THOROUGHBRED LAKES HOA
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_____

DATE _____

NEEDED ITEMS:

- ⎦ COPY OF THE SALE CONTRACT
- ⎦ COPY OF ALL ADULT DRIVERS LICENSE THAT WILL BE LIVING IN THE HOME
- ⎦ COPY OF THE BUYER APPLICATION
- ⎦ $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

THOROUGHBRED LAKES HOA

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

Buyer Application

Current Homeowner Name_____

Homeowner Mailing Address _____

Buyers Name_____**E-mail Address**_____
Home Phone_____**Work Phone**_____**Cell Phone** _____

Buyers Name_____**E-mail Address**_____
Home Phone_____**Work Phone**_____**Cell Phone** _____

Buyers Mailing address:_____
Closing Date: _____

Buyer's Information – list all occupants

Occupants Name	Date of Birth	Home Phone	Cell Phone	E-mail address

Automobiles

Year	Make	Model	Tag #	State

Emergency Contact_____**Relationship**_____**Phone #**_____
Emergency Contact_____**Relationship**_____**Phone #**_____

Employer:

Name_____Phone #_____Address_____
Name_____Phone #_____Address_____

Pets:

Type_____ Quantity_____Weight_____
Type_____ Quantity_____Weight_____

Realtor (if applicable)

Name_____Phone_____E-mail_____

Proposed Buyer hereby understand and agree to the following terms, please initial after each item.

1. That all information in this application is true and correct. _____
2. A non-refundable processing fee of $150 per applicant, made payable to Soleil Property Management (Cashier's Check or Money Order only), must accompany the application. _____
3. A copy of a valid driver's license for all adults, 18 years or older, who will reside in the residence._____
4. A national criminal check and credit check for every adult who will reside in the residence. The cost for this service is $50 per adult. (Cashier's Check or Money Order only) Each adult must fill-out the following two forms, (which are attached to the application), 1. Residential Screening Request and 2. Disclosure and Authorization Agreement Regarding Consumer Reports. The check should be made payable to Soleil Property Management. _____

Proposed buyers understand, agree, and authorize Soleil Property Management, Thoroughbred Lakes HOA, Inc, Board of Directors and or their committee, and their agents to investigate and verify all information submitted on the application._____

Signature of Buyer_____**Date**_____

Signature of Buyer_____ **Date**_____

Reviewed by Thoroughbred Lakes HOA

Signature_____ **Date** _____

Printed Name_____

RESIDENTIAL SCREENING REQUEST

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 including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for and/or continued residence. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your residence.** Upon timely written request of the management, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish ScreeningReports with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

_____
Print Name

_____ _____
Signature Date