



***Palm Club Village 1
Condominium Association, Inc.
1000 Green Pine Blvd.
West Palm Beach, FL 33409
Office: 561-471-1094 Fax: 561-471-1842***

Application Checklist for Additional Occupant

Below is a list of items needed to process Association approval to occupy a home. All payments must be cashier's check, personal check, or money order ONLY (No credit/debit cards, or cash accepted.) Please indicate with a check mark that the needed items are enclosed. Applications can be mailed, emailed, or dropped off to our office address above. Failure to provide all information and payment will result in application being returned. Incomplete applications will not be accepted.

NEEDED ITEMS:

- Application for occupancy page
- Vehicle Information page
- Acknowledgement page
- Authorization Release Form
- Emergency Contact page
- Legible copy of driver license(s) or ID for all adults
- Copy of vehicle registrations
- Non-refundable application fee of \$150.00 made payable to Palm Club Village 1**
- Check or money order made payable to Palm Club Village 1 of \$100.00 to be submitted with the application (\$50.00 for parking decal and \$50.00 for transponder). This will be returned if application is denied

****NOTE: The \$150 fee covers background screening for one married couple married. Any additional residents 18+ years of age are subject to background screening, and an additional \$150 fee per adult is required. There is an additional fee for any international screenings.**

Application must be submitted a MINIMUM of 14 days prior to intended occupancy.

In person interview is required. Occupancy prior to approval is strictly prohibited.

Application for Occupancy

Property Address: _____

Current Homeowner Name: _____

Current Homeowner Mailing Address: _____

Signed approval will be given to the Occupant upon completion of the interview.

Adult Occupant Information

Occupant's Name	Home Phone #	Cell Phone #	E-mail address
Employer Name	Employer Phone #		

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Occupant's Name	Home Phone #	Cell Phone #	E-mail address
Employer Name	Employer Phone #		

Name/Ages of children (under 18 years) who will occupy unit:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

NOTE: TENANTS NEED APPROVAL FROM THEIR LANDLORD FOR ANY ADDITIONAL OCCPANTS IN THE UNIT.

Vehicle Information

**NOTE: NO MORE THAN TWO (2) VEHICLES ALLOWED PER UNIT
1 DRIVER-1 VEHICLE
2 DRIVERS-2 VEHICLES
NO COMMERCIAL VEHICLE ALLOWED**

Year	Make	Model	Tag #	State

Proposed Occupant(s) hereby understand and agree to the following terms.

- 1) That all information in this application is true and correct.
- 2) A non-refundable processing fee of \$150 for 1 married adult applicants (each adult \$150 thereafter) made payable to Palm Club Village 1 must accompany the application. Check or money order made payable to Palm Club Village 1 for \$100.00 to be submitted with the application (\$50.00 for parking decal and \$50.00 for transponder). This will be returned if application is denied.
- 3) Copy of Vehicle Registrations
- 4) A copy of a valid driver's license or ID for all adults.
- 5) Each adult applicant will have a national background check run. Each adult must fill out screening authorization form.
- 6) Applicant(s) agrees to comply with all Governing Documents, By-Laws, and Rules & Regulations of Palm Club Village 1.

Proposed Occupant(s) understands(s) and agree(s) that the Palm Club Village 1 Board of Directors and or their agents will be conducting and investigation to verify all information.

Signature of Occupant _____ Date _____

Signature of Occupant _____ Date _____

ACKNOWLEDGEMENT

1ST APPLICANT: Have you ever been convicted or pled guilty to a crime? (Circle one) Yes / No. If yes, please state date(s) charge(s) and disposition(s);

2nd APPLICANT: Have you ever been convicted or pled guilty to a crime? (Circle one) Yes / No. If yes, please state date(s) charge(s) and disposition(s).

1. I hereby agree for myself and on behalf of all persons who may use the unit which I seek to occupy:
 - a. I will abide by all restrictions contained in the Governing Documents, By-Laws, Rules & Regulations which are or may in the future be imposed by **Palm Club Village 1**.
 - b. I understand that know more than two (2) people may reside in each bedroom, including dependent children.
 - c. I understand that I must be present when any guest, relatives, visitors, or children who are not permanent residents use the recreational facilities.
 - d. I understand that sub-leasing or occupancy of a nonresident of this unit in my absence is prohibited.
 - e. I understand that any violation of these terms, provisions, conditions, and covenants of the **Palm Club Village 1** documents provides cause for immediate action of violation(s)

2. I have received a copy of the Rules and Regulations: **(Circle one) Yes / No.**

3. **I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. The Board of Directors is entitled to a MINIMUM of 14 days to provide an answer to this application and occupancy prior to Board approval is strictly prohibited.**

4. I understand that the acceptance for to reside at **Palm Club Village 1** is conditioned upon the truth and accuracy of this application and approval of the Board of Directors. **Any misrepresentation or falsification of information on these forms will result in the automatic disqualification of your application.**

5. I understand that the Board of Directors of **Palm Club Village 1** may cause to be instituted any investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, or its Management Company to conduct an investigation and that the information contained in this and the attached application may be used in such investigation and that the Board of Directors, Officers and Management of **Palm Club Village 1** itself shall be held harmless from any action or claim by me about the use of the information contained herein or any investigation conducted by the Board of Directors.

Applicant Signature

Date

Joint Applicant Signature (if applies)

Date

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize, Palm Club Village I Condo Assoc. herein referred to as *Association* and/or its assigns to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for occupancy. Said report may contain information about me from consumer reporting agencies including but not limited to indebtedness, mode of living, present and previous employers and/or employment contracts, driving record/license, validity of social security number, personal references, criminal records, and any information that I have disclosed on my applications and/or any attachments, exhibits.

I authorize the *Association* to contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by the *Association* to furnish the above-mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and/or resumes are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed affect my application.

This authorization and consent shall be valid in original, fax or photocopy form.

I authorize the ongoing procurement of the above-mentioned information/reports by the Association at any time during my occupancy with the *Association*.

The nature and scope of the consumer report and/or investigative consumer report along with the name, address and telephone number of the agency providing the report will be disclosed to you upon timely written request to the Association, and within 5 days of the request.

A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your Rights Under FCRA along with the name, address and telephone number of the agency furnishing the information will be provided before any adverse action is taken by the *Association* based on information contained in the report.

Upon proper identification and payment permissible by law, you have the right to request from the Association a copy of any information in its file on you at the time of your request.

By signing below, I acknowledge understanding of the purpose of this Authorization Form and its intended use.

Applicant Information

Print Name: _____ Social Security Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

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

IMPORTANT: The following information will be used by Verify Screening Solutions, Inc. for identification purposes only to perform a background check.

Maiden, Other and/or Former Name(s) _____

Signature: _____ Date: _____

EMERGENCY CONTACTS:

Name: _____ Relation: _____

Email: _____ Phone: _____

Name: _____ Relation: _____

Email: _____ Phone: _____

Property Manager/Caretaker of your property if applicable

Name: _____ Phone: _____

Email: _____

FRONT GATE PERMANANT GUEST LIST

1. Name: _____

2. Name: _____

3. Name: _____

4. Name: _____

5. Name: _____

6. Name: _____

Verbal confirmation code needed when calling in visitors to the security gate.

CODE: _____