

# SALES CHECK OFF LIST      UNIT # \_\_\_\_\_

New Owner: \_\_\_\_\_

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

\_\_\_\_\_ Opal Towers Rules/Restrictions \*      Form OT-101

\_\_\_\_\_ Intent To Purchase or Lease \*      Form OT-102

\_\_\_\_\_ Application for Occupancy ( 2 pages ) \*      Form OT-103

\_\_\_\_\_ 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

\_\_\_\_\_ Contract / Agreement of Sale \*

\_\_\_\_\_ (2) Letters of Recommendation \*

\_\_\_\_\_ \$100.00 / Background Check Fee \*

**(Please return all items with an asterisk \* including this cover page for approval of sale)**

**OPAL TOWERS CONDOMINIUM ASSOCIATION, INC.**

**1149 HILLSBORO MILE**

**HILLSBORO BEACH , FLORIDA 33062**

**To: Potential Owners**

**Subject: Opal Towers Rules/ Restrictions**

**Please ensure that you are aware of the following rules and restrictions and share them with all appropriate parties that may be considering purchasing at Opal Towers. The entire rule book should be read and understood by any potential purchaser(s); however, the following items should be discussed as soon as possible. This will ensure that there is a minimum of misunderstandings on anyone's part.**

- 1. Each unit has only ONE underground assigned /deeded parking spot. There is approximately a 3 year waiting list for a rental spot. There are no exceptions.**
- 2. Overnight occupancy limits are four (4) persons in a one bedroom unit and six (6) persons in a two bedroom unit.**
- 3. Units may NOT be rented during the first year of ownership.**
- 4. During the first year of ownership, no overnight guests are permitted unless the owner is in residence.**
- 5. No pick-up trucks, motorcycles, scooters or commercial vehicles are allowed to be kept on the property by owners.**
- 6. There are NO PETS allowed at Opal Towers.**

**I acknowledge that I have read and understand these items.**

**Signature of Owner(s) :** \_\_\_\_\_

**Date:**\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# 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

**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 CONDOMINIUM

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## 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](http://www.globalbackground.net) email: [globalbackground@att.net](mailto: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](mailto: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** \_\_\_\_\_