

# THE LONGWOOD CONDOMINIUM ASSOCIATION, INC.

11811 Ave. of the P.G.A., Palm Beach Gardens, Florida 33418

Office: 561-622-7331 Fax: 561-360-3137

lw1811@gmail.com

Enclosed please find:

Application for Occupancy  
Age Verification Registration form  
Background Inquiry Release form  
Notice of Vote to Forego Fire Sprinkler Retrofitting

Please return the following to the Longwood Condominium Association:

1. Application for Occupancy
2. Age Verification Registration form with Copy of Proof of Age
3. Background Inquiry Release form
4. Copy of the Signed Lease
5. Check in the amount of \$75. This is a non-refundable screening fee.

Upon receipt of these documents, an appointment with the screening committee can be set up.

Please note in the formal application paragraph #5 that the Board has thirty (30) days from receipt of application to reply to your request. Over a period of time it has been found by the Board that certain requests made by prospective purchasers need to have lengthy discussions as to the legal aspect which may involve consideration with the ASSOCIATION's Documents, and Rules and Regulations . Therefore, the Board wishes to emphasize the thirty-day restriction as mentioned. In most cases a reply can be made within a shorter period of time.

Annual Renters are required to pay a mandatory , non-refundable move-in fee of \$200.00 if renting a non-furnished unit. This fee is to help defray costs of repairing damages that movers, repairmen and others do to our buildings, floors, walls, elevators etc.

# APPLICATION FOR OCCUPANCY

**PLEASE PRINT CLEARLY** Building # \_\_\_\_\_ Unit # \_\_\_\_\_ Today's Date \_\_\_\_\_  
Desired Date of Occupancy \_\_\_\_\_ Purchase  Lease  How Long? \_\_\_\_\_  
Name \_\_\_\_\_ Other Legal or Maiden Name \_\_\_\_\_  
Single  Married  Separated  Divorced  How Long? \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
E-Mail \_\_\_\_\_ Phone \_\_\_\_\_  
Name of Spouse, former Spouse or Other \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
Number of People Who Will Occupy Unit \_\_\_\_\_ Adults Over Age 18 \_\_\_\_\_ Children Thru Age 18 \_\_\_\_\_  
Names and Ages of Children Who Will Occupy \_\_\_\_\_  
Description of Pets -----  
Name, Address, & Phone of Emergency Contact \_\_\_\_\_

## PART I-RESIDENCE HISTORY

**Please print** - Include unit/apt number, city, state and zip code

A. Present Address \_\_\_\_\_ Phone \_\_\_\_\_  
Apt or Condo Name \_\_\_\_\_ How Long? \_\_\_\_\_  
Landlord or Mortgagee \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Mtg # \_\_\_\_\_

B. Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_  
Apt or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_  
Landlord or Mortgagee \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Mtg # \_\_\_\_\_

C. Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_  
Apt or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_  
Landlord or Mortgagee \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Mtg # \_\_\_\_\_

## PART II - EMPLOYMENT REFERENCES

A. Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_  
How Long \_\_\_\_\_ Position \_\_\_\_\_ Approx. Monthly Income \_\_\_\_\_

B. Spouse Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_  
How Long \_\_\_\_\_ Position \_\_\_\_\_ Approx. Monthly Income \_\_\_\_\_

**PART III - BANK REFERENCES**

A. Bank Reference \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_  
 How Long \_\_\_\_\_ Account # \_\_\_\_\_ Checking  Savings

B. Bank Reference \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_  
 How Long \_\_\_\_\_ Account # \_\_\_\_\_ Checking  Savings

**PART IV-CHARACTER REFERENCES**

A. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell \_\_\_\_\_  
 E-mail \_\_\_\_\_

B. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

C. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cell \_\_\_\_\_  
 E-mail \_\_\_\_\_

Number of Cars \_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
 Make \_\_\_\_\_ Year \_\_\_\_\_ License \_\_\_\_\_  
 Make \_\_\_\_\_ Year \_\_\_\_\_ License \_\_\_\_\_  
 Parking Space # \_\_\_\_\_

By signing, the applicant recognizes that the Association or agent may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse/Other's Signature \_\_\_\_\_

Date \_\_\_\_\_

**ANY FRAUDULENT STATEMENT MADE ABOVE WILL BE GROUNDS FOR LEGAL ACTION AT THE EXPENSE OF THE PURCHASER(S)**

**AGE VERIFICATION REGISTRATION FORM**

**To:** The Board of Directors  
 Longwood Condominium Association, Inc.

**Re:** Building Number: \_\_\_ Unit Number: \_\_\_ \_\_\_ \_\_\_

**Instructions:**

The following information is requested of all Unit Owners and (if different) Permanent Occupants residing in the above referenced Building/Unit. This Registration Form is requested and required as we are an adult community. As soon as possible, please return the completed and signed form along with a photocopy of any one of the following documents as proof of age:

- Photo driver's license
- Passport (page 1)
- Birth Certificate
- Baptismal Certificate showing date of birth or age.

Your cooperation is appreciated. Please call should you have any questions.

**Names of all Unit Owners (as per the Deed or other Instrument of Title)**

<u>Names of all Unit Owners (as per the Deed or other Instrument of Title)</u>	<u>Age</u>	<u>Document Enclosed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Names of all occupants (including owners, tenants, family members and other permanent occupants)**

<u>Names of all occupants (including owners, tenants, family members and other permanent occupants)</u>	<u>Age</u>	<u>Document Enclosed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

(All persons listed above sign here)

-----  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Enclosures: Photocopies of the documents referenced for each Unit Owner and Occupant

ANY FRAUDULENT STATEMENT MADE ABOVE WILL BE GROUNDS FOR LEGAL ACTION AT THE EXPENSE OF PURCHASER(S) .

# THE LONGWOOD CONDOMINIUM ASSOCIATION, INC.

11811 Ave. of the P.G.A., Palm Beach Gardens, Florida 33418

Office: 561-622-7331 Fax: 561-360-3137

LW11811@gmail.com

## BACKGROUND INQUIRY RELEASE

I **understand the following:** That Federal Background Services will conduct a criminal background and driver's license inquiry on me on behalf of The Longwood Condominium Association, Inc. This background investigation *may* include inquiries from the FBI, Florida Department of Law Enforcement, and the Department of Motor Vehicles as deemed necessary.

Therefore, I authorize, without hesitation or reservations, to release or furnish any of the aforementioned information.

Please Print

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State

Signature \_\_\_\_\_

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

**THE LONGWOOD CONDOMINIUM ASSOCIATION, INC.**

**WRITTEN NOTICE OF  
VOTE TO FOREGO FIRE SPRINKLER SYSTEM RETROFITTING**

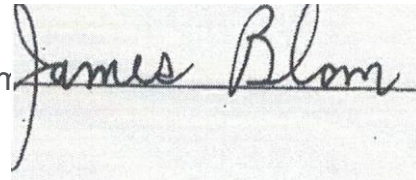
This Notice is being sent to each owner of a unit in The Longwood Condominium Association, Inc., to notify each owner that the Association has received the affirmative vote of a majority of all voting interests in the Association to forego retrofitting of the common elements, association property, or units of the Condominium with a fire sprinkler system, as allowed by Section 718.112(2)(1), Florida Statutes, as amended.

A copy of this Notice must be provided by you to any new owner prior to closing and furnished to any tenant or lessee, prior to entering into a rental agreement.

Dated: 9/13/16

**BY ORDER OF THE BOARD OF DIRECTORS**

James Blom  
BY:

A handwritten signature in cursive script that reads "James Blom". The signature is written over a horizontal line on a light-colored background.