Date Received:		Closing o	Occupancy	Date <u>:</u>		
Name of Buyer(s) or Tenant (s):						
Community:						
Property Address:						
ALL ITEMS MUST BE S	UBMIT	TED AL	.ONG \	WITH	I THI	S CHECKLIST
OR YOUR APPI	LICATIO	N WIL	L NOT	BE P	ROC	ESSED
	Applic General Sub	ation Ch omission Re		S		
APPLICATION FULLY EXECUTED WITH COMMUNITY SPECIFIC REQUIREMEN FULLY EXECUTED SALES CONTRACT O APPLICATION FEES and/or DEPOSITS	ITS (if applica					
IS THE APPLICANT CURRENTLY SERVING IN AND/OR A MEMBER OF THE FLORIDA NAT IF YES PLEASE PROVIDE A COLOR COPY OF	IONAL GUARD	AND UNITED	STATES RESE	RVE FORC		
Buyer(s)/Tenant(s) Rea	ltor Info:					
<ul><li>Company N</li></ul>						
Company Pl     Company Pl	hone:					<del></del>
<ul> <li>Company er</li> </ul>	maii:					
Seller(s)/Owners(s) Rea	ltor Info:					
<ul><li>Company N</li></ul>	ame:					_
<ul> <li>Company Plan</li> </ul>	hone:					
<ul> <li>Company er</li> </ul>	mail:					
Title Company Info (Op	otional):					
	ame:					
Company P	hone:					
	mail:					
Delivery of Certificate o	of Approval (	COA) to:				
Title Compa		Email	or	Pick	Up	
Buyer/Tena	•	Email	or	Pick	Up	
Seller/Owner		Email	or	Pick	Up	
Comments:					• 	

APPLICATION PROCESSING TIME IS 30 DAYS.

OPTIONAL EXPEDITED PROCESSING IS AVAILABLE AT AN ADDITION COST OF \$175.00
PAYABLE TO HARBOR MANAGEMENT OF SOUTH FLORIDA

### Worthington of Palm Beach Homeowners Association, Inc.

c/o Harbor Management of South Florida, Inc. 641 University Blvd., Ste. 205, Jupiter, FL 33458 Phone #: (561)935-9366 Fax #: (561)624-7465

### Purchase / Rental Application – (Please circle one)

Name:	Phone #:					
Property Address:	Occupancy Date	Occupancy Date:				
Present Address:	How Long:	Rent: Own:	<u>:</u>			
Email Address:						
Name of Owner, if Renting:	Owners Phone #					
Name of Agent Handling Purchase or Re	ental:					
IN CASE OF EMERGENCY NOTIFY:	RELATIONSHIP:					
ADDRESS:	Phone #:					
PRESENT EMPLOYER:	Phone #:	From:	To:			
ADDRESS:						
Name of Spouse:	Email:		_			
No. and Ages of Children						
SPOUSE'S EMPLOYER:	Phone #:	From:	To:			
ADDRESS:						
WILL ANYONE OTHER THAN YOUR SPOU	JSE AND CHILDREN LISTED ABOVE R	ESIDE WITH YOU?	(MANDATORY)			
NO IF YES	NAMES					
DO YOU HAVE PETS WHO WILL BE RESIDED PETMITTED IN THE PETMITTED IN T	of the pet must be submitted with t		-			
PERSONAL REFERENCE: (1)	ADDRESS: F	PHONE #:				
(2)						
VEHICLES:	STATE: VEHICLE	YEAR: MAKE:	MODEL:			
DO YOU HAVE ANY COMMERCIAL O	•	ATS, CAMPERS, /ES: NO:				

THESE VEHICLES ARE NOT ALLOWED TO BE PARKED ON ANY COMMON ELEMENTS AND MUST BE PARKED INSIDE THE GARAGE OVERNIGHT.

## WORTHINGTON OF PALM BEACH HOMEOWNERS ASSOCIATION, INC. ACKNOWLEDGEMENT

I agree to abide by the rules and regulations of the WORTHINGTON OF PALM BEACH HOMEOWNER'S ASSOCIATION, INC and am subject to the Declaration of Covenants of WORTHINGTON OF PALM BEACH HOMEOWNERS ASSOCIATION, INC. Failure to comply with terms and conditions thereof shall be a material default and breech of the lease / purchase agreement.

(I / We) further agree and understand that:

- (1) The Association has the right to terminate the lease and evict tenant for failure to follow the Declaration of Covenants adopted by the Association.
- (2) The Association has the right to collect all rental payments due to the owner and apply same against unpaid assessments if the Owner is in arrears in assessments and/or other charges.

Owner	Lessee/Purchaser	Date	

#### **APPLICATION INSTRUCTIONS:**

- Fill out notification <u>completely</u>, and submit to Harbor Management, 641 University Blvd., Ste. 205, Jupiter, FL 33458. Please allow 30 days for review and action to be taken by WORTHINGTON OF PALM BEACH HOA, INC.
- 2. Above <u>signed</u> acceptance of the Rules and Regulations must be submitted along with the application, as well as, a <u>copy of the lease agreement or the purchase contract and the signed Background Check Form.</u> Please apply a minimum of <u>30 days</u> prior to execution. Every effort will be made to expedite the notification process.
- 4. An application fee, as of 8-25-2022, of \$399.00 is required. Also, for Sales ONLY as of 4-20-2023, a Capital Contribution in the amount of 1 quarter of regular assessments (3 months' dues) is required at Closing. Both are payable to WORTHINGTON OF PALM BEACH HOA, INC.
- 5. Lease terms must not be for less than six (6) months and no more than twelve (12) months. No home may be leased more than one (1) time in any calendar
- 6. An in-person interview is required for approval.
- 7. Owners renting their home are required to place in Escrow with the Association the sum of two (2) month's rent. Any balance shall be returned within ninety (90) days after the tenants permanently move out. See revised Leasing rules for details.
- 8. ALL ADULTS (OVER AGE 18) LIVING IN THE HOME FOR MORE THAN 30 DAYS ANNUALLY MUST HAVE A BACKGROUND CHECK PERFORMED.

### <u>DISCLOSURE REGARDING</u> BACKGROUND INVESTIGATION ON YOU

**Harbor Management of the South Florida, Inc.** ("the Company") may obtain a "consumer report" about you from a consumer reporting agency for tenant purposes. A "consumer" report is a background screening report that may contain information regarding your criminal history, sex offender registry status, credit history, employment history, education history, driving history, professional licenses, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

The consumer reporting agency that may prepare an "consumer report" on you for the Company is Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Suite 500, Lake Worth, Florida 33461, (888) 605-4265, <a href="www.scottrobertsassociates.com">www.scottrobertsassociates.com</a>, info@scottrobertsassociates.com.

# ADDITIONAL NOTICE REGARDING INVESTIGATIVE CONSUMER REPORTS ON YOU

**Harbor Management of the South Florida, Inc.** ("the Company") may also request an "investigative consumer report" on you from a consumer reporting agency.

An "investigative consumer report" is a background screening report generated through personal interviews with sources such as your neighbors, friends or associates.

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Please be advised that the nature and scope of the most common form of "investigative consumer report" that may be ordered by the Company is an investigation into your employment history. During such an investigation, Scott-Roberts and Associates may ask questions about your employment history to certain knowledgeable individuals and provide response information to the Company.

Note: You have the right to request disclosure of the exact nature and scope of any "investigative consumer report" ordered by the Company on you. You may do so by contacting the Company.

### AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU;
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT;
- ADDITIONAL NOTICE REGARDING INVESTIGATIVE CONSUMER REPORTS ON YOU;
- ADDITIONAL STATE LAW NOTICES.

By signing below, I al obtain <b>"consumer rep</b>							
Signature:	gnature:						
Print Name (First, Midd	le, Last Name	e)				<u></u>	
PERSONAL IN	FORMA'	<u> </u>	EDED FO	R BACK	GROUNI	O CHECK	
Please supply the follow	wing informa	ation to facili	tate a backg	round check	on you.		
Last Name:		First Name:			Middle:		
Other Names Used (alias	s, maiden, nic	ckname):					
Social Security Number:	:	Date of Birth:					
Driver License No.:		State Issued:					
Email Address:							
Current Address:							
Street	P.O. Box	City	State	Zip Code	County	Dates	
Former Address:Street	/P.O. Box	City	State	Zip Code	Country	Dates	
Silver	1.0. DOA	City	State	Zip Code	Country	Duici	
Current Employer	Addı	ress	City/S	tate Sta	rt Date	Salary	
Supervisors name	Emp	loyer Telepho	ne Number				

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Signature:	gnature:						
Print Name (First, Midd	le, Last Name	e)				<u></u>	
PERSONAL IN	FORMA'	<u> </u>	EDED FO	R BACK	GROUNI	O CHECK	
Please supply the follow	wing informa	ation to facili	tate a backg	round check	on you.		
Last Name:		First Name:			Middle:		
Other Names Used (alias	s, maiden, nic	ckname):					
Social Security Number:	:	Date of Birth:					
Driver License No.:		State Issued:					
Email Address:							
Current Address:							
Street	P.O. Box	City	State	Zip Code	County	Dates	
Former Address:Street	/P.O. Box	City	State	Zip Code	Country	Dates	
Silver	1.0. DOA	City	State	Zip Code	Country	Duici	
Current Employer	Addı	ress	City/S	tate Sta	rt Date	Salary	
Supervisors name	Emp	loyer Telepho	ne Number				