

LEASE CHECK OFF LIST

UNIT # _____

Owner: _____ Lessee: _____

Term: _____ to _____

_____ RULE BOOK (Please view/print from the main menu)

_____ Application for Occupancy (2 Pages) * Form OT-103

_____ Opal Towers Lease (Signed by ALL parties) * Form OT-120

_____ Intent To Lease or Purchase * Form OT-102

_____ Lease Agreement between Owner & Lessee *

_____ Addendum to Lease (For annual leases only, signed by ALL parties) * OT-121

_____ Opal Towers Background Authorization * Form OT-105

_____ Global Background Analysis * Form OT-106

_____ Canadian Background Request * Form OT-107

_____ Canadian Release of Information * Form OT-108

_____ (2) Letters of Recommendation *

_____ \$100.00 / Background Check Fee *

(Please return all items with an asterisk * including this cover page for consideration of your lease)

Instructions:

1. All applicants are processed as separate Investigations.
2. Print legibly, all information. Account and telephone numbers, and complete addresses are required.
3. If any question is not answered or left blank, this application may be returned, not processed or not approved.
4. Missing information will cause delays in processing your application.
5. Any misrepresentation, falsification or omission of information may result in your disqualification.
6. Only the applicants are authorized to sign all forms on page 2.

APPLICATION FOR OCCUPANCY / APPROVAL Page 1 of 2

PRINT OR TYPE (Use Black Ink)

Purchase_____ or Lease_____ (How Long)

Unit. No. _____ Address : _____ 1149 Hillsboro Mile (North) _____ 1147 Hillsboro Mile (South)

Application Date_____ Desired Date of Occupancy_____

Name_____ Date of Birth_____ Soc. Sec. No._____

Spouse_____ Date of Birth_____ Soc. Sec. No._____

Use Passport, Alien, Green Card, or other Identification Number if no Social Security Number, along with country of citizenship.

[] Single [] Married Spouse Maiden Name_____

Number of people who will occupy your unit. Adults (over age 18) _____ Children_____

Names & ages of others who will occupy your unit: _____

RESIDENCE HISTORY

A. Present Address _____ Phone_____

Name of Apt./Condo _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____

B. Previous Address _____

Dates of Residency _____

EMPLOYMENT & BANK REFERENCES

A. Employed By _____ Phone_____

How long _____ Dept. or Position _____ Monthly Income _____

Address _____

B. Spouse's Employment _____ Phone_____

How long _____ Dept. or Position _____ Monthly Income _____

Address _____

C. Bank References _____ Phone_____

Primary Checking Account Number _____

Address (City, State) _____

D. List other Financial References: Brokerage Names / Account Numbers, Investment Firms & Accounts, Etc.

Driver's License No. / State of Issue _____

Spouse Driver's License No. / State _____

Vehicle: Make _____ Model _____ Plate # _____ State _____

Credit Reports will be used to verify credit worthiness. If applicant is not a U.S. Citizen, please obtain a credit bureau report from your country of origin and send it to us with this application.

CHARACTER REFERENCES

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

By signing below, the Applicant recognizes that Opal Towers Condo Assoc. or our Agent may verify the above information you supplied and a full disclosure of pertinent facts may be made to our Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, a complete and accurate disclosure of the nature and scope of any investigation.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND CRIMINAL BACKGROUND

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

You are hereby authorized to release to Opal Towers Condo Assoc., their Agent, or their Attorney, any and all information they request concerning my banking, credit, residence, employment, and criminal background in reference with my / our application for residency.

DESIGNATED PARTY: OPAL TOWERS CONDOMINIUM ASSOCIATION, 1149 HILLSBORO MILE, HILLSBORO BEACH, FLORIDA 33062 PHONE 954-428-0668

I hereby waive any privileges I may have with respect to the said information in reference to its release to Opal Towers. Photocopies of this Authorization may be made to facilitate multiple inquires. 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 / our application for residency.

Date _____

Applicant's Signature _____ Print Name _____

Spouse's Signature _____ Print Name _____

OPAL TOWERS LEASE FORM

Unit owners cannot lease their unit for the first 12 months from the date of purchase.

During the term of the lease the lessee takes over the use of the unit and the use of the common elements. The owner cannot use the facilities during the term of the lease. However, the unit owner retains the unit's voting rights and remains responsible for the unit financially and for any problems caused by the lessee. The unit owner must transfer his parking spot and garage gate remote control to the lessee. Extra parking spaces, which belong to the Association and not the owner, are not available to lessees.

The unit owner must place a \$1,000.00 deposit (which is held in an escrow account) before the start of any lease to cover possible damage to the common areas caused by the lessee. This deposit will be returned to the unit owner after confirmation that no damage was caused by the lessee.

All first time unit lessees must be interviewed by two Board members and also sign documents involving the association rules, mail, emergency contacts, parking spots, etc. If the interview team approves the lessee(s), they will recommend approval of the lease to the Board of Directors at the next scheduled meeting.

Every time that a lease is renewed, the Board must approve it. If a lease is renewed, approval can be done without another interview. Previously obtained information that was provided by the lessee can be used again. The unit owner must have \$1,000.00 in escrow during the terms of the lease as noted above. **No lease can have an automatic renewal clause.**

There can be no guarantees by the unit owner to the lessee that approval will be forthcoming nor can the unit owner promise the lessee that continuation of the lease or sale of the property will follow without approval of the Board. The unit owner can be required to release the lessees from their contract if major problems occur during their occupancy.

Opal Towers Condominium Association Incorporated deals with the unit owner only on all financial matters. The unit owner is responsible to the Association for the lessee on all matters.

Unit # _____

Term of this lease: _____ to _____

Signature of the lessee: _____ Date _____

Signature of unit owner: _____ Date _____

Cc: Owner file, lessee

Application by the Proposed Buyer or Lessee to Purchase or Lease a Unit in Opal Towers Condominium Association Inc.

Date: _____

I / we intend to purchase Unit # _____ I / we intend to lease Unit # _____

I / we represent that all information presented is factual and true and that any misrepresentation will result in an automatic rejection of this application. The Board may make further inquiries regarding this application.

I / we will be bound by the Declaration of Condominium, By-Laws, Articles of Incorporation and the Rules and Regulations of the Association.

The rules and regulations for the Opal Towers Condominium Association, Inc. allow for single-family residence. Please state the name and relationship of all persons who will be occupying the unit regularly.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If I / we are purchasing this unit, I / we will, upon closing, provide to the Association within ten (10) days, a copy of the Closing Statement and a copy of the recorded deed.

If I / we are leasing, I / we will provide the Association with a copy of the Lease and further state that I / we will not sublet the unit.

FULL NAME(S) OF PURCHASER(S) OR LESSEE(S)

1. _____ DATE _____

2. _____ DATE _____

Cc: Unit File, Buyer or Lessee

Addendum to Lease Agreement

Page 1 of 2

This Agreement is entered into this ____ day of _____, 20____ by and between

_____, Owner (Lessor) of **Unit # _____** at Opal Towers Condominium,

located at ____ **1147 / ____ 1149 Hillsboro Mile, Hillsboro Beach, Florida 33062,**

(Lessee), and the Opal towers Condominium Association, Inc. ("Association"). Said Agreement shall not be modified without the express written consent of all parties.

WITNESSETH

WHEREAS, Lessor wishes to enter into a Lease with the Lessee regarding **Unit # _____** of The Opal Towers Condominium:

WHEREAS, Lessee desires to accept such leasehold ("Lease");

WHEREAS, Association has the authority, right and entitlement to approve a Lease as provided under Article XIII, Section 1 of the Declaration of Condominium of Opal Towers, A Condominium ("Declaration"), as recorded in Official Records Book 4643 , at Page 0370, et seq., as amended, of the Public Records of Palm Beach County, Florida;

WHEREAS, pursuant to Section 718.116(4), Florida Statutes, the Association may withhold approval of the Lease where there is an arrearage in the payment of maintenance assessments.

NOW THEREFORE, for TEN DOLLARS (10.00) and other good and valuable consideration, the receipt and sufficiency of which is acknowledged, the parties agree as follows:

1. Association shall conditionally approve of the proposed Lease of **Unit # _____** to Lessee, pursuant to the following conditions:

a. Upon the occurrence of any delinquency in the payment of maintenance assessment obligations owed by Lessor to Association, Lessor hereby directs Lessee to furnish all rental payments due and owing under the Lease to the Association. Lessee shall issue all rental payment checks payable to "The Opal Towers Condominium Association, Inc." and deliver said checks to the following address:

The Opal Towers Condominium Association, Inc.
Attn: Property Manager
1149 Hillsboro Mile
Hillsboro Beach, Florida 33062

b. Lessor assigns to the Association, such rental payments for the duration of the Lease such that all monies due and owing thereunder shall be paid by Lessee to the Association until such time as the outstanding monies due and owing to the Association by the Lessor are fully satisfied, payment to be in accordance with the requirements of the Declaration and applied as provided under 718.116(3), Florida Statutes. Upon receipt of funds sufficient to address and satisfy the arrearage, the Association shall Direct Lessee to pay all rents to Lessor.

2. Lessee shall pay such rents to Association, as directed, until notified to the contrary, in the event that Lessor should, again, become delinquent in the payment of any and all maintenance or special assessment to the Association, Association may, again, direct Lessee to pay such monies to the Association and Lessee acknowledges and agrees that Lessee shall so act.

3. Lessor specifically permits and does authorize Association to take any and all action to collect rents from Lessee and, upon failure of Lessee to provide said rents, to pursue an action to remove the Lessee, including through eviction. Any expense so incurred by Association in addressing Lessee shall be recoverable by the Association, as provided pursuant to Article XI of the Declaration.

4. Any action taken by Association shall not be construed as a waiver of Association's rights under the Declaration, the Association's Articles of Incorporation, By-Laws or Rules and Regulations.

Executed this _____ day of _____, 20_____

Lessor:

Lessee:

THE OPAL TOWERS CONDOMINIUM ASSOCIATION, INC.

By _____

OPAL TOWERS CONDOMINIUM

BACKGROUND AUTHORIZATION

I AUTHORIZE OPAL TOWERS CONDOMINIUM ASSOCIATION TO
PERFORM A CRIMINAL AND/OR A FINANCIAL BACKGROUND CHECK.

Name: _____

SS#: _____ - _____ - _____

Birthdate: (mm/dd/yyyy) _____

SIGNATURE: _____

Name: _____

SS#: _____ - _____ - _____

Birthdate: (mm/dd/yyyy) _____

SIGNATURE: _____

GLOBAL BACKGROUND ANALYSIS, INC.

Opal Towers

Fax To: 305-857-0110

Applicant's Name(s): _____

Social Security #: _____ - _____ - _____

Birth Date (For Criminal Search): _____ / _____ / _____

Current Address: _____

City: _____ State: _____ ZIP Code: _____

Employer's Name: _____

Employer's Phone #: _____ Position: _____

Supervisor's Name: _____

***** WRITTEN AUTHORIZATION HAS BEEN SECURED FROM
THE ABOVE APPLICANT*****

Name of Requestor: _____ Type of Request : Criminal _____
Financial _____

Today's Date: _____ / _____ / _____

2420 Brickell Avenue, Ste 307B, Miami, FL 33129
Phone: (305) 857-0200 Fax: (305) 857-0110
www.globalbackground.net email: globalbackground@att.net

CONSUMER/CANADIAN CRIMINAL REQUEST FORM

Use for all non U.S. Citizens

Account Information:

Account Number: _____ Account Name: **OPAL TOWERS CONDO ASSOCIATION**

Contact Name: _____ Contact Email: opaltowers@comcast.net

Phone Number: **954-428-0668** Fax Number: **954-426-0404**

Applicant Information:

Full Name:

First Name: _____ Middle Name: _____ Last Name: _____

Check one if applicable: Jr. _____ Sr. _____ Date of Birth: Month _____ Day _____ Year _____

Social Insurance Number: _____ -- _____ -- _____

Full Current Address:

Street Address: _____ Apt. #: _____

City: _____ Province: _____ Zip: _____

For Opal Towers office use only :

Fax completed Form to : 800-788-0451

For Questions, please call: 800-877-1223

CoreLogic SafeRent, Inc. P.O. Box 988 Longwood, FL 32752-0988

Canadian Disclosure and Release of Information Authorization

Use for all non U.S. Citizens **Consumer Report / Investigative Consumer Report**
Important: Please read carefully

As an applicant to rent or lease certain property, house, apartment, or condominium, you are a consumer with rights under the Fair Credit Reporting Act. When evaluating you as a tenant, a consumer report or an investigative consumer report may be obtained from a consumer reporting agency and may be obtained at any time during the application process or to decide whether to renew your lease or otherwise continue the landlord / tenant relationship.

I authorize CoreLogic SafeRent, to obtain information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background. The information obtained may include, but is not limited to, prior landlords, residential, previous employment verification, credit reports, driving history, and criminal history records.

I understand that a Consumer Report or Investigative Consumer Report may be prepared summarizing this information. The report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may also have the right to request additional disclosures regarding the nature and scope of the investigation as well as a written summary of my rights under the Fair Credit Reporting Act. If requested, the consumer reporting agency will explain the contents of my file. I understand that proper identification will be required and that I should direct my request to:

Opal Towers Condominium Association

I understand that by requesting this information, no promise of rental or lease is being made. I also understand that a photocopy of this authorization be accepted with the same authority as the original; and that if accepted as a tenant by Opal Towers, this authorization will remain in effect throughout such lease. **I understand that the information requested below regarding date of birth, race and sex is for the sole purpose of gathering the above information accurately, and will not be used to discriminate against me in violation of any law.**

READ, ACKNOWLEDGED AND AUTHORIZED

Signature _____ Date _____

NOTE: I am providing the following voluntarily.

PLEASE PRINT CLEARLY

NAME _____
First Middle (Full) Last Maiden

SOCIAL Security # _____ - _____ - _____ **Date of Birth** Mo _____ Day _____ Yr _____

SEX _____ **RACE** _____ **DRIVER'S LICENSE #** _____ **STATE** _____

CURRENT ADDRESS _____

CITY/STATE/ZIP _____

PREVIOUS ADDRESS _____

CITY/STATE/ZIP _____