Date)

## DISCLOSURE REGARDING BACKGROUND INVESTIGATION ACKNOWLEDGEMENT AND AUTHORIZATION

## DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Laguna at Mission Bay Association may obtain information about you from a consumer reporting agency for homeowner/tenant screening purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records ("driving records"), and verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for residency is an investigation into your employment history conducted by Scott-Roberts & Associates; or another outside organization. Information regarding Scott-Roberts & Associates (including information about whether any consumer personal information will be sent outside the U.S. or its territories) may be found on their website. The scope of this notice and authorization is all encompassing, however, allowing Laguna at Mission Bay Association to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your residency to the extent permitted by law. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you may request a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

### ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understand the document. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or other party to furnish any and all background information requested by Scotts-Roberts & Associates or another outside organization acting on behalf of Laguna of Mission Bay Association and/or itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

| |
|---|
| New York and Maine applicants or tenants only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. |
| State of Washington applicants or tenants only: You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of rights of your rights and remedies under Washington law. |
| California applicants or tenants only: By signing below, you acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIG PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative summary report or consumer credit report at no charge if one is obtained by the Company whenever you have a right t to receive such a copy under California law. |

Applicant's Signature: _____ Date: _____

Print Name: _____

Applicant's Signature: _____ Date: _____

Print Name _____

**Please complete all forms and return to:** ***CME Management Group***
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