

SAINT MORITZ

TOWNHOME HOMEOWNERS ASSOCIATION, INC.

c/o ING Management Group, Inc.

1245 South Powerline Road, #287

Pompano Beach, Florida 33069

Phone: (954) 228-7207 Fax: (954) 376-7288

Unit# _____

APPLICATION FOR PURCHASE OR LEASE

1. Each page included in this application packet must be completed and photocopies of a valid (unexpired) driver's license or valid passport for each applicant must be provided. All applicants must provide a photocopy of the signed purchase contract or signed lease agreement. Our office will charge a copy fee of \$1.00 in exact cash per page for all photocopies made in our office and/or pages sent to ING Management Group and printed from ING Management Group emails. Our office charges \$1.00 in exact cash per page for copies requested to be mailed, photocopied or scanned and emailed to any outside or third party other than ING Management staff. Copy fee must be paid in exact cash or certified funds made payable to *ING Management Group, Inc.*
2. **Non-refundable** application fee of **\$125.00 for each adult** (18 years of age and older) must be paid in the form of a money order or a cashier check and made payable to *ING Management Group, Inc.* **The application fee of \$125.00 per adult is non-refundable.** All requested documents, plus application packet and application fee may be sent all together to Saint Moritz Townhomes HOA c/o ING Management Group, Inc. 1245 South Powerline Road, #287, Pompano Beach, FL 33069. The applicant(s) **cannot** have neither any prior evictions nor any felony convictions, nor participate in Section Eight (8) (public housing assistance).
3. If you own a pet, we require a printed photograph of the pet(s) be attached to complete the pet registration. **Pit bulls are prohibited.** Our office will charge a copy fee of \$1.00 in exact cash per page for all photographs printed in our office and/or pages sent to and printed from ING Management email account(s). Copy fee must be paid in exact cash.
4. **Expect the application process to take up to thirty (30) days**, allowing time to schedule an Orientation Interview. Once your application is processed, the Board of Directors will contact you for an interview, after which the Certificate of Approval will be released.
5. **It is the responsibility of the unit owner to turn over ALL keys, to the Buyer/Lessee at the time of commencement and inform Buyer/Lessee of swimming pool and mailbox locations, if applicable. The unit owner must also provide the Buyer/Lessee with the appropriate rules & regulations of the association. In accordance with the Associations Governing Documents, once a lease has begun, the unit owner forfeits all rights of common area use and amenities.**
6. If the application is for purchase of the unit, ING Management Group, Inc. must receive a copy of the closing statement and copy of the Warranty deed within five (5) business days of closing in order to transfer the unit to your name and avoid late maintenance fees.

FOR OFFICE USE ONLY:

MONEY ORDER OR CERTIFIED CHECK (with application)

PHOTO ID (S)

CONTRACT (sales or lease)

SIGNATURES (application and contract)

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APPLICATION FOR OCCUPANCY/APPROVAL

Check one: Purchase _____ Lease _____

Date of Application: _____ **Date of Occupancy** _____

Name _____ **Spouse** _____
(Must print separate page 2-3 read and sign for Spouse/2nd applicant)

Single Married Separated Divorced Widow

Number of people who will occupy unit: # of Adults _____ # of Children _____

Other Names used (alias, maiden, nickname): _____

Maiden Name (if applicable): _____

Current Address: _____

Street/P.O. Box City State Zip Code County Dates

Former Address: _____

Street/P.O. Box City State Zip Code County Dates

Former Address: _____

Street/P.O. Box City State Zip Code County Dates

Current Employer:

Company Name Salary Position Hire/End Dates Supervisor Name/phone #

Former Employer:

Company Name Salary Position Hire/End Dates Supervisor Name/phone #

Driver's License #: _____ State: _____

Daytime Phone: _____ Gender: _____

*Social Security Number: _____ *Date of Birth: _____

***This information will be used for background screening purposes only.**

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DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Saint Moritz Townhomes Homeowners Association, Inc. (“the Company”) may obtain information about you from a consumer-reporting agency for **tenant screening** purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (“driving records”), and verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for residency is an investigation into your education and/or employment history conducted by **Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Lake Worth, Florida 33461, (888) 605-4265, www.scottrobertsassociates.com** (“Agency”), or another outside organization. **ONE PERSON PER APPLICATION** You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. By signing this document, you agree you have read and understand this disclosure.



Consumer’s Signature _____

Print Consumer’s Name _____

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my tenancy, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or other party to furnish any and all background information requested by **Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Lake Worth, Florida 33461, (888)605-4265, www.scottrobertsassociates.com**, another outside organization acting on behalf of **Saint Moritz Townhomes Homeowners Association, Inc.** and/or **Saint Moritz Townhomes Homeowners Association, Inc.** itself. I agree that a facsimile (“fax”) or electronic or photographic copy of this Authorization shall be as valid as the original.

State of Washington applicants and/or residents only: You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.

New York applicants and/or residents only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

California applicants and/or residents only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.



Signature: _____

Date: _____

Print Name: _____

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NOTICE REGARDING BACKGROUND INVESTIGATION **PURSUANT TO CALIFORNIA LAW**

Saint Moritz Townhomes Homeowners Association, Inc. ("the Company") intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for tenant screening purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for tenant screening purposes. Such reports may include information about your character, general reputation, personal characteristics, and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your tenant application and other background information about you, including but not limited to, obtaining a criminal record report, verifying references, work history, your educational achievements, licensure, and certifications, obtaining your driving record and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making tenant application decisions. The source of any investigative consumer report (as that term is defined under California law) will be Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Lake Worth, Florida 33461, (888)605-4265, www.scottrobertsassociates.com. The source of any credit report will be Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Lake Worth, Florida 33461, (888)605-4265, www.scottrobertsassociates.com. Information regarding Scott-Roberts and Associates, LLC's privacy practices (including information about whether any consumer personal information will be sent outside the U.S. or its territories) may be found at <http://scottrobertsassociates.com>.

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and upon reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you which is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request with proper identification for telephone disclosure and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

APPLICANT: Most banks, financial institutions, mortgage companies and employers require your signature and name printed.

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AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND POLICE RECORD INFORMATION

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my application made for residency.

DESIGNATED PARTY: **Saint Moritz Townhomes Homeowners Association, Inc.**

I hereby waive any privileges I may have with respect to the said information in reference to its release to the previously mentioned party.

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my application for residency.



(Applicant's Signature)

(Applicant's Name Printed)

Date _____



(Applicant's Signature)

(Applicant's Name Printed)

Date _____

CHARACTER REFERENCES

Name _____ Relationship _____ Phone _____

Address _____ Zip _____

Name _____ Relationship _____ Phone _____

Address _____ Zip _____

Name _____ Relationship _____ Phone _____

Address _____ Zip _____

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APPLICATION FOR LEASE, GIFT, DEVISE OR INHERITANCE APPROVAL

1. This application, an application for approval and all authorization forms must be completed in detail by each proposed adult occupant, other than husband/wife or parent/dependent child (which is considered one applicant).
2. If any question is not answered, or left blank, this application will be returned, not processed and not approved.
3. A copy of the lease contract, if applicable, must be attached to this application.
4. All applicants must make themselves available for a personal interview prior to final Board of Directors approval. **Occupancy prior to Board approval is prohibited!**
5. No lease terms shall be for less than 2 months and Units cannot be leased more than 2 times per calendar year.
6. Use of this Condo is for single-family residence only.
7. No Commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, etc. are permitted to park on the premises overnight. All vehicles with expired tags or found in disrepair are subject to being towed away at the owners' expense with little or no notice.
8. Parking is in assigned **(2) SPACES ONLY**. Limit 2 registered vehicles per unit.
9. The unit owner (landlord) must provide lessee with a copy of all Association Rules & Regulations.
10. The unit owner forfeits all use of the Association amenities upon commencement of lease pursuant to Florida Statues.

OTHER PERSONS who will occupy the unit with you:

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Full names & ages of children who will occupy unit: _____

Have you ever seasonally resided in Florida before? _____ If yes, please state the name, address & dates of Residency:

If retired, please state the company's name and address retired from and when retired: _____

Have you ever been convicted or pled to a crime? _____ If yes, please state the date(s), charges(s) and

Disposition: _____

In case of emergency, notify _____

Name

Relationship

Telephone Number(s)

Home Address

City

State

Zip Code

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ALL APPLICANTS MUST READ, INITIAL AND SIGN BELOW:

1. I hereby agree for myself and on behalf of all persons who may use the unit, that I will abide by all of the restrictions contained in the Bylaws, Rules and Regulations, Association Documents and restrictions which are or may in the future be imposed by Saint Moritz Townhomes Homeowners Association, Inc.
INITIAL _____
2. I have received a copy of the Rules & Regulations: YES _____ NO _____
3. I understand that any violation of the terms, provisions, conditions and covenants Saint Moritz Townhomes Homeowners Association, Inc. documents provides cause for immediate action as therein provided under appropriate circumstances.
INITIAL _____
4. 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!
INITIAL _____
5. I understand that sub-leasing or occupancy of this unit without prior approval by the Association is strictly prohibited.
INITIAL _____
6. No propane and charcoal BBQ grills should be stored or used within ten (10) feet of the buildings. Per Association Insurance, this is mandatory requirement.
INITIAL _____
7. No satellite dish is to be affixed to Association building.
INITIAL _____
8. Pets, domestic only, cat or dog, up to two (2) **aggregate** weights, not more than **forty (40) lbs.** Pit Bulls not permitted.
INITIAL _____
9. **Parking: Limit 2 registered vehicles and 2 parking spaces per unit. No commercial vehicles, no blocking sidewalks, no parking on street, no parking on grass, no vehicle repairs permitted, except for a flat tire. I understand that if I violate any of these items, my vehicle may be towed without notice and at owners' expense.**
INITIAL _____
10. I understand that the acceptance for this application for a unit at Saint Moritz Townhomes Homeowners Association, Inc. is condition in part upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of the information on these forms will result in the automatic disqualification of my application. Occupancy prior to Board approval is prohibited!
INITIAL _____
11. I understand that the Board of Directors of Saint Moritz Townhomes Homeowners Association, Inc. will conduct a background investigation to verify this application. Accordingly, I specifically authorize the Board of Directors and Management to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and the Board of Directors, Officers, and Management of Saint Moritz Townhomes Homeowners Association, Inc. 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.
INITIAL _____
12. Vehicles must be parked in assigned space(s) only. All unauthorized vehicles are subject to towing at owner's expense.
INITIAL _____

In making the foregoing application, I am aware that the decision of Saint Moritz Townhomes Homeowners Association, Inc. will be final and no reason will be given for any action by the Board of Directors. I agree to be governed by the determination of the Board of Directors.



Signature _____

Signature _____

Print Name _____

Print Name _____

Date _____

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Primary or Secondary Residence: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Business Fax: _____

Email Address: _____

Are you or anyone in your household in need of special medical attention, or have restricted mobility, which would require additional assistance in the event of an emergency?

(This notification does not guarantee additional assistance, but every effort will be made to provide this information to authorities in the event of an emergency requiring evacuation).

NO _____

YES _____

If yes, please explain special needs (i.e. oxygen, wheelchair, blind, deaf, etc.):

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PET REGISTRATION FORM

Name of Pet Owner: _____

Pet #1: Type of Pet (please circle one): DOG CAT OTHER (*specify*): _____

Pet's Name: _____ Pet's Age: _____

Pet's Weight _____ License/Tag number: _____

Breed (*Be specific: give complete description, color, etc.*): _____

Pet #2: Type of Pet (please circle one): DOG CAT OTHER (*specify*): _____

Pet's Name: _____ Pet's Age: _____

Pet's Weight _____ License/Tag number: _____

Breed (*Be specific: complete description, color, etc.*): _____



I am aware of the **SAINT MORITZ TOWNHOME HOMEOWNERS ASSOCIATION'S** rules, regulations and restrictions regarding pets on the property and agree to abide by them.



Signature _____

Date: _____

Signature _____

Date: _____

PLEASE RETURN WITH PHOTO AND REGISTRATION TO THE MANAGEMENT OFFICE.

Print legibly or type all information. Telephone numbers and complete addresses are required. If any question is left unanswered or blank, this application may be returned, not processed, or not approved. Missing information will cause delays in processing your application. Any misrepresentation or falsification may result in disqualification.