

THE CARLISLE AT HAMPTONS WEST CONDOMINIUM ASSOCIATION INC.

PROCEDURE FOR OCCUPANCY APPROVAL - PURCHASE, RENTAL, TRANSFER OF OWNERSHIP

A. COMPLETE THE FOLLOWING DOCUMENTS IN FULL: **AT LEAST 30 DAYS PRIOR TO THE DESIRED DATE OF OCCUPANCY.**

1. APPLICATION FOR OCCUPANCY (This document)
2. RELEASE OF INFORMATION AUTHORIZATION
3. AFFIDAVIT & INFORMATION FORM
4. RULES & REGULATIONS SHEET

B. PROVIDE SUPPORTING DOCUMENTS

5. COPIES OF IRS TAX RETURNS AND W-2 FORMS FOR THE LAST TWO (2) YEARS
6. FOUR (4) CURRENT PAY STUBS
7. COPY OF SALES or LEASE CONTRACT
8. MARRIAGE LICENSE, IF APPLICABLE
9. COPY OF VALID DRIVER LICENSE
10. COPY OF SOCIAL SECURITY CARD
11. COPIES OF BANK STATEMENTS (90 DAYS)
12. PROOF OF H06 INSURANCE (REQUIRED PROIR TO APPROVAL)

C. APPLICATION FEE:

NON-REFUNDABLE APPLICATION FEE \$150.00 PER PERSON OVER 18 YEARS or MARRIED COUPLE
Cashier's Check or Money Order Only. Payable to PINK PAISLEY PROPERTY MANAGEMENT
RUSH APPLICATIONS – (Within 14 days) add \$100.00 payable to THE CARLISLE AT HAMPTONS WEST

D: SECURITY DEPOSIT:

Cashier's Check or Money Order Only. Payable to THE CARLISLE AT HAMPTONS WEST
Purchases: \$3,000
Leases: 1 Months' Rent

E. NEW OWNERS MUST READ AND AGREE TO ADHERE TO GOVERNING DOCUMENTS

You may purchase Condo Docs from the Management Company, if not provided by the current owner.

F. FORWARD THE COMPLETED APPLICATION TO

Email: Documents@PinkPaisleyPM.com

Mail/Drop off: Pink Paisley Property Management LLC 1451 W. Cypress Creek Rd #300 Fort Lauderdale FL 33309
Questions: Phone: (954)510-5559

COMMUNITY ASSOCIATION MANAGER (CAM) OR OFFICE MANAGER WILL HANDLE THE SCREENING INVESTIGATION. WHEN THEIR INVESTIGATION IS COMPLETED, THE REPORT IS THEN SENT TO THE BUILDING BOARD MEMBERS FOR APPROVAL OR DENIAL. AN INTERVIEW IS REQUIRED AS A CONDITION OF APPROVAL. **THE ENTIRE PROCEDURE NORMALLY TAKES APPROXIMATELY 30 DAYS.**

IF ANY INFORMATION IS MISSING YOUR APPLICATION WILL BE RETURNED. IF RETURNED, THE PROCESS CAN TAKE UP TO ANOTHER **30 DAYS** FROM THE DATE WE RECEIVE THE COMPLETED PACKAGE.

RELEASE OF INFORMATION / BACKGROUND SCREENING AUTHORIZATION

I/We _____ & _____ (PRINT NAME(S)) authorize
The CARLISLE at Hamptons West Condominium Association, Inc. and/or the designated property
management firm to perform a credit and background check for this application for residency package.

(APPLICANT 1)

Signature _____

Print: _____ Date: _____

(APPLICANT 2)

Signature _____

Print: _____ Date: _____

AFFIDAVIT

I/WE AGREE TO COMPLY WITH THE FOLLOWING TERMS:

1. I/WE HAVE RECEIVED AND READ A COPY OF THE BY-LAWS, RULES & REGULATIONS OF THE CARLISLE AT HAMPTONS WEST.
2. I/WE WILL ABIDE BY THE BY-LAWS, RULES & REGULATIONS CURRENT OR IN THE FUTURE IMPOSED BY THE CARLISLE AT HAMPTONS WEST AND/OR THE HAMPTONS WEST MASTER ASSOCIATION.
3. I/WE UNDERSTAND THAT I/WE MUST BE PRESENT AND ACCOMPANY ALL GUESTS (NOT CERTIFIED RESIDENTS) WHEN IN THE COMMON AREAS OR USING THE ONSITE RECREATIONAL FACILITIES.
4. I/WE UNDERSTAND THAT ANY VIOLATION OF THE TERMS, PROVISIONS, CONDITIONS, AND COVENANTS OF THE CARLISLE AT HAMPTONS WEST AND/OR THE HAMPTONS WEST MASTER ASSOCIATION MAY BE CAUSE FOR IMMEDIATE PUNITIVE ACTION.
5. I/WE UNDERSTAND THAT THE CARLISLE MAY DIRECT MY/OUR TENANT(S) TO PAY RENT DIRECTLY TO THE CARLISLE AT HAMPTONS WEST AND/OR THE HAMPTONS WEST MASTER ASSOCIATION TO COVER THE MAINTENANCE AND/OR ANY APPLICABLE ASSESSMENT DUE AND OWING ON A UNIT THAT I/WE MAY HAVE LEASED WITH THE APPROVAL OF THE CARLISLE.
6. I/WE UNDERSTAND THAT THE ISSUANCE OF A CERTIFICATE OF APPROVAL FOR OCCUPANCY WITHIN THE HAMPTONS WEST COMMUNITY IS CONDITIONED UPON THE TRUTH AND ACCURACY OF THIS APPLICATION FOR RESIDENCY. ANY MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION SUBMITTED ON THESE FORMS OR ANY ACCOMPANYING DOCUMENTATION MAY RESULT IN THE AUTOMATIC REJECTION AND/OR DENIAL OF THIS APPLICATION FOR RESIDENCY.
7. I/WE UNDERSTAND THAT THE BOARD OF DIRECTORS OF THE CARLISLE AT HAMPTONS WEST SHALL HAVE THE RIGHT TO INVESTIGATE MY/OUR BACKGROUND AND CREDIT PROFILE. BY EXECUTING THIS AFFIDAVIT AND OTHER AUTHORIZATION FORMS CONTAINED IN THIS APPLICATION FOR RESIDENCY, I SUBMIT TO SUCH BACKGROUND SCREENING AND SPECIFICALLY AUTHORIZE THE BOARD OF DIRECTORS OF THE CARLISLE AT HAMPTONS WEST, AND/OR THE HAMPTONS WEST MASTER ASSOCIATION, INC. AND/OR THE DESIGNATED PROPERTY MANAGEMENT COMPANY TO MAKE SUCH INVESTIGATION AND DUE DILIGENCE REVIEW AS MAY BE WARRANTED. I/WE AGREE THAT THE INFORMATION CONTAINED IN THIS APPLICATION FOR RESIDENCY PACKET MAY BE USED IN CONDUCTING THE DUE DILIGENCE INVESTIGATION OF THE APPLICANT(S) AND THAT THE BOARD OF DIRECTORS OF THE HAMPTONS WEST MASTER ASSOCIATION, THE CARLISLE AT HAMPTONS WEST, AND/OR THE DESIGNATED PROPERTY MANAGEMENT COMPANY 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.

APPLICANT 1 _____ APPLICANT 2 _____
(SIGNATURE) (SIGNATURE)

INFORMATION FORM

PRINT OR TYPE ALL INFORMATION ON THESE FORMS:

(APPLICANT 1) NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____ DRIVER LICENSE NO: _____

EMAIL _____

CURRENT ADDRESS:

ADDRESS: _____

TELEPHONE: _____ MOBILE TELEPHONE: _____

_____ SINGLE _____ MARRIED _____ WIDOW(ER) _____ SEPERATED _____ DIVORCED

(APPLICANT 2) NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____ DRIVER LICENSE NO: _____

EMAIL _____

CURRENT ADDRESS:

ADDRESS: _____

TELEPHONE: _____ MOBILE TELEPHONE: _____

_____ SINGLE _____ MARRIED _____ WIDOW(ER) _____ SEPERATED _____ DIVORCED

NAME & CONTACT OF REALTOR HANDLING TRANSACTION: _____

BUYERS: (IF FINANCING), NAME CONTACT OF LOAN OFFICER: _____

OTHER PERSONS WHO WILL OCCUPY RESIDENCE WITH YOU ("CERTIFIED RESIDENTS"):

NAME	DATE OF BIRTH	ID TYPE	RELATIONSHIP TO APPLICANT(S)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANTS MUST LEAVE A KEY OR ACCESS INFORMATION WITH THE PROPERTY MANAGER OR AT LEAST ONE OF THE EMERGENCY CONTACTS MUST HAVE A KEY AND LIVE NEARBY IN CASE OF AN EMERGENCY.

NAME _____ PHONE #: _____ KEY (YES/NO) _____

NAME _____ PHONE #: _____ KEY (YES/NO) _____

MOST RECENT TWO (2) YEARS RESIDENCE HISTORY
(Each Applicant Copy page if needed)

A) CURRENT ADDRESS

_____ OWN _____ RENT _____ LIVE RENT FREE
MANAGEMENT/LANDLORD: _____

MANAGEMENT/LANDLORD PHONE _____ EMAIL ADDRESS: _____

DATES OF RESIDENCY _____ to _____

B) PREVIOUS ADDRESS

_____ OWN _____ RENT _____ LIVE RENT FREE
MANAGEMENT/LANDLORD: _____

MANAGEMENT/LANDLORD PHONE _____ EMAIL ADDRESS: _____

DATES OF RESIDENCY _____ to _____

C) PREVIOUS ADDRESS

_____ OWN _____ RENT _____ LIVE RENT FREE
MANAGEMENT/LANDLORD: _____

MANAGEMENT/LANDLORD PHONE _____ EMAIL ADDRESS: _____

DATES OF RESIDENCY _____ to _____

PART II EMPLOYMENT REFERENCES (3 YEARS)

A) **(APPLICANT 1) EMPLOYER** _____ TELEPHONE _____

POSITION _____ APPROX. MONTHLY INCOME: _____

ADDRESS _____

START DATE: _____ END DATE: _____

B) **(APPLICANT 1) EMPLOYER** _____ TELEPHONE _____

POSITION _____ APPROX. MONTHLY INCOME: _____

ADDRESS _____

START DATE: _____ END DATE: _____

C) **(APPLICANT 1) EMPLOYER** _____ TELEPHONE _____

POSITION _____ APPROX. MONTHLY INCOME: _____

ADDRESS _____

START DATE: _____ END DATE: _____

D) **(APPLICANT 2) EMPLOYER** _____ TELEPHONE _____

POSITION _____ APPROX. MONTHLY INCOME: _____

ADDRESS _____

START DATE: _____ END DATE: _____

E) **(APPLICANT 2) EMPLOYER** _____ TELEPHONE _____

POSITION _____ APPROX. MONTHLY INCOME: _____

ADDRESS _____

START DATE: _____ END DATE: _____

F) **(APPLICANT 2) EMPLOYER** _____ TELEPHONE _____

POSITION _____ APPROX. MONTHLY INCOME: _____

ADDRESS _____

START DATE: _____ END DATE: _____

PART III BANK REFERENCES

A) ACCOUNT HOLDER _____
BANK REFERENCE _____ TELEPHONE _____
HOW LONG _____ ACCOUNT # _____ CHECKING _____ SAVING _____
ADDRESS _____

B) ACCOUNT HOLDER _____
BANK REFERENCE _____ TELEPHONE _____
HOW LONG _____ ACCOUNT # _____ CHECKING _____ SAVING _____
ADDRESS _____

C) ACCOUNT HOLDER _____
BANK REFERENCE _____ TELEPHONE _____
HOW LONG _____ ACCOUNT # _____ CHECKING _____ SAVING _____
ADDRESS _____

D) ACCOUNT HOLDER _____
BANK REFERENCE _____ TELEPHONE _____
HOW LONG _____ ACCOUNT # _____ CHECKING _____ SAVING _____
ADDRESS _____

PART IV CHARACTER REFERENCES

NAME _____ TELEPHONE _____
WORK _____ EMAIL: _____
ADDRESS _____
CHARACTER REFERENCE FOR:

NAME _____ TELEPHONE _____
WORK _____ EMAIL: _____
ADDRESS _____
CHARACTER REFERENCE FOR:

NAME _____ TELEPHONE _____
WORK _____ EMAIL: _____
ADDRESS _____
CHARACTER REFERENCE FOR:

VEHICLE INFORMATION FOR REGISTRATION

ONLY ONE (1) VEHICLE IS ASSIGNED TO A RESIDENTIAL UNIT

Note: The Hamptons West Master Association is responsible for providing gate access and parking decals

OFFICE SECTION (TO BE COMPLETED BY OFFICE MANAGEMENT)

PARKING PERMIT INFORMATION SHEET

RESIDENCE PHONE#: _____ CELL#: _____

ASSIGNED PARKING SPACE: _____ GATE CODE#: _____

VEHICLE MAKE: _____ MODEL: _____

REGISTRATION TAG#: _____ LICENSE PLATE: _____

COLOR: _____ DECAL#: _____

APPLICANT 1 _____ APPLICANT 2 _____
(SIGNATURE) (SIGNATURE)

ACCEPTANCE OF RULES & REGULATIONS

DATE:

I/We _____ & _____ (PRINT NAME(S))

have received and read a copy of the Condominium Documents of The CARLISLE at Hamptons West Condominium Association, Inc. and agree to abide by the stated Rules & Regulations.

(APPLICANT 1) Signature _____

(APPLICANT 2) Signature _____