

CORNICHE

CONDOMINIUM APARTMENT ASSOCIATION OF
THE PALM BEACHES, INC.

NEW OWNER & LEASE CHECK LIST

OWNER NAME: _____ UNIT # _____.

NEW OWNER OR LESSEE: _____.

SETTLEMENT OR LEASE DATE: _____.

NEW OWNER PHONE NUMBER: _____.

NEW OWNER EMAIL ADDRESS: _____.

SALE - CONTRACT FORM: _____.
(COMPLETED AND SIGNED BY ALL PARTIES)

LEASE – AGREEMENT EXECUTED: _____.
(3-Months minimal, Once per Year and 3 Year Max on Rentals)

ADDENDUM: _____.

APPLICATION FEE (\$100.00): _____.

CRIMINAL BACKGROUND & CREDIT CHECK: _____.

COPY OF DRIVER LICENSE OR PASSPORT: _____.

RULES & REGULATIONS: _____.

CERTIFICATE OF APPOINTMENT OF VOTING REPRESENTATIVE _____.

SERVICE ANIMAL: _____.

ARE THE SSESSMENTS ON TIME? _____.

INTERVIEW SCHEDULED FOR: _____.

ESTOPPEL PAID: _____.

CORNICHE
CONDOMINIUM APARTMENT
ASSOCIATION OF THE PALM BEACHES, INC.
5200 NORTH OCEAN DRIVE, SINGER ISLAND, FL. 33404
PHONE: 561/848-3911 FAX: 561/848-4254

Office Use Only

Application# _____ **Date received** _____

Expected Date of Processing----- **Received by**-----

APPLICATION FOR PURCHASE, GIFT, DEVISE OR INHERITANCE APPROVAL

1. THIS APPLICATION MUST BE COMPLETED IN DETAIL BY THE PROPOSED PURCHASER(S) AND ENDORSED BY THE PRESENT OWNER(S) INCLUDING THE AUTHORIZATION FORM (ATTACHMENT #1) AT THE BOTTOM OF PAGE THREE (3) THAT MUST BE COMPLETED AND SIGNED. INT. _____. DATE _____.
2. IF ANY QUESTION IS NOT ANSWERED, OR IS LEFT BLANK, THIS APPLICATION WILL BE RETURNED, NOT PROCESSED AND NOT APPROVED. INT. _____. DATE _____.
3. PLEASE ATTACH A COPY OF THE SALES CONTRACT TO THIS APPLICATION.
4. PLEASE ATTACH A NON-REFUNDABLE PROCESSING FEE OF \$100.00 TO THIS APPLICATION MADE PAYABLE TO THE CORNICHE CONDOMINIUM ASSOCIATION FOR EACH APPLICANT OTHER THAN HUSBAND/WIFE OR PARENT/DEPENDENT CHILD (WHICH IS CONSIDERED ONE APPLICATION).
5. ACCEPTANCE OF THE PROCESSING FEE DOES NOT IN ANY WAY CONSTITUTE APPROVAL OF THIS TRANSACTION. INT. _____. DATE _____.
6. THE COMPLETED APPLICATION & FEE MUST BE SUBMITTED TO THE ASSOCIATION OFFICE AT LEAST 30 DAYS PRIOR TO THE EXPECTED CLOSING DATE. INT. _____. DATE _____.
7. ALL APPLICANTS MUST MAKE THEMSELVES AVAILABLE FOR A PERSONAL INTERVIEW PRIOR TO FINAL APPROVAL. (TELECONFERENCE AND/OR INTERNET (SKYPE) INTERVIEWS BY SPEACIAL APPROVAL ONLY.) **OCCUPANCY PRIOR TO FINAL APPROVAL IS (SKYPE) PROHIBITED.** INT. _____. DATE _____.
8. NO PETS OF ANY KIND ARE ALLOWED AT ANY TIME. INT. _____. DATE _____.
9. USE OF THIS UNIT IS FOR SINGLE FAMILY RESIDENCE ONLY. OWNER SHALL NOT PERMIT ANYONE, EXCEPT FOR IMMEDIATE FAMILY, TO OCCUPY HIS/HER APARTMENT IN HIS/HER ABSENCE WITHOUT PRIOR BOARD APPROVAL.
10. ONLY ASSIGNED PARKING SPACE IN UNDERGROUND GARAGE MAY BE USED.
11. NO COMMERCIAL VEHICLES, TRUCKS (SUV'S AND MINVANS ARE NOT CONSIDERED TRUCKS FOR THIS PURPOSE), BOATS, TRAILERS, MOTOR HOMES, MOBILE HOMES, CAMPERS, RECREATIONAL VEHICLES, MOTORCYCLES, MOPEDS, ETC. ARE PERMITTED TO PARK ON PREMISES.
12. THE SELLER (CURRENT OWNER) MUST PROVIDE THE PURCHASER WITH A COPY OF THE ASSOCIATION DOCUMENTS, AND RULES AND REGULATIONS; OTHERWISE YOU MAY PURCHASE THEM FROM THE ADMINISTRATION OFFICE FOR A FEE.
13. PURCHASER MUST NOTIFY THE ASSOCIATION OFFICE WITH THE EXACT DATE OF THE CLOSING.
14. MOVING OF FURNITURE IN OR OUT OF APARTMENT IS NOT PERMITTED ON SATURDAYS, SUNDAYS OR HOLIDAYS. HOURS FOR MOVING ARE 8:00 AM TO 4:30 PM AND MANAGER MUST BE NOTIFIED PRIOR TO USE.
15. SERVICE ELEVATOR MAY NOT BE USED BY REPAIR OR SERVICE PEOPLE AS A FREIGHT ELEVATOR AFTER 4:30 PM MONDAY THRU FRIDAY, AND AT NO TIME ON WEEKENDS AND HOLIDAYS. INT. _____. DATE _____.
16. INSTALLATION OF INDOOR/OUTDOOR CARPETING ON BALCONIES IS PROHIBITED. OTHER FLOORING MUST BE OF APPROVED MATERIALS.

PRINT OR TYPE ALL INFORMATION ON THESE FORMS

DATE: _____ APT. # _____ APPROX. CLOSING DATE: _____

OWNER'S NAME: _____ APT. # _____

PRESENT ADDRESS: _____

REALTOR: _____ PHONE # _____

PURCHASER'S NAME: _____ PHONE # _____

(AS TITLE WILL APPEAR)

ADDRESS: _____

MORTGAGE INFORMATION: (IF APPLICABLE)

NAME OF LENDER: _____ PHONE # _____

ADDRESS: _____

1. I HEREBY AGREE FOR MYSELF, AND ON BEHALF OF ALL PERSONS WHO MAY USE THE APARTMENT WHICH I SEEK TO PURCHASE, THAT I WILL ABIDE BY ALL THE RESTRICTIONS CONTAINED IN THE BY-LAWS, RULES & REGULATIONS, AND CONDOMINIUM DOCUMENTS OF THE CORNICHE CONDOMINIUM. INT. _____. DATE _____.
2. **I HAVE RECEIVED A COPY OF ALL CONDOMINIUM DOCUMENTS, AND RULES & REGULATIONS, YES ____ NO ____.** I HAVE RECEIVED A COPY OF THE EMERGENCY EVACUATION PROCEDURES, YES ____ NO ____ INT. ____ DATE _____.
3. I UNDERSTAND THAT I WILL BE ADVISED BY THE ASSOCIATION OFFICE WITHIN 30 DAYS OF EITHER ACCEPTANCE OR DENIAL OF THIS APPLICATION. INT. ____ DATE _____.
4. I UNDERSTAND THAT THERE IS A RESTRICTION ON PETS AND THAT I MAY NOT BRING A PET NOR MAY ANY GUEST, VISITOR, OR TENANT BRING A PET INTO THE CORNICHE, NOR ACQUIRE ONE, EITHER TEMPORARILY OR PERMANENTLY, AFTER OCCUPANCY, UNLESS IT IS AN APPROVED SERVICE ANIMAL (MEDICAL PROOF MUST BE AVAILABLE).
5. I UNDERSTAND THAT THE BOARD OF DIRECTORS OF THE CORNICHE CONDOMINIUM ASSOCIATION MAY INSTITUTE AN INVESTIGATION OF MY BACKGROUND AS THE BOARD MAY DEEM NECESSARY. ACCORDINGLY, I SPECIFICALLY AUTHORIZE THE BOARD OF DIRECTORS TO MAKE SUCH INVESTIGATION AND AGREE THAT THE BOARD OF DIRECTORS AND OFFICERS OF THE CORNICHE ITSELF SHALL BE HELD HARMLESS FOR 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.
6. I UNDERSTAND THAT THE ACCEPTANCE FOR PURCHASE OF AN APARTMENT AT THE CORNICHE IS CONDITIONED UPON THE TRUTH AND ACCURACY OF THIS APPLICATION, AND UPON THE APPROVAL OF THE BOARD OF DIRECTORS. **OCCUPANCY PRIOR TO APPROVAL IS PROHIBITED.** ANY MISREPRESENTATION OR FALSIFICATION OF INFORMATION ON THESE FORMS WILL RESULT IN THE AUTOMATIC REJECTION OF THIS APPLICATION. INT. ____ DATE _____.
7. BY SIGNING, THE APPLICANT RECOGNIZES THAT THE ASSOCIATION OR THEIR AGENT MAY INVESTIGATE THE INFORMATION SUPPLIED BY THE APPLICANT, AND A FULL DISCLOSURE OF PERTINENT FACTS MAY BE MADE OF THE APPLICANT'S CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING, AS APPLICABLE. ANY FALSE OR MISLEADING INFORMATION WILL RESULT IN THE REJECTION OF THIS APPLICATION. THE ASSOCIATION MAY ALSO REQUIRE A CREDIT REPORT THROUGH A CREDIT REPORTING AGENCY.

INT ____ DATE _____.

IN MAKING THE FOREGOING APPLICATION, I AM AWARE THAT THE DECISION OF THE CORNICHE CONDOMINIUM ASSOCIATION WILL BE FINAL AND NO REASON WILL BE GIVEN FOR ANY ACTION TAKEN BY THE BOARD.

APPLICANT _____ DATE _____

APPLICANT _____ DATE _____

OWNER _____ DATE _____

PERMANENT RESIDENT _____ SEASONAL RESIDENT _____ OTHER _____

EMAIL : _____

EMAIL: _____

APPLICATION FOR OCCUPANCY

NAME _____ DOB _____ SS# _____

SPOUSE _____ DOB _____ SS# _____

IN ADDITION TO APPLICANT(S) NUMBER OF OTHER PERSONS WHO WILL REGULARLY OR PERMANENTLY OCCUPY APARTMENT _____

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____

IN CASE OF EMERGENCY NOTIFY: _____
Relationship & Phone No.

PART 1 - RESIDENCE HISTORY

PRESENT ADDRESS _____ PHONE _____

PREVIOUS ADDRESS _____

HAVE YOU BEEN CONVICTED OF A FELONY DURING THE PAST 5 YEARS? _____

DATE OF CONVICTION _____ COURT _____ FELONY _____

DATE OF FELONY _____ SENTENCE/DISOPOSITION _____

ANY OTHER PENDING OR EXISTING PAST LITIGATION _____

INT ____ DATE ____.

PART 11 - EMPLOYMENT & BANK REFERENCES

EMPLOYED BY _____ PHONE _____
(or retired from) (Business name if self employed)

HOW LONG _____ POSITION _____ MONTHLY INCOME _____

ADDRESS _____

SPOUSE'S EMPLOYMENT _____ PHONE _____

HOW LONG _____ POSITION _____ MONTHLY INCOME _____

ADDRESS _____

BANK REFERENCE _____ PHONE _____

HOW LONG _____ CK'G ACCT # _____ SAVING ACCT # _____

ADDRESS _____

PART 111 - CHARACTER REFERENCES

1. _____ (Phone) _____ (Phone)
HOME OFFICE

ADDRESS _____ RELATIONSHIP _____

2. _____ HOME _____ OFFICE _____

ADDRESS _____ RELATIONSHIP _____

NUMBER OF CARS TO BE PARKED HERE _____ D LCNS# _____ STATE _____

MAKE _____ MODEL _____ YEAR _____ PLATE# _____ STATE _____

MAKE _____ MODEL _____ YEAR _____ PLATE# _____ STATE _____

Email: _____

SIGNATURE _____ SIGNATURE _____
Applicant Applicant's Spouse

Unit Owner signature: _____ **. Date:** _____
Unit Owner Print: _____

INT ____ . DATE ____ .

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

YOU ARE HEREBY AUTHORIZED TO RELEASE AND GIVE TO THE BELOW MENTIONED PARTY(S)
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.

I HEREBY WAIVE ANY PRIVILEGES I MAY HAVE WITH RESPECT TO SAID INFORMATION IN
REFERENCE TO ITS RELEASE TO THE CORNICHE CONDOMINIUM ASSOCIATION.

Applicant's signature

Applicant's name printed

Spouse's Signature

Spouse's name printed

INT _____. DATE _____.



**NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A
CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

IMPORTANT NOTICE

The California Fair Credit Reporting Act AB 655 created Civil Code section 1786.29 which requires a California applicant to chose if they want to have a copy of their consumer report.

If the applicant is a California resident, the following applies:

1. The report does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records.
2. Evidence of identity theft may or may not be identified from this report.
3. The applicant has the right to see and copy their consumer report.
4. The applicant requests a copy of the consumer report by checking the box. ☐

I, the undersigned consumer, do hereby authorize **Corniche Condo Association of Palm Beach** by and through its independent contractor, **Scott Roberts and Associates**, to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports for **leasing or tenant ownership purposes** with **Corniche Condo Association of Palm Beach**.

Said reports may include, but are not limited to, information as to my character, general reputation and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **Corniche Condo Association of Palm Beach** by and through **Scott Roberts and Associates**, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **Scott Roberts and Associates** at 2393 S. Congress Ave; West Palm Beach FL, 33406, (888)-605-4265(O) (888)605-4305 (F) if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C § 1681 et. seq.

Signature: _____

Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Print Name: _____

Other Names Used (alias, maiden, nickname) _____

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

Social Security Number: _____ Daytime Telephone Number: _____

Driver's License#: _____ State: _____ Date of Birth: _____ Gender: _____

Have you ever been convicted of a crime? ____yes or ____No (if yes please provide details)

Details: _____

CORNICHE

Condominium Apartment Association of the Palm Beaches, Inc.

CORNICHE RULES AND REGULATIONS

THIS IS TO ACKNOWLEDGE RECEIPT OF A COPY OF THE CORNICHE CONDOMINIUM RULES AND REGULATIONS.

I HAVE FAMILIARIZED MYSELF AND HAVE HAD THE OPPORTUNITY TO OBTAIN ANSWERS TO ANY QUESTIONS I MAY HAVE HAD DURING MY INTERVIEW WITH THE RULES AND REGULATIONS CONCERNING THE INTENT OR MEANING OF ANY OF THE RULES AND REGULATIONS.

AS REQUIRED DURING MY RESIDENCE AT THE CORNICHE CONDOMINIUM I AGREE TO ABIDE BY ALL THE RULES AND REGULATIONS AS NOTED ABOVE AND AS AMENDED FROM TIME TO TIME BY THE BOARD OF DIRECTORS.

INTERVIEW DATE

OWNER/LESSEE

OWNER/LESSEE

BOARD OF DIRECTORS



***CERTIFICATE OF APPOINTMENT
OF VOTING REPRESENTATIVE***

To the Secretary of
**Corniche Condominium Apartments
Association**
of the Palm Beaches, Inc.(the "Association")

THIS IS TO CERTIFY that the undersigned, constituting all of the record owners of Unit (Apartment) No. _____ in Corniche, A Condominium, have designated

(Name of Voting Representative)

as their representative to cast all votes and to express all approvals that such owners may be entitled to cast or express at all meetings of the membership of the Association and for all other purposes provided by the Declaration, the Articles and By-Laws of the Association.

This Certificate is made pursuant to the Declaration and By-Laws and shall revoke all prior Certificates and be valid until revoked by a subsequent Certificate.

DATED the ____ day of _____, 20__.

OWNER

OWNER

COMPANY NAME (if any)

NOTE: This form is not a proxy and should not be used as such. Please be sure to designate one of the joint owners or corporation of the unit as the Voting Representative, not a third person.