

**PINEHURST VILLAGE
HOMEOWNERS ASSOCIATION INC.
APPLICATION FOR OCCUPANCY**

OFFICE USE ONLY

Prop Address: _____
Appl. Date : _____
Deposit: _____

Dear Applicant(s):

Please complete all paperwork in full and submit a **\$150 non-refundable processing fee** (certified/cashier's check or money order only; no personal checks or credit/debit cards accepted) payable to **Tallfield Associates**. **Failure to provide all information and payment will result in application being returned. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

Tallfield Associates
12765 West Forest Hill Blvd, Suite 1320
Wellington, FL 33414

NOTE: The \$150 processing fee covers screening for two residents. Any additional residents 18+ years of age are subject to screening and an additional \$50 per applicant is required.

Checklist for application processing:

- \$1,000 security deposit to be paid by **Owner of the Property** to Pinehurst Village (**check or money order only**), to be paid by **homeowner**.
- Executed "Application for Occupancy"
- Copy of Executed Lease Contract
- Addendum to Lease signed by Lessor/Lessee
- Legible copy of each tenant/applicant Driver's License (all occupants 18+ years of age)
- Copy of most recent pay stubs (2 months), minimum income to rent ratio of 33% required
- Pet Registration Form and photograph of pet(s): *Lease Applicants: owner signature approving and acknowledging lease pet(s). (If no pets, write "N/A" and include owner signature and lessee signature)*
- Signed by all applicants: Rules and Regulation Acknowledgement
- Two-page Residential Screen Request(s) form for all occupants 18+ yrs of age

**Application must be submitted a MINIMUM of 14 days prior to intended occupancy.
Occupancy prior to approval is strictly prohibited. Approval can take up to 30 days.**

If you have any further questions please feel free to contact Tallfield Associates at 561-983-6000 or via fax: 561-983-6001.

Thank you for your anticipated cooperation.

Very truly yours,

TALLFIELD ASSOCIATES

As authorized agent for the Board of Directors of
Pinehurst Village Homeowners Association, Inc.

**PINEHURST VILLAGE HOMEOWNERS ASSOCIATION, INC.
CONFIDENTIAL APPLICATION FOR OCCUPANCY**

To the members of PINEHURST VILLAGE HOMEOWNERS ASSOCIATION

Request is hereby made by the undersigned for occupancy in Pinehurst Village. The undersigned agrees to accept occupancy in accordance with the terms and provisions of the Association as contained in the Rules & Regulations, the Declaration of Covenants and Restrictions, its attachments and exhibits thereto, as they may be amended from time to time.

(Please Print)

Date: _____

Name of Applicant #1

DOB: _____ **SSN:** _____ **Phone** _____

Single ___ **Married** ___ **Separated** ___ **Divorced** ___

Name of Applicant #2

DOB: _____ **SSN:** _____ **Phone** _____

Single ___ **Married** ___ **Separated** ___ **Divorced** ___

Are you a service member? _____ **(Service member is defined to include any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard & United States Reserve Forces).**

Number or people over the age of 18 years who will occupy _____

Names: _____

Number of children who will occupy _____ **Ages** _____

PART I – RESIDENCE HISTORY

Current Address _____

Phone _____ **Dates of Residency: from** _____ **to:** _____

Name of Landlord or Mortgagee: _____

Previous Address _____

Phone _____ **Dates of Residency: from** _____ **to:** _____

Name of Landlord or Mortgagee: _____

Initial _____

Initial _____

Vehicles: Please note: On street parking is prohibited between hours of 5PM – 9AM Mon - Fri and 24 hours Sat & Sun

1. Make _____ Model _____ Color _____ Tag # _____

2. Make _____ Model _____ Color _____ Tag # _____

3. Make _____ Model _____ Color _____ Tag # _____

4. Make _____ Model _____ Color _____ Tag # _____

*****Vehicles must have current tags/registration if parked outside of the garage
Only emergency repairs are permitted to be performed on the property**

Three Personal References:

Name _____

Address _____

Phone No.: _____

Name _____

Address _____

Phone No.: _____

Name _____

Address _____

Phone No.: _____

Initial _____

Initial _____

ACKNOWLEDGEMENT

1ST APPLICANT: Have you ever been convicted or pled guilty to a crime? (Circle one) Yes / No. If yes please state date(s) charge(s) and disposition(s);

2nd APPLICANT: Have you ever been convicted or pled guilty to a crime? (Circle one) Yes / No. If yes please state date(s) charge(s) and disposition(s);

1. I hereby agree for myself and on behalf of all persons who may use the unit which I seek to Lease/Purchase:
 - a. I will abide by all restrictions contained in the By-Laws, Rules & Regulations and Restrictions which are or may in the future be imposed by **Pinehurst Village**.
 - b. I understand that no more than two (2) persons may reside in bedroom, including dependent children.
 - c. I understand that I must be present when any guest, relatives, visitors or children who are not permanent residents occupy the unit or use the recreational facilities.
 - d. I understand that sub-leasing or occupancy of this unit in my absence is prohibited.
 - e. I understand that any violation of these terms, provisions, conditions, and covenants of the **Pinehurst Village** documents provides cause for immediate action as therein provided or termination of the leasehold under the appropriate circumstances.
2. I have received a copy of the Rules and Regulations: (Circle one) Yes / No.
3. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. Occupancy prior to Board approval is prohibited.
4. I understand that the acceptance for the Lease/Purchase at **Pinehurst Village** is conditioned upon the truth and accuracy of this application and approval of the Board of Directors. Any misrepresentation or falsification of information on these forms will result in the automatic disqualification of your application. Occupancy prior to board approval is prohibited.
5. I understand that the Board of Directors of **Pinehurst Village** may cause to be instituted any investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, or it's Management to make investigation and that the information contained in this and the attached application may be used in such investigation and that the Board of Directors, Officers and Management of **Pinehurst Village** itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

*In making the forgoing application, I am aware that the decision of the **Pinehurst Village HOMEOWNERS ASSOCIATION** will be final and no reason will be given for any action taken by the Board of Directors.*

Applicant Signature

Date

Joint Applicant Signature (if applies)

Date

WITNESS:

Date

**PINEHURST VILLAGE
HOMEOWNERS ASSOCIATION INC.
PET REGISTRATION**

*You must provide a recent photograph when submitting this form to management.

Owners/Lessee Name; _____ Unit: _____

Type of Pet: (i.e.; dog, cat, etc) _____ Breed: _____

Age: _____ Color: _____

Current Weight: _____ Age of Pet: _____

Name of Pet: _____ Vaccine Lic#: _____

Veterinarian Name: _____ Contact# _____

Family/Friend

Emergency contact: _____ Telephone # _____

Unit owner signature: _____ Lessee: _____

ADDENDUM TO LEASE

1. The Association and/or its authorized agent shall have the irrevocable right to each unit from time to time during reasonable hours as may be necessary for inspection, maintenance, repair or replacement of any common element therein or accessible there from, or for making emergency repairs therein necessary to prevent damage to the common elements or another unit or units.
2. The Lessee agrees not to use the demised premises, or keep anything in the units which will increase the insurance rates of the unit or interfere with the rights of other residents of the Homeowners' Association or any other residents by unreasonable noise or otherwise; nor shall Lessee commit or permit any nuisance, immoral or illegal act in his unit, or on the common elements, or the limited common elements.
3. The Lessee covenants to abide by the Rules and Regulation of the Association and the terms and provisions of the Declaration of Covenants and By-Laws of the Association, and agrees to be bound by the Rules and Regulations and Guidelines of the Association and any other rules which may become operative from time to time during said leasehold.
4. The approval of the proposed Lease Agreement issued by the Association is to be expressly conditioned upon the Lessee's observance of the provisions contained in this Addendum. Any breach of the terms hereof shall give the Association the authority to take immediate steps to terminate the Lease Agreement. The Owner/Lessor acknowledges that he remains ultimately responsible for the acts of the Lessee and Lessee's family and guest and for any cost incurred by Association, including attorney's fees in remedying violations of this Addendum and/or violations of the Association documents.
5. In the event the Owner/Lessor becomes delinquent in the payment of any sums and assessments due to the Association during the term of the Lease Agreement, upon written demand by the Association, Lessee shall pay directly to the Association rental payments due to the Owner/Lessor. The Associations shall be granted the full right and authority to demand and receive the entire rent due from the Lessee and attorney's fees and costs, if any, due to the Association. The balance, if any, shall be forwarded to the Owner/Lessor at such address as the Owner/Lessor may designate in writing. At such time as the delinquency no longer exists, the Association shall cease the demand and payments shall again be made by the Lessee directly to the Owner/Lessor.

Lessee: Date

Lessor: Date

Lessee: Date

Lessor: Date

RESIDENTIAL SCREENING REQUEST

*NOTE: EACH ADULT MUST FILL OUT THE FOLLOWING TWO-PAGE FORM FOR SCREENING

FOR MANAGEMENT USE ONLY

Tallfield Associates Ref #/Unit #: _____

PERSONAL DETAILS

Please check one:

- Individual (*Individual or one of multiple roommates that appear on the lease and are responsible for the lease.*)
- Spouse (*Couples that jointly occupy the unit and assume joint responsibility for the lease.*)
- Occupant (*Occupants are adults who will live in the unit, but are not financially responsible for the lease.*)
- Unit Guarantor (*Unit Guarantors are adults who are financially responsible for all applicants' portion of the lease.*)

Name: First: _____ MI: _____ Last: _____

SSN#: _____ **DOB (MM/DD/YYYY):** _____

Monthly (Gross) Income: \$ _____

Enter Amount (check time period): \$ _____ Hourly Weekly Yearly

CURRENT ADDRESS

Street Address:

Number: _____ Name: _____

City: _____ State: _____ ZIP: _____

Print Name

Signature

Date

RESIDENTIAL SCREENING REQUEST

**NOTE: EACH ADULT MUST FILL OUT THE FOLLOWING TWO-PAGE FORM FOR SCREENING*

DISCLOSURE AND AUTHORIZATION AGREEMENT **REGARDING CONSUMER REPORTS**

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 residence.

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 any third party company used by Tallfield Associates, LLC on behalf of the Association for which you are applying 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