## OAK HAVEN HOMEOWNERS ASSOCIATION, INC. C/O SOLEIL PROPERTY MANAGEMENT PO BOX 212964 ROYAL PALM BEACH. FL 33421

OFFICE: (561) 225-1524

## **APPLICATION FOR LEASE OR SALE**

#### **APPLICATION REQUIRED**

- APPLICATION FEE \$100.00 FOR JOINT APPLICANTS (HUSBAND & WIFE)
- APPLICATION FEE OF \$100.00 FOR ALL INDIVIDUAL APPLICANTS OVER 18.
- APPLICATION FEES MUST BE PAYABLE TO THE OAK HAVEN HOA. CHECKS OR MONEY ORDERS ARE ACCEPTED. NO CASH.
- ADMINISTRATIVE PROCESSING FEE OF \$150.00 PER APPLICANT AND \$50 PER ADULT 18 AND OLDER FOR BACKGROUND/CREDIT SCREENING MADE PAYABLE TO SOLEIL PROPERTY MANAGEMENT CHECKS OR MONEY ORDERS ARE ACCEPTED. NO CASH.
- COPY OF DRIVERS LICENSE/OR GOVERNMENT ISSUED PHOTO I.D. REQUIRED
- COPY OF SIGNED LEASE OR SALES CONTRACT REQUIRED
- FOR LEASE LEASE ADDENDUM MUST BE SIGNED BY OWNER AND TENANT. \$200.00 REFUNDABLE COMMON AREA SECURITY DEPOSIT REQUIRED ON ALL LEASES (payable to: OAK HAVEN POA.)
- FOR SALES IF PURCHASING MULTIPLE UNITS, APPLICATION, SALES CONTRACT AND APPLICATION FEE MUST BE SUBMITTED FOR EACH UNIT. LEASE ADDENDUM MUST BE SIGNED.
- IF A BUSINESS IS PURCHASING YOU MUST INCLUDE THE PRINCIPLE/OWNER'S NAME AND INFORMATION & FINANCIAL STATEMENT OF BUSINESS IF BUSINESS IS TO BE THE UNIT OWNER. ALSO A LIST OF ALL OFFICERS LIMITED PARTNERS ETC.. OF THE BUSINESS. IN THE CASE OF A TRUST, NAMES, ADDRESSES AND PHONE NUMBERS OF ALL TRUSTEES. TAX ID NUMBER MUST ALSO BE PROVIDED FOR CORPORATIONS.
- PLEASE MAIL YOUR CHECKS, COPY OF PHOTO I.D., APPLICATION AND SIGNED CONTRACT TO OUR PO BOX LISTED ABOVE. PARTIAL/INCOMPLETE APPLICATIONS NOT ACCEPTED.
- CHECKS MUST BE TURNED IN WITH APPLICATION AND NOT SENT SEPARATELY.

# ATTENTION ALL UNIT OWNERS, PROSPECTIVE BUYERS, AND PROSPECTIVE TENANTS

If you plan to lease or sell your unit, you must notify Soleil Property Management of your proposed transaction at least thirty (30) days before the planned date of occupancy. A proposed buyer or tenant *must* be approved prior to moving in.

Applications should be submitted to Soleil Property Management must be submitted by mail. *Faxed or emailed applications will not be accepted. Incomplete applications will not be accepted or processed.* 

Please read the cover sheet for complete instructions. The following items must be included with your completed application form:

- Application fee of \$100.00 for joint applicants (husband & wife). Any other applicants over 18 years old must pay an additional \$100.00 per applicant. Checks must be payable to Oak Haven POA. No application will be accepted without the check. CHECK OR MONEY ORDER ONLY. NO CASH.
- Administrative Processing Fee of \$150.00 per applicant and \$50 background/credit screening per applicant 18 and older. Checks must be payable to Soleil Property Management. No application will be accepted without the check. CHECK OR MONEY ORDER ONLY. NO CASH.
- 3. Signed copy of the sales or lease contract.
- 4. Photo I.D. (MUST BE LEGIBLE)

When a complete application package is received it is sent for a background and credit check. When the completed background and credit check is received, the application is sent to the Board of Directors for approval. The Board of Directors then returns the approval to Soleil Property Management. <u>The approval process could take two to four weeks.</u> You may contact Soleil to check the status of the approval.

## OAK HAVEN POA APPLICATION FOR LEASE OR SALE

Note: This application is for one individual or husband and wife only. If there are additional applicants please copy this form and have each individual fill out a separate form. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. PLEASE FILL IN ALL AREAS!

| This application is for a <b>Lease</b> | or <b>Sale</b>        | for property located at: |
|--|-----------------------|--------------------------|
| Date:If sale                           | e, date of closing: _ |                          |
| Lease dates – From:                    | To:                   |                          |
| Realtor's Name                         | Pho                   | ne:                      |
| Applicant's Name(s)                    |                       |                          |
| Phone (Home)                           | (Cell)                |                          |
| Email                                  |                       |                          |
| Date of Birth                          |                       |                          |
| Driver's License #                     | State                 | )                        |
| MARITAL STATUS: Married ( ) S          | Separated ( ) Divor   | ced ( ) Single ( )       |
| Spouses Name                           |                       |                          |
| Phone (cell or other)                  |                       |                          |
| Email                                  |                       |                          |
| Date of Birth                          |                       |                          |
| Driver's License #                     | Stat                  | е                        |
| No. of people who will occupy ι        | ınit                  |                          |
| LIST ALL OCCUPANTS:                    |                       |                          |
| Name:                                  | Age                   |                          |
| Name:                                  |                       |                          |
| Name:                                  |                       |                          |
| Name:                                  | Age                   |                          |

IF OCCUPANTS ARE OVER 18, MUST INCLUDE SOCIAL SECURITY # AND COPY OF DRIVER'S LICENSE.

# **VEHICLES**

| Make:  | Model:                            |
|--|-----------------------------------|
| Tag #  | State:                            |
|  | Model:                            |
| rag #  | State:                            |
|  | RESIDENCE HISTORY                 |
| Present address:                                 |                                   |
| Own ( ) or Rent ( ) Years: _<br>Name of Landlord | Phone:                            |
| Previous address (if less th                     | nan 5 years at present address)   |
|  | Phone:                            |
| Previous address                                 |                                   |
| Own ( ) or Rent ( ) Years: _<br>Name of Landlord | Phone:                            |
|  | EMPLOYMENT HISTORY                |
| ARE YOU SELF EMPLOYE                             | D? Yes() No() RETIRED? Yes() No() |
| MILITARY HISTORY: BRAN                           | ICH: DATES:                       |
| EMPLOYER:  |                                   |
|  |                                   |
|  | Employment Dates                  |
| Dept. or Position                                |                                   |
| Supervisor:                                      |                                   |

| PREVIOUS EMPLOYER:      |  |  |
|-------------------------|--|--|
| Address:                |  |  |
| Phone #                 | Employment Dates                             |  |
| Supervisor:             | Monthly income:                              |  |
| SPOUSE: ARE YOU SELF EN | MPLOYED? Yes ( )No ( ) RETIRED?Yes ( )No ( ) |  |
| MILITARY HISTORY: BRANC | CH: DATES:                                   |  |
| SPOUSE'S EMPLOYER:      |  |  |
| Address:                |  |  |
| Phone #                 | Employment Dates                             |  |
| Dept. or Position       |  |  |
| Supervisor:             | Monthly income:                              |  |
| SPOUSE'S PREVIOUS EMPI  | LOYER:                                       |  |
| Address:                |  |  |
| Phone #                 | Employment Dates                             |  |
| Supervisor:             | Monthly income:                              |  |
| PERSONAL REFERENCES (   | NO RELATIVES)                                |  |
| 1. Name:                | Years known:                                 |  |
| Address:                | Years known:                                 |  |
| 2. Name:                | Years known:                                 |  |
| Address:                | Years known:                                 |  |
| PETS                    |  |  |
| Yes ( ) How many?       | No pets ( )                                  |  |
| Type                    | Weight                                       |  |

## PERSONAL BACKGROUND

| HAVE ANY OF THE LISTED APPLICA ANYTHING OTHER THAN A MINOR TRAFF If yes, please explain:  | IC OFFENSE? Yes () No ()   | FOR                                   |
|---|--|---------------------------------------|
| Applicant represents that all information given as part of our procedure for processing you used to make an investigation from the information us for review. This investigation may include reputation, credit, residence and criminal sear Association or it's agent liable for the discoveractions taken as a result of this investigation banking, credit, residency, employment a application. | or application, an outside agency may<br>mation given and present their finding<br>e, but is not limited to, character, gen<br>ich. Applicants agree not to hold the<br>ery or non-discovery of information or<br>a. Authorization is hereby given to rele | y be<br>gs to<br>neral<br>any<br>ease |
| Applicant's Signature:  | Date:  |                                       |
| Applicant's Signature:  | Date:  |                                       |

#### OAK HAVEN POA

#### ADDENDUM TO LEASE

In the event Lessor is delinquent in his/her obligation to pay to Association any general or special maintenance assessments, or any installment, Association shall have the right, but not the obligation, to require Lessee to pay said rental installments, or the portion thereof sufficient to pay said delinquent maintenance assessments, directly to Association, upon Association giving written notice of exercise of such right to Lessee and Lessor. This right of Association is cumulative and in addition to any and all other rights or remedies Association may have against Lessee or Lessor.

| Unit No.       | Date:           |  |
|----------------|-----------------|--|
|                |                 |  |
| Lessor (Owner) | Lessee (Tenant) |  |

#### OAK HAVEN POA

## NOTICE TO FUTURE RESIDENTS (OWNERS AND RENTERS)

Please note that the Board of Directors is strongly committed to maintaining not only the property value of the community but a healthy lifestyle for its' residents and therefore wants to make sure that you are aware of the following:

<u>DELINQUENT ASSESSMENTS</u> <u>—</u> A new unit owner is jointly and severally liable with the previous owner for all unpaid assessments that came up due to the time of transfer of title and shall pay any amount owed to the Association within thirty (30) days.

**NOTICE OF SALE-** After becoming a new owner, each new owner shall notify the Association by promptly providing a copy of the Warranty Deed to the management company.

<u>LEASE/RENT</u> – No unit owner may lease or rent his unit if delinquent in the payment of any assessments. The Association requires that all unit owners that wish to lease/rent their unit use the attached application. The owner and tenant must sign the lease addendum.

| Acknowledged and accepted: |                 |  |
|----------------------------|-----------------|--|
|                            | Buyer or Tenant |  |
| Date:                      |                 |  |

# OAK HAVEN POA

## **RESIDENT CONTACT SHEET**

| NAME:  |                        |                   |        |
|--|------------------------|-------------------|--------|
| PROPERTY ADDRESS:  |                        |                   |        |
| IF LEASING, LEASE DATES  | S:                     |                   |        |
| FOR SALES, CLOSING DAT   | TE:                    |                   |        |
| HOME PHONE:  | CELL                   | WORK              |        |
| EMAIL ADDRESS:   |                        |                   |        |
| FOR BUYERS, MAILING AD<br>BE MAILED AFTER CLOSIN                         |                        | L CORRESPONDENCE  | SHOULD |
| PLEASE BE SURE TO NOT<br>CHANGE IN MAILING ADDE<br>PROVIDED IN WRITING V | RESS. <u>ALL ADDRE</u> | SS CHANGES MUST I |        |
| IN CASE OF EMERGEN   | <u>CY</u>              |                   |        |
| Contact name:  |                        | Phone #           |        |