

SOUTHPOINTE HOA AT RIVERBRIDGE

C/o CMC MANAGEMENT, INC., 2950 JOG ROAD, GREENACRES, FL 33467

561-641-1016 ~ 561-641-9118 FAX

*(Please check one) Application for PURCHASE or RENTAL of # _____ Pointe Circle

Desired date of closing or occupancy _____ Closing Date if purchase: _____

Applicant: _____ Phone _____

Co-Applicant: _____ Phone _____

Email: _____ Email: _____

Present Owner: _____ Phone _____

BOARD APPROVAL BY CERTIFICATE OF APPROVAL REQUIRED PRIOR TO OCCUPANCY.
OUT OF STATE OR FOREIGN BACKGROUND CHECK WILL INCUR ADDITIONAL FEE
THE FOLLOWING ITEMS MUST BE PROVIDED WITH THIS APPLICATION

- APPLICATION FEE:** \$100.00 *NON-REFUNDABLE* Check or Money Order Made payable to Southpointe HOA. Separate \$100.00 Application Fee required for unmarried co-applicants
- PROCESSING FEE:** \$150.00 *NON-REFUNDABLE* Check or Money Order Made payable to CMC MANAGEMENT.
- Copy of your Driver's License(s)
- Copy of vehicle registration(s)
- Copy of purchase or rental contract
- Lease Requirement: Owner account must be current and violations corrected

PLEASE READ AND INITIAL - PURCHASE REQUIREMENTS:

Lot Owner Insurance: Casualty Insurance including but not limited to Windstorm insurance must be purchased and maintained evidenced by submitting a copy of a binder, a policy, or other proof satisfactory to the Association that the insurance coverage is in force and effect.

Estoppel: Title Company or Closing Attorney must request an Estoppel prior to closing to determine any monies owed to the association. www.condocerts.com

Warranty Deed: A Warranty Deed must be provided to the Management Company after closing.

Current Owner should provide Governing Documents to Purchaser, or they can be purchased at www.condocerts.com.



SOUTHPOINTE AT RIVERBRIDGE HOA, INC.
C/o CENTURY MANAGEMENT CONSULTANTS, INC.
2950 JOG ROAD, GREENACRES, FL 33467
561-641-1016 PHONE ~ 561-641-9118 FAX
INFO@CMCMANAGEMENT.BIZ

ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate documents entitled "DISCLOSURE REGARDING BACKGROUND INVESTIGATION AND A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT", and certify that I have read and understand both of these documents. I/we hereby authorize the obtaining of "consumer reports" including but not limited to credit, eviction and criminal backgrounds. To this end, I/we hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested by Background Screeners of America, 9333 Melvin Ave., Northridge, CA 91324; 866-570-4949; www.backgroundscreenersofamerica.com and/or Employer, Homeowner Association, Condominium Association or Cooperative Association. I further agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original, and will hold harmless CMC Management, their employees, agents and/or affiliates, i.e., HOAs etc., and Background Screeners of America, their employees or agents and other organizations that provide information, from any and all liabilities arising out of the use of such information in connection with Background Screeners of America.

BACKGROUND INFORMATION – to be completed by all applicants 18 years of age or older. Unmarried co-applicants must fill out separate Acknowledgement/background information form.

Last Name: _____ First: _____ Middle: _____

Other Name (Alias) _____

Social Security # _____ Date of Birth _____

Driver's License # _____ State issued: _____

Present Address: _____ City _____

State: _____ Zip Code _____ Phone: _____

*Email: _____

Signature: _____ Date: _____

SPOUSE:

Last Name: _____ First: _____ Middle: _____

Other Name (Alias) _____

Social Security # _____ Date of Birth _____

Driver's License # _____ State issued: _____

Present Address: _____ City _____

State: _____ Zip Code _____ Phone: _____

*Email: _____

Signature: _____ Date: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

SOUTHPOINTE AT RIVER BRIDGE HOA, INC.

Purchase ~ Closing Date: _____ 20__ OR

Lease ~ Term of lease from _____ 20__ to _____ 20__

_____ Point Circle

This application for occupancy must be completed in detail by proposed purchaser/lessor. If any portion is left blank or incomplete, application will not be processed or approved.

- ◆ **Leases** must be for no less than a six month period. Only one lease is permitted in a calendar year. Proposed Lessee(s) must be members of one family, or single person. A family consists of a husband, wife and their children. **Home must be owned for at least two years prior to renting out.**
- ◆ **Occupancy Requirements:**
 - 2 Bedroom Home – no more than 4 occupants
 - 3 Bedroom Home – no more than 6 occupants
 - 4 Bedroom Home – no more than 8 occupants
- ◆ **Pets**
Only two (2) pets are permitted per home. The only pets permitted in the residence are common household pets. Pets may not be harbored for the purpose of breeding or for any commercial purpose whatsoever. Permitted pets must be appropriately leashed and controlled
- ◆ **Vehicles**
No commercial vehicles or vehicles with advertising on exterior, boats, trailers, vans, R.V.'s etc., other than deliveries will be parked outside of individual garages, unless approved by the Board.

Purchasers and/or Lessee(s) must provide the following information:

Name: _____ Date of Birth: _____

Spouse' Name: _____ Date of Birth: _____

Other adult Occupants: _____ Date of Birth: _____

Relationship: _____

Other adult Occupants: _____ Date of Birth: _____

Relationship: _____

Children under 18 years of age:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

RESIDENCE HISTORY

Present address: _____

Own or Lease How Long? _____ Present Landlord _____

Phone: _____

Previous address: _____

Own or Lease How Long? _____ Previous Landlord _____

Phone: _____

EMPLOYMENT HISTORY

Employed by: _____ Income: \$ _____

Address: _____

Position: _____ How long? _____ Phone: _____

* Minimum of 5 years employment history required for Single person or married couple. Please attach additional pages if necessary.

MILITARY STATUS: ACTIVE? YES NO

SPOUSE EMPLOYMENT HISTORY

Employed by: _____ Income: \$ _____

Address: _____

Position: _____ How long? _____ Phone: _____

References:

Name: _____

Address: _____

Name: _____

Address: _____

VEHICLES:

State _____ Make/year: _____ Color/Model _____

Tag # _____ Insurance Carrier: _____

State _____ Make/year: _____ Color/Model _____

Tag # _____ Insurance Carrier: _____

State _____ Make/year: _____ Color/Model _____

Tag # _____ Insurance Carrier: _____

AGREEMENT

I/we hereby agree to the following for myself and on behalf of all persons who may use the home which I seek to purchase/lease:

1. I/we will abide by all of the restrictions contained in the By-Laws, Rules & Regulations and restrictions that may, in the future, be imposed by the Southpointe Homeowners Association, and the River Bridge Property Owners Association, Inc.
2. I/we understand that sub-leasing or occupancy of the home by anyone in my absence is prohibited.
3. I/we understand that I/we must be present when any guests, visitors or children who are not permanent residents, occupy the home.
4. I/we understand that any violation of the terms, provisions, conditions and covenants of Southpointe at River Bridge Homeowners Association documents provide cause for immediate action as there-in provided or use of any common area, or termination of the leasehold under appropriate circumstances or fines in the case of an owner.
5. I/we understand that the acceptance of a purchase/lease of a home at Southpointe at River Bridge Homeowners 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 the information on this form will result in automatic rejection of this application.
6. I/we understand that the Board of Directors of Southpointe at River Bridge Homeowners Association may cause to be initiated an investigation of my/our background as the Board of Directors may deem necessary. Accordingly, I/we specifically authorize such an investigation and that the Board of Directors and Officers of The Southpointe at River Bridge Homeowners Association, Inc. itself, as well as the Property Management Company, shall be held harmless from any action or claim by me/us in connection with the use of the information contained herein, or any investigation conducted by the Board of Directors.
7. It is understood that the applicant(s) fully understand or have requested Rules and Regulations, Declaration of Covenants and Restrictions, Articles of Incorporation, By-Laws and any and all amendments thereof, that can relate to their actions while occupying these premises and the actions of their relatives and guests. It is further understood that it shall remain the applicant's responsibility to inquire as to said rules, regulations, etc. A copy should be requested from yo9ur owner, agent or Homeowners Association.

In making the foregoing application, I/we am/are aware that the decision of the Southpointe at River Bridge Homeowners Association, Inc. will be final. I/we agree to be governed by the determination of the Board of Directors.

Print Applicant Name

Print Co-applicant Name

Date
Signature

Date
Signature

SOUTHPOINTE AT RIVER BRIDGE HOA, INC.

DISCLOSURE SUMMARY

This is NOT a letter of Estoppel

A prospective buyer of a home in Southpointe at River Bridge must be presented with this Disclosure Summary before the signing of a Sales Agreement.

1. As a purchaser of property in this community, you will be obligated to be a member of the River Bridge Property Owners (Mater) Association, (POA), and the Southpointe Homeowners Association (HOA).
2. There have been or will be recorded covenants governing the use and occupancy of properties in this community.
3. You will be obligated to pay assessments to the Association. Assessments may be subject to periodic change. The current amount is \$_____ per quarter. You will also be obligated to pay any Special Assessment imposed by the Association. Such special assessments may be subject to change. The current amount included with your regular assessment (if applicable at the time of sale) is \$_____ per _____ for the purpose of _____ .
 - a) Regular assessments are due by the first day of the month of the payment period. The Association will grant five (5) calendar day grace period, after which, if a payment of the assessment remains delinquent, a late fee, as may be determined from time to time by the Association Board, will be applied. Interest charges, in the amount as allowed by law, will also be applied to the delinquent amount. The current late fee is \$_____. The current interest charge is _____% per month.
4. Your failure to pay regular or special assessments levied by a mandatory Homeowners Association could result in a lien on your property.
5. The statements contained in this disclosure form are only summary in nature, and as a prospective purchaser, you should refer to the COVENANTS and the Association Governing Document before purchasing the property.
6. These documents are either matters of public record and can be obtained from the Palm Beach County Clerk's Office, or are not recorded and can be obtained from the seller or from Southpointe's management company.

In accordance with the requirement of Florida Statute 720.601, I, the seller, have presented a copy of this Disclosure Summary to the Purchaser of my home. Purchaser(s) acknowledgement of receipt of the DISCLOSURE SUMMARY for#_____Pointe Circle, West Palm Beach, Florida 33413.

SELLERS:

PURCHASERS:

Date: _____

Date: _____

SIGN HERE

SIGN HERE

PRINT NAME

PRINT NAME

SIGN HERE

SIGN HERE

PRINT NAME

PRINT NAME

