

WHITEHALL CONDOMINIUM ASSOCIATION INSTRUCTIONS
APPLICATION FOR PURCHASE, GIFT, DEVISE OR INHERITANCE APPROVAL

- THE ATTACHED APPLICATION AND APPLICATION FOR OCCUPANCY MUST BE COMPLETED IN ITS ENTIRETY BY THE PROPOSED PURCHASER.
- PLEASE SUBMIT YOUR LAST TWO (2) YEARS OF FILED TAX RETURNS.
- A COPY OF THE PURCHASER & SALE AGREEMENT MUST BE SIGNED AND ATTACHED TO THIS APPLICATION.
- A COPY OF ALL APPLICANT'S DRIVER'S LICENSE OR PASSPORT MUST BE ATTACHED TO THE APPLICATION.
- PLEASE INCLUDE A **NON-REFUNDABLE APPLICATION FEE OF \$100.00 FOR EVERY ADULT OCCUPANT OVER THE AGE OF 18, MADE PAYABLE TO WHITEHALL CONDOMINIUM ASSOCIATION, INC.** (Applications from outside the US may have a higher application fee.)
- **IF ANY QUESTIONS ARE UNANSWERED, LEFT BLANK OR DOCUMENTS ARE MISSING THIS APPLICATION WILL BE RETURNED, NOT PROCESSED AND NOT APPROVED.**
- THE COMPLETED APPLICATION MUST BE SUBMITTED TO THE ASSOCIATION OFFICE AT LEAST **THIRTY (30) DAYS PRIOR TO THE EXPECTED CLOSING DATE.**
- ESTOPPELS AND CONDO QUESTIONNAIRES CAN BE REQUESTED BY VISITING WWW.CONDOCERTS.COM
- ALL APPLICANTS MUST MAKE THEMSELVES AVAILABLE FOR A PERSONAL INTERVIEW BY THE ORIENTATION COMMITTEE. FINAL APPROVAL WILL BE DETERMINED BY THE BOARD OF DIRECTORS.
- THE INTERVIEW CAN NOT BE SCHEDULED PRIOR TO THE CREDIT/BACK GROUND CHECK AND BOARD REVIEW OF ALL DOCUMENTS. **NO EXCEPTIONS**
- NO CLOSING SHOULD BE FINALIZED WITHOUT A SIGNED APPROVAL FROM THE BOARD OF DIRECTORS.
- APARTMENTS CAN **NOT** BE PURCHASED BY A PARTNERSHIP, CORPORATIONS OR COMPANIES.
- NO PETS ALLOWED ON THE PROPERTY AT ANY TIME.
- NO CAMPERS, TRAILERS, TRAIERED BOATS, TRUCKS, OR COMMERCIAL VEHICLES SHALL BE PARKED OVERNIGHT AND WEEKENDS ON WHITEHALL PROPERTY.
- ALL OWNERS WITH HURRICANE SHUTTERS ARE RESPONSIBLE FOR ALL FUTURE COSTS RELATED TO REPAIRS & RENOVATIONS OF THE BUILDING.
- **THE SELLER (CURRENT OWNER) SHALL PROVIDE THE PURCHASER WITH A COPY OF ALL CONDOMINIUM DOCUMENTS.**
- PURCHASER MUST NOTIFY THE ASSOCIATION OFFICE WITH THE EXACT DATE OF THEIR CLOSING.
- OCCUPANCY REGULATIONS FOR PERMANENT RESIDENTS:
TWO BEDROOM APARTMENTS – NO MORE THAN FOUR (4) OCCUPANTS.
THREE BEDROOM APARTMENTS – NO MORE THAN SIX (6) OCCUPANTS.
- **LEASING OF AN APARTMENT IS STRICTLY PROHIBITED.**

FOR OFFICE USE ONLY:

Apartment# _____
Parking Space# _____
Storage Space# _____

PLEASE PRINT OR TYPE

DATE: _____ APT # _____ APROX CLOSING DATE _____

CURRENT OWNER'S NAME _____ TEL # _____

NAME OF REAL ESTATE CO. HANDLING SALE _____

AGENT'S NAME _____ TEL # _____

PURCHASE PRICE: _____ AMOUNT FINANCED: _____

MORTGAGE COMPANY: _____

NAME of prospective Purchaser (as Title will appear): Be sure to include Trust if required.

a. _____ b. _____ (spouse)

PRESENT ADDRESS: _____ ZIP _____

CITIZENSHIP: U.S. _____ Foreign _____

If foreign, are there currency export restrictions in your country: Yes ☐ No ☐

If yes, state monthly/annual limits in U.S. dollars. Monthly _____

Annual _____

Annual Income: Exceeds _____ How much of this income is available to you in U.S. dollars for expenditure in the United States?

(Note: If requested by Whitehall, this must be confirmed in writing by the bank given as reference).

1. Do you own any real property in Florida: Yes ☐ No ☐
If yes, give address of property _____
2. Have you or any of the proposed residents ever been convicted of a felony?
Yes ☐ No ☐
If yes, state date and nature of offense

3. In making the foregoing application, I represent the Board of Director's that the purpose for the purchase of an apartment at WHITEHALL OF BOCA RATON CONDOMINIUM is as follows:
☐ Permanent Residence ☐ Seasonal Residence Other (explain) _____
4. I hereby agree for myself and on behalf of all persons who may use the condominium which I seek to purchase, that I(we) will abide by all of the restrictions contained in the Condominium Documents and Rules and Regulations which may be amended from time to time by WHITEHALL CONDOMINIUM ASSOCIATION.
5. I have received a copy of all condominium Documents. Yes ☐ No ☐
6. I understand that I will be advised by the Administration Office of either acceptance or denial of this application.
7. I understand that as a unit owner I am responsible for the maintenance, repair and replacement of windows, sliders and shutters in the unit. If my

unit has hurricane shutters I will be fully responsible for all future costs related to repairs & renovations of the building associated with shutters.

8. I understand that there is a restriction on pets and that I may not bring a pet nor may any guest, visitor or tenant bring a pet into/onto WHITEHALL CONDOMINIUM ASSOCIATION nor acquire one, either temporarily or permanent after occupancy.
9. I understand that leasing of units is strictly prohibited.
10. I understand that the acceptance for purchase of an apartment at WHITEHALL CONDOMINIUM ASSOCIATION is conditioned upon the truth and accuracy of this application and upon the 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 approval by the Board of Directors is prohibited.
11. I understand that the Board of Directors of WHITEHALL CONDOMINIUM ASSOCIATION may cause to be instituted such an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors and Officers of WHITEHALL CONDOMINIUM ASSOCIATION itself 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 by the Board of Directors.

In making the foregoing application, I am aware that the decision of WHITEHALL CONDOMINIUM ASSOCIATION 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.

Signature_____ Date_____
Applicant

Signature_____ Date_____
Applicant

APPLICATION FOR MEMBERSHIP
WHITEHALL CONDOMINIUM - 2000 S. OCEAN BLVD. - BOCA RATON, FLORIDA 33432

INSTRUCTIONS:

1. Print legibly or type all information. Account and telephone numbers and complete addresses are required.
2. If any question is not answered or left blank, this application will not be processed and/or approved.
3. Missing information will cause delays in processing your application.
4. Only the applicants are authorized to sign all forms.
5. Be sure to include a copy of a valid picture I.D. and the last two (2) years of filed tax returns.
6. Application Fee of \$100.00 per adult over 18 years of age, payable to Whitehall Condominium.

APPLICATION FOR OCCUPANCY/APPROVAL

Apt. No. _____ Date ____/____/____ Desired date of closing ____/____/____

Name _____ Date of Birth _____ SSN. _____

E-mail: _____ Telephone #: _____

Is this a trust form of ownership? Yes _____ No _____

Spouse _____ Date of Birth _____ SSN. _____

() Single () Married () Widow(er) () Sep. _____ () Divorced _____ Maiden Name _____

Number of people who will occupy: Adults (over age 18) _____ Children (over 18) _____

Children (under 18) _____

Names and ages of children who will occupy: _____

In case of emergency notify: _____

Address: _____ Telephone: _____

Relationship _____

PART 1: RESIDENCE HISTORY

A. Present Address _____ Phone (____) _____
(Street/Address, Apt. No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____

B. Previous Address _____ Phone (____) _____
(Street/Address, Apt. No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____

C. Prior Address _____ Phone (____) _____
(Street/Address, Apt. No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates _____
Name of Landlord or Mortgage Co. _____ Phone (____) _____
Address _____ Mtg. No. _____

PART II: EMPLOYMENT

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 _____

PART III: BANK/BROKERAGE REFERENCES
PLEASE PROVIDE ACCOUNTS WITH SUBSTANTIAL BALANCES

A. Bank/Brokerage Reference _____ Phone (____) _____
Address _____ Zip _____ Balance \$ _____
How Long _____

B. Bank/Brokerage Reference _____ Phone (____) _____
Address _____ Zip _____ Balance \$ _____
How Long _____

PART IV: THREE (3) CHARACTER REFERENCES - NO RELATIVES

1. Name _____ Phone (____) _____ Off. Phone (____) _____
Address _____ How Long Known _____ Zip _____

2. Name _____ Phone (____) _____ Off. Phone (____) _____
Address _____ How Long Known _____ Zip _____

3. Name _____ Phone (____) _____ Off. Phone (____) _____
Address _____ How Long Known _____ Zip _____

PART V: VEHICLES

Applicant's Driver's Lic. No.

#1 _____ State _____ #2 _____ State _____

Spouse's Driver's Lic. No.

#1 _____ State _____ #2 _____ State _____

NUMBER OF CARS (to be parked here) _____ (Only 1 assigned space per apartment)

Make _____ Model _____ Year _____ Tag No. _____ Color _____ State _____

Make _____ Model _____ Year _____ Tag No. _____ Color _____ State _____

If this application is NOT legible or is not COMPLETELY and accurately filled out, Adjustfax Investigations, (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, Adjustfax Investigations, 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, police arrest record and mode of living as applicable.

Signature _____ Date _____

Applicant

Signature _____ Date _____

Applicant's Spouse



NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

IMPORTANT NOTICE

Effective January 1, 2012, employers in California may only use consumer credit reports for employment purposes if the report is sought for the following:

A managerial position; 2) A position in the state Department of Justice; 3) A sworn peace officer or other law enforcement; 4) The California Fair Credit Reporting Act AB 655 created Civil Code section 1786.29 which requires a California applicant to choose if they want to have a copy of their consumer report.

If the applicant is a California resident, the following applies:

1. The report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records.
2. Evidence of identity theft may or may not be identified from this report.
3. The applicant has the right to see and copy their consumer report.
4. The applicant requests a copy of the consumer report by checking the box.

☐

I, the undersigned consumer, do hereby authorize **Whitehall Condominium Association** by and through its independent contractor, **Scott Roberts and Associates**, to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports for **leasing or tenant ownership purposes** with **Whitehall Condominium Association**

Said reports may include, but are not limited to, information as to my character, general reputation and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **Whitehall Condominium Association** by and through **Scott Roberts and Associates**, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **Scott Roberts and Associates** at 2290 10 Ave. N, Suite 500, Lake Worth, FL 33461, www.scottrobertsassociates.com, (888)-605-4265(O) (888)605-4305 (F) if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C § 1681 et. seq.

Signature: _____

Date: _____

Signature: _____

Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Print Name: _____

Other Names Used (alias, maiden, nickname) _____

**Current
Address:** _____

Street/P.O. Box	City	State	Zip Code	County	Dates
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**Former
Address:** _____

Street/P.O. Box	City	State	Zip Code	County	Dates
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**Former
Address:** _____

Street/P.O. Box	City	State	Zip Code	County	Dates
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Social Security Number: _____ **Daytime Telephone Number:** _____

Driver's License#: _____ **State:** _____ **Date of Birth:** _____ **Gender:** _____

Have you ever been convicted of a crime? ___yes or ___No (if yes please provide details)

Details: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Print Name: _____

Other Names Used (alias, maiden, nickname) _____

**Current
Address:** _____

Street/P.O. Box	City	State	Zip Code	County	Dates
-----------------	------	-------	----------	--------	-------

**Former
Address:** _____

Street/P.O. Box	City	State	Zip Code	County	Dates
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**Former
Address:** _____

Street/P.O. Box	City	State	Zip Code	County	Dates
-----------------	------	-------	----------	--------	-------

Social Security Number: _____ **Daytime Telephone Number:** _____

Driver's License#: _____ **State:** _____ **Date of Birth:** _____ **Gender:** _____

Have you ever been convicted of a crime? ___yes or ___No (if yes please provide details)

Details: _____

Whitehall Condominium Association, Inc.

Owner Information

Unit #: _____

Resident 1: _____

Home Phone#: _____ Work Phone #: _____

Cell Phone #: _____ Fax #: _____

E-mail: _____

Resident 2: _____

Home Phone#: _____ Work Phone #: _____

Cell Phone #: _____ Fax #: _____

E-mail: _____

Mailing address: _____

Emergency Contact _____

Name

Phone #

Apartment Watcher _____

Name

Phone #

Note that Florida Law requires us to have your explicit consent in order to include your phone number and e-mail in the Directory. I give consent to Whitehall Condominium to include my e-mail & phone numbers in the Whitehall directory. I consent Whitehall Management & Board to communicate meeting notices, newsletter & correspondence via e-mail.

Signature: _____ Date: _____

Signature: _____ Date: _____

Whitehall uses BuildingLink to communicate with all residents. BuildingLink is a web portal & mobile app that makes it easy for residents to request maintenance, book amenities, track packages, list guest & contractors, interact with neighbors and receive notifications from the Board & Management. If you do not have login information for BuildingLink please request one in the office.