

# **SOUNDINGS HOMEOWNERS' ASSOCIATION, INC.**

ASSOCIATED PROPERTY MANAGEMENT OF THE PALM BEACHES, INC.

8135 LAKE WORTH ROAD, SUITE B

LAKE WORTH, FL 33467

Office: (561) 588-7210 – Fax: (561) 588-2411

**MONDAY – FRIDAY 9:00AM TO 4:00PM**

## **RESALE/LEASE APPLICATION CHECKLIST**

### **Application Information:**

This application must be completed in detail and in full by the proposed buyer or lessee and returned to: Associated Property Management of the Palm Beaches, Inc. **8135 Lake Worth Road, Suite B Lake Worth, FL 33467**

- Please attached a copy of the sales contract or lease agreement
  - A \$1,000.00 capital contribution must be paid to River Bridge Property Owners Association. Proof of payment needs to be attached for ALL purchases
- Copies of Driver's Licenses for all applicants residing in the unit
- A copy of the vehicle registrations for all the vehicles to be parked on property
- Please attached the following fees:
  - **All fees are to be in the form of CASHIER'S CHECK or MONEY ORDER**
  - **A \$100.00 (non-refundable) Processing Fee** for each individual over the age of eighteen
    - (18) payable to **ASSOCIATED PROPERTY MANAGEMENT**
      - Married couples may submit one fee; if the couple has different last names, must provide proof of marriage for the spousal discount
    - **A \$76.00 (non-refundable) Background/Screening Fee** for each individual over the age of eighteen (18) payable to **ASSOCIATED PROPERTY MANAGEMENT**

**A \$1,000.00 Capital Contribution for ALL PURCHASES payable to RIVER BRIDGE POA to be submitted to River Bridge POA when Orientation is scheduled.**

- Prospective owner(s) and/or lessee(s) are required to appear for an interview prior to closing or lease commencement with both Soundings and River Bridge
- Please provide a copy of your pet(s) county registration, veterinary vaccination records, and a picture.
- PURCHASED properties cannot be rented for one (1) year from date of purchase
- Present owner is responsible for providing a copy of the Rules and Regulations, the Declaration of Protective Covenants, the Bylaws, and the Articles of Incorporation of the Soundings Association to Buyer(s) or Tenant(s)
- The completed application must be submitted to the APM office no later than thirty (30) days prior to the desired date of closing or move in.
- Business Tax Receipt from the City of Greenacres must accompany all lease applications.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

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APPLICATION FOR PURCHASE OR LEASE (CIRCLE ONE) OF UNIT \_\_\_\_\_

Copy of lease or purchase agreement must accompany this application.

**NOTE: PURCHASED PROPERTIES CANNOT BE RENTED FOR  
ONE YEAR FROM DATE OF PURCHASE**

If lease, lease term: \_\_\_\_\_ to \_\_\_\_\_  
(Allow up to 30 days for Association processing)

If sale, closing date: \_\_\_\_\_ Mortgage Company: \_\_\_\_\_  
(Allow up to 30 days for Association processing)

Name(s) of Applicant(s): \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Applicant 2: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City/State Zip Code

Home Phone: \_\_\_\_\_ Cell# 1: \_\_\_\_\_ Cell# 2: \_\_\_\_\_ Work#: \_\_\_\_\_

Place of Employment 1: \_\_\_\_\_ 2: \_\_\_\_\_

Please list **3** Non-Family References:

Name: Address: Phone:

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

List all permanent occupants:

Name: Relationship to Applicant: Age (Minors)

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

**Continue on next page. Please be sure to complete and sign.**

Pet(s): Yes \_\_\_\_\_ If dog, breed/sex/age: \_\_\_\_\_ No \_\_\_\_\_

Vehicle(s) to be parked on Association Property:

Make:                      Model:                      Year:                      Registered State/Plate#:

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Please initial:

\_\_\_\_\_ I/We acknowledge receipt of a copy of the Declaration of Protective Covenants, the Bylaws, and the Articles of Incorporation of the Soundings Association, Inc. from the present owner.

\_\_\_\_\_ **I/We have read these documents and agree to abide by them.**

**Important Notes:**

A certified check or money order made payable to Associated Property Management (Processing Fee) for \$100.00 (non-refundable) **for each individual eighteen (18) years of age or older** who will be living in the unit must accompany this application. Married couples may submit one fee. If the couple has different last names, you must provide proof of marriage for the spousal discount.

A certified check or money order payable to Associated Property Management for \$76.00 (non-refundable) for each individual eighteen (18) years of age or older for background/credit screening.

Prospective owners and/or lessees are required to appear for a personal interview prior to closing or lease commencement.

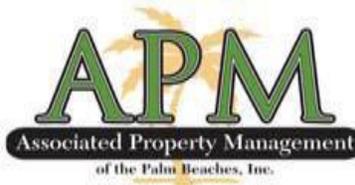
This application must be signed by all persons listed on the application eighteen (18) years of age or older.

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Date                                      Signature                                      Driver's License-State and #

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Date                                      Signature                                      Driver's License-State and #

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Date                                      Signature                                      Driver's License-State and #

ALL applications must be received completed, any missing information or required documentation as outlined in the application will deem the application incomplete and additional processing fees will be charged.



**SOUNDINGS HOMEOWNERS' ASSOCIATION, INC.**

**Authorization Form**

**All persons the age of 18 years and older must sign this form.** You are hereby authorized to release any and all information requested with regards to verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references to SAFERENT. This information is to be used for my / our credit report for my/our Application for Occupancy.

I/We hereby waive any privileges I/We may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for and from this report is to be released to SAFERENT, Property Manager, Board of Directors and The Landlord for their exclusive use only.

**PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY. If you do not have a Social Security Card, please include a copy of your Passport or current identification card.**

**Please notify your Landlord(s), Employer(s), and Character References that we will be contacting them to obtain a reference pursuant to your application.** I/We further **state the Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person that the signature(s) below are my/ our own proper signature.**

I/We certify under penalty of perjury that the foregoing is true and correct.

**If you or the co-applicant have falsified, deliberately mislead or omitted to mention any information on your application, you may not be approved for a purchase, lease and or occupancy.**

_____	_____	_____
(Applicant's Signature)	(Social Security Number)	Date
_____	_____	_____
(Co-Applicant's Signature)	(Social Security Number)	Date
_____	_____	_____
(Co-Applicant's Signature)	(Social Security Number)	Date
_____	_____	_____
(Co-Applicant's Signature)	(Social Security Number)	Date