CLASSICS AT BEAR LAKES BUYER CHECKLIST

BELOW IS A LIST OF ITEMS NEEDED TO PURCHASE A HOME. PLEASE INDICATE WITH A CHECK MARK THAT THE NEEDED ITEMS ARE ENCLOSED.

IF YOU FAIL TO PROVIDE **ALL** INFORMATION AND PAYMENT; **YOUR**

APPLICATION WILL BE RETURNED TO YOU AND ALL PAYMENT FORFEITED.

PLEASE SIGN THAT YOU UNDERSTAND THE ABOVE, AGREE TO FORFEIT ALL PAYMENT AND THAT YOU ARE ENCLOSING ALL THE NEEDED ITEMS.

SIGN _	
PRINT	
NEED	ED ITEMS:
	COPY OF THE SALE CONTRACT
J	COPY OF ALL ADULT DRIVERS LICENSE THAT WILL BE LIVING IN
	THE HOME
J	COPY OF THE BUYER APPLICATION
Ī	\$150 PER ADULT APPLICATION PROCESSING FEE MADE PAYABLE
	TO SOLEIL PROPERTY MANAGEMENT (CASHIER'S CHECK OR
	MONEY ORDER ONLY)
	\$50 PER ADULT 18 YEARS OR OLDER FOR CRIMINAL
	BACKGROUND AND CREDIT CHECK FEE MADE PAYABLE TO
	SOLEIL PROPERTY MANAGEMENT (CASHIER'S CHECK OR
	MONEY ORDER ONLY)
	2 PAGE CRIMINAL CHECK AUTHORIZATION/DISCLOSURE FOR
	EACH PERSON 18 YEARS OR OLDER

CLASSICS AT BEAR LAKES HOA

C/o Soleil Property Management P.O. Box 212964 Royal Palm Beach, FL 33421 Phone 561-225-1524

Buyer Application

Current Hon	neowner	Name						
Homeowner 1	Mailing .	Address						
Buyers Name	<u> </u>			_E-mai	il Addı	ess		
Home Phone		Wo	rk Phone	_E-mail Address Cell Phone				
Buyers NameWebsite Home Phone								
Home Phone		Wo	ork Phone		C	ell Phone		
Buyers Maili Closing Date Buyer's Inf	:							
Occupants Name		Date of			I E-mai		l address	
		Birth	Phone	Phone				
Automobile	es	1	ı					
Year	Ma	ke	Model		Tag	#	State	
Emergency (ontact		l	Relatio	nshin		Phone #	
Emergency Contact Emergency Contact								
Employer:					r.			
1 0			Phone #		A	Address		
Name			Phone #			Address		

Pets:						
Type_	Q	uantity	Weight			
Type_	Q	uantity	Weight			
	tor (if applicable)	Dhona		E mail		
Name _.		Phone_		E-IIIaII		
<u>Propos</u> each it		rstand and agre	e to the follow	ing terms, please initial	<u>after</u>	
		ocessing fee of ent (Cashier's	\$150 per app	correct blicant, made payable to Money Order only).		
3.	A copy of a valid dri in the residence.		r all adults, 18	B years or older, who wi	ill reside	
4.	A national criminal cresidence. The cost of Order only) Each add to the application), 1	heck and credit for this service alt must fill-out Residential Sc ment Regarding	is \$50 per adu the following reening Requ g Consumer R	ery adult who will residult. (Cashier's Check or two forms, (which are est and 2. Disclosure are eports. The check shou	Money attached nd	
Classi	cs at Bear Lakes HOA	, Inc, Board of	Directors and	Property Management, or their committee, and on the application.		
Signa	ture of Buyer			Date		
Signature of Buyer			Date			
	Review	ved by Classi	cs at Bear	Lakes HOA		
Signa	ture		Date			
Printe	ed Name					

RESIDENTIAL SCREENING REOUEST PROPERTY ADDRESS PURCHASING/RENTING_____ First: Middle: Last: Address: City:______ST: Zip: _____ SSN:______DOB (MM/DD/YYYY): Tel#:_____Cell#: _____ **Current Employer** Company:______Tel#:_____ Supervisor:_____Salary:____ Employed From: ______To:______Title: _____ **Current Landlord** Company:_______Tel#____ Landlord:_____Rent: ____ Rented From:______To:_____ I have read and signed the Disclosure and Authorization Agreement. SIGNATURE: DATE:

DISCLOSURE AND AUTHORIZATION AGREEMENT REGARDING CONSUMER REPORTS

PROPERTYADDRESS PURCHASING/RENTING				
Check below for which report(s) are needed or both				
Credit report				
National Criminal Background Report				
DISCLOSURE				
A consumer report and/or investigative consumer report included concerning your character, employment history, general reputation characteristics, criminal record, education, qualifications, motor living, credit and/or indebtedness may be obtained in connection for and/or continued residence. A consumer report and/or arreport may be obtained at any time during the application residence. Upon timely written request of the management, arrequest, the name, address and phone number of the reporting scope of the investigative consumer report will be disclosed to action is taken, based in whole or in part on the information correport, you will be provided a copy of the report, the name, adnumber of the reporting agency, and a summary of your rights Reporting Act.	ation, personal or vehicle record, mode of on with your application investigative consumer process or during your ad within 5 days of the agency and the nature and you. Before any adverse ontained in the consumer dress and telephone			
AUTHORIZATION You hereby authorize and request, without any reservation, an employer, school, police department, financial institution, divi consumer reporting agency, or other persons or agencies havin furnish ScreeningReports with any and all background informategarding you, in order that your residence qualifications may agree that a fax or photocopy of this authorization with your sittle same authority as the original. READ, ACKNOWLEDGED AND AUTHORIZED	sion of motor vehicles, ag knowledge about you to ation in their possession be evaluated. You also			
Print Name				
Signature Date	ie.			