

# HARBOUR POINTE CONDOMINIUM ASSOCIATION, INC.

ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC.

8135 LAKE WORTH ROAD, SUITE B

LAKE WORTH, FL 33467

Office: (561) 588-7210 – Fax: (561) 588-2411

**MONDAY – FRIDAY 9:00AM TO 4:00PM**

## RESALE/LEASE APPLICATION CHECKLIST

### Application Information:

This application must be completed in detail and in full by the proposed buyer or lessee and returned to: Associated Property Management of the Palm Beaches, Inc. **8135 Lake Worth Road, Suite B Lake Worth, FL 33467**

- Please attached a copy of the sales contract or lease agreement
  - A \$1000.00 capital contribution must be paid to River Bridge Property Owners Association. Proof of payment needs to be attached for ALL purchases
- Copies of Driver's Licenses for all applicants residing in the unit
- A copy of the vehicle registrations for all the vehicles to be parked on property
- Please attached the following fees:
  - **All fees are to be in the form of CASHIER'S CHECK or MONEY ORDER**
  - **A \$100.00 (non-refundable) Processing Fee** for each individual over the age of eighteen
    - (18) payable to **ASSOCIATED PROPERTY MANAGEMENT**
      - Married couples may submit one fee; if the couple has different last names, must provide proof of marriage for the spousal discount
    - **A \$76.00 (non-refundable) Background/Screening Fee** for each individual over the age of eighteen (18) payable to **ASSOCIATED PROPERTY MANAGEMENT**

**A \$1000.00 Capital Contribution for ALL PURCHASES payable to RIVER BRIDGE POA to be submitted to RiverBridge when Orientation is scheduled.**

- Prospective owner(s) and/or lessee(s) are required to appear for an interview prior to closing or lease commencement with both Harbour Pointe and River Bridge
- Please provide a copy of your pet(s) county registration, veterinary vaccination records, and a picture.
- PURCHASED properties cannot be rented for one (1) year from date of purchase
- Present owner is responsible for providing a copy of the Rules and Regulations, the Declaration of Protective Covenants, the Bylaws, and the Articles of Incorporation of the Harbour Pointe Association to Buyer(s) or Tenant(s)
- The completed application must be submitted to the APM office no later than thirty (30) days prior to the desired date of closing or move in.
- Business Tax Receipt from the City of Greenacres must accompany all lease applications.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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APPLICATION FOR PURCHASE OR LEASE (CIRCLE ONE) OF UNIT \_\_\_\_\_

Copy of lease or purchase agreement must accompany this application.

**NOTE: PURCHASED PROPERTIES CANNOT BE RENTED FOR  
ONE YEAR FROM DATE OF PURCHASE**

If lease, lease term: \_\_\_\_\_ to \_\_\_\_\_  
(Allow up to 30 days for Association processing)

If sale, closing date: \_\_\_\_\_ Mortgage Company: \_\_\_\_\_  
(Allow up to 30 days for Association processing)

Name(s) of Applicant(s): \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Applicant 2: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City/State Zip Code

Home Phone: \_\_\_\_\_ Cell# 1: \_\_\_\_\_ Cell# 2: \_\_\_\_\_ Work#: \_\_\_\_\_

Place of Employment 1: \_\_\_\_\_ 2: \_\_\_\_\_

Please list **3** Non-Family References:

Name: Address: Phone:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all permanent occupants:

Name: Relationship to Applicant: Age (Minors)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Continue on next page. Please be sure to complete and sign.**

Pet(s): Yes \_\_\_\_\_ If dog, breed/sex/age: \_\_\_\_\_ No \_\_\_\_\_

Vehicle(s) to be parked on Association Property:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Registered State/Plate#: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please initial:

\_\_\_\_\_ I/We acknowledge receipt of a copy of the Declaration of Protective Covenants, the Bylaws, and the Articles of Incorporation of the Harbour Ponte Association, Inc. from the present owner.

\_\_\_\_\_ I/We have read these documents and agree to abide by them.

**Important Notes:**

A certified check or money order made payable to Associated Property Management (Processing Fee) for \$100.00 (non-refundable) **for each individual eighteen (18) years of age or older** who will be living in the unit must accompany this application. Married couples may submit one fee. If the couple has different last names, you must provide proof of marriage for the spousal discount.

A certified check or money order payable to Associated Property Management for \$76.00 (non-refundable) for each individual eighteen (18) years of age or older for background/credit screening.

Prospective owners and/or lessees are required to appear for a personal interview prior to closing or lease commencement.

This application must be signed by all persons listed on the application eighteen (18) years of age or older.

_____	_____	_____
Date	Signature	Driver's License-State and #
_____	_____	_____
Date	Signature	Driver's License-State and #
_____	_____	_____
Date	Signature	Driver's License-State and #
_____	_____	_____

ALL applications must be received completed, any missing information or required documentation as outlined in the application will deem the application incomplete and additional processing fees will be charged.



**HARBOUR POINTE AT RIVER BRIDGE CONDOMINIUM ASSOCIATION, INC.**

**Authorization Form**

**All persons the age of 18 years and older must sign this form.** You are hereby authorized to release any and all information requested with regards to verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references to CORELOGIC LLC. 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 and from this report is to be released to CORELOGIC, Property Manager, Board of Directors and The Landlord for their exclusive use only.

**PLEASE INCLUDE COPY OF DRIVER'S LICENSE 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 Landlord(s), 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.**

I/We certify under penalty of perjury that the foregoing is true and correct.

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

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



## Electronic Notice (Email) Opt-In Form

The Board and Associated Property Management of the Palm Beaches, Inc. (APM) would like to make sure that owners receive information as quickly as possible. To that end, we would like to know if you will consent to receive e-mails from the Association in lieu of written notices, where permissible by Florida law. If so, please fill out this form and return it to Management.

Once you opt-in for e-mail delivery, it is your responsibility to notify the Association of changes to your e-mail address. Failed delivery of e-mails will not be resent unless the failed delivery is caused by a network issue originating with the sender. If you no longer wish to receive e-mail from the Association, please send an e-mail to Management requesting your removal from the e-mail list. Once provided, your e-mail address will become an official record of the Association.

If you wish to receive email communications from the Association, please scan the form and e-mail it to [admin1@apm247.net](mailto:admin1@apm247.net), or mail or hand-deliver the form to the Management Office at 8135 Lake Worth Road, Suite B, Lake Worth, FL 33467. Thank you.

### CONSENT TO EMAIL COMMUNICATIONS

Place a checkmark ✓ in the box if you wish to opt-in for email notices, including meeting notices, agendas, community updates, statements, budgets and any other documents that may lawfully be transmitted via e-mail in lieu of mailing.

This confirms that I consent to receive Association notices via electronic (e-mail) delivery. I understand that once I opt-in for e-mail notice, I may no longer receive those notices by mail.

Homeowners Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Dear Homeowner:

Associated Property Management is now offering you the opportunity to sign up for Auto Debit. This will allow you to pay your homeowners assessments and any special assessments automatically each month or quarter. When you enroll in the Auto Debit program, we will send an electronic draft to your bank between the 1st and 5th of each month. There is no charge to you for this service. The electronic draft will only collect the current monthly or quarterly assessment and any monthly or quarterly special assessment (as due) passed by the Board of Directors. If you have a past due balance on your account you will be required to mail a payment for those fees.

To sign up for Auto Debit, complete and sign the authorization form.

I (we) hereby authorize Associated Property Management to initiate debit entries to my (our) banking account indicated below and the depository (bank) named below. This authorization is for homeowner assessments and special assessments (if any) of any kind and will be drafted from your account.

Depository Name \_\_\_\_\_  Checking or  Savings

Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

Starting Month \_\_\_\_\_ Application must be received in our office by the 15th of the month for debit to begin the following month.

This authority is to remain in full force until Associated Property Management has received written notification from the homeowner of its termination at least two weeks prior to the day the account is to be debited.

Name(s) \_\_\_\_\_  
(Please print name(s) as shown on account)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please attach a voided check for verification of the bank transit and account number.**

Association Name \_\_\_\_\_  
(This is your subdivision or condominium name)

Property Address \_\_\_\_\_  
(The address you wish the payment to be applied)

Building and Unit Number \_\_\_\_\_

Phone Numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

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