



# Hillsboro Cove

Condominium Association, Inc.

1365 E. HILLSBORO BOULEVARD/DEERFIELD BEACH, FL 33441

(954) 421-2920

Control No. \_\_\_\_\_

Age 55 or over Residential

Apartment No. \_\_\_\_\_

Date Issued \_\_\_\_\_

Date Accepted \_\_\_\_\_

## APPLICATION FOR APPROVAL OF LEASE

1. - This application, an application for occupancy, and authorization forms MUST be completed in detail by the owner and by each proposed lessee, other than husband/wife or parent/dependent child (who is considered one applicant).
2. - If any question is not answered or left blank, this application will be returned, not processed and not approved.
3. - Please attach a copy of the proposed Lease to this application, accepted by both parties.
4. - Please attach a NON-REFUNDABLE processing fee of \$100.00 to this application, made payable to HILLSBORO COVE COMDOMINIUM ASSOCIATION, INC. for EACH applicant, other than husband/wife or parent/dependent child (which is considered one applicant). Acceptance of the processing fee does not in any way constitute approval of the lease or application.
5. - The completed application must be submitted to the Association office at least thirty (30) days prior to the desired date of occupancy, along with a copy of the proposed lease.
6. - All applicants must make themselves available for a personal interview prior to final Board of Directors approval. Occupancy prior to Board approval is prohibited.
7. - Hillsboro Cove Condominium is a community designed & intended to provide housing for residents who are 55 or over. No permanent occupant of any apartment is permitted by a person 18 years of age, in addition, apartments must be permanently occupied by at least one person age 55 or over. No No apartment may be leased to persons having children under 16 years of age.
8. - No apartment may be sold to persons having a pet(s).
9. - Use of this apartment is for single family residence only.
10. - No boats, trailers, motor homes, campers, trucks (exceeding size limits), recreational vehicles, vans (without windows), motorcycles or mopeds are permitted to park on premises. See vehicle Rules.
11. - A copy of the Rules and Regulations has been issued with this application.
12. - All leases are to be for no less than a minimum of three (3) months and no more than a maximum of one (1) year, and may be leased only once within any twelve month period.
13. - Moving of furniture in or out of an apartment is not permitted on Sundays or Holidays. Hours for moving are from 8:00 A.M. to 6:00 P.M. Monday through Saturday. Moving arrangements must receive prior approval.

PLEASE PRINT OR TYPE ALL INFORMATION ON THESE FORMS

LEASE TERM: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
APARTMENT OWNERS NAME: \_\_\_\_\_ APT.# \_\_\_\_\_  
REALTOR HANDLING LEASE: \_\_\_\_\_  
NAME OF AGENCY: \_\_\_\_\_ PHONE # \_\_\_\_\_

**PART I - TO BE COMPLETED AND SIGNED BY THE CURRENT OWNER (S)**

I/We hereby notify the Association of my/our intent to lease my/our apartment # \_\_\_\_\_  
in the \_\_\_\_\_ Building to \_\_\_\_\_  
and request that the Association approve the application of the proposed lessee (s) included  
herein. An executed copy of the proposed lease is submitted herewith.  
Apartment Owner OR Authorized Agent: \_\_\_\_\_ (Signature)

**PART II - TO BE COMPLETED BY THE APPLICANT (S)**

I/We request the Board of Directors of Hillsboro Cove Condominium Association, Inc. approve  
The lease to me/us of Apartment No. \_\_\_\_\_ in the \_\_\_\_\_ building in the  
Hillsboro Cove Condominium, and hereby submit the following information in addition to that  
Stated in the attached "Application For Occupancy".

- A. Full name (s) of applicant (s) (as will appear on the Lease):  
A. \_\_\_\_\_ B. \_\_\_\_\_
  
- B. Names and ages of all of your children. Indicate by adding Yes or No after each whether  
He/she will USUALLY occupy the apartment.  
1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_
  
- C. Names, ages and relationship of any other persons who will USUALLY occupy the  
Apartment.  
\_\_\_\_\_  
\_\_\_\_\_

D. Have you ever resided in Florida before ? \_\_\_\_\_ If yes, please state the name, address and dates of residency.

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E. If retired, please state the company's name and address and the date you retired.

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F. Have you ever been convicted or pled to a crime? \_\_\_\_\_ If yes, please state the date(s), charge(s) and disposition(s): \_\_\_\_\_

G. Previous Employment: Please supply the following information if you are retired OR if your present employment is less than five (5) years.

Employed by: \_\_\_\_\_ How Long: \_\_\_\_\_

Address: \_\_\_\_\_

Position or Department: \_\_\_\_\_ When Retired: \_\_\_\_\_

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.....  
I/We agree for myself/ourselves and on behalf of all persons who may visit the apartment that I/We and they will abide by ALL of the restrictions contained in the Condominium Documents including the Rules and Regulations of the Association as they now exist OR as they may be amended. I have received a copy of the Rules and Regulations of the Association as part of this application.

I/We further understand:

1. that subleasing or other transfer of this apartment by me/us is not permitted
2. no occupants of this apartment may at any time have pets other than small caged birds in the condominium and that no guest or visitor may bring a pet into the condominium.
3. I/We also understand that no guest may occupy the apartment in my/our absence

I/We specifically authorize the Board of Directors of the Association and Management to cause to be instituted such an investigation of my/our background as the Board may deem necessary, accordingly authorize the Board of Directors, management and/or Associated Credit Reporting, Inc. to make such investigation. I/We agree that information contained in the attached application may be used in such investigation; further, I/We agree that the Association and its Board of Directors and Management shall be held harmless from any action or claim by me/us in connection with the use of the information furnished by me/us or obtained as a result of such investigation.

I/We further agree that the decision of the Board of Directors of the Hillsboro Cove Condominium Association, Inc. will be final and that no reason will be given for any action taken by the Board; also I/We will be governed by the determination of the Board.

I/We understand that acceptance for lease of any apartment is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of information on these forms will result in the automatic rejection of this application. Occupancy prior to Board approval is prohibited.

SIGNED \_\_\_\_\_ DATED \_\_\_\_\_  
SIGNED \_\_\_\_\_ DATED \_\_\_\_\_

**PART IV TO BE COMPLETED AND SIGNED BY THE BOARD OF DIRECTORS ONLY**

# Associated Credit Reporting, Inc.

Established 1985

4690 NW 103rd Avenue, Sunrise, Florida 33351  
www.associatedcreditreporting.com

Phone: 754-216-0025  
Toll Free: 800-676-7640  
Fax: 954-635-2157  
Toll Free Fax: 800-235-7185

## \*\*\*AUTHORIZATION FORM\*\*\*

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

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 this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY. If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Spouse's Signature)

\_\_\_\_\_  
(Applicant's Name Printed)

\_\_\_\_\_  
(Spouse's Name Printed)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Date Signed)

**READ FIRST:** Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014

**\*\* THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! \*\***

### APPLICATION FOR OCCUPANCY

Association Name: Hillsboro Cove Condo. Assoc. Inc.

Circle one: Purchase - Lease - Occupant - Unit.# \_\_\_\_\_ Bldg.# \_\_\_\_\_ Address applied for: \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Circle One: Single - Married - Separated - Divorced - How Long? \_\_\_\_\_ Other legal or maiden name \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Date (s) \_\_\_\_\_ County/State Convicted in \_\_\_\_\_

Charge (s) \_\_\_\_\_

Applicant's Cell Number(s) \_\_\_\_\_ Applicant's Email Address \_\_\_\_\_

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Other legal or maiden name \_\_\_\_\_ Have you ever been convicted of a crime? \_\_\_\_\_ Date (s) \_\_\_\_\_

County/State Convicted in \_\_\_\_\_ Charge (s) \_\_\_\_\_

Spouse's Cell Number(s) \_\_\_\_\_ Spouse's Email Address \_\_\_\_\_

No. of people who will occupy unit - Adults (over age 18) \_\_\_\_\_ Description of Pets \_\_\_\_\_

Names and ages of others who will occupy unit \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

#### **PART I - RESIDENCE HISTORY**

A. Present address \_\_\_\_\_ Phone \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Are you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Are you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other \_\_\_\_\_

B. Previous address \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Were you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Were you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other \_\_\_\_\_

C. Previous address \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Were you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Were you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other \_\_\_\_\_

**PART II – EMPLOYMENT REFERENCES**

*\*Include a recent copy of an earnings statement to expedite processing\**

- A. Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
 Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_ Fax \_\_\_\_\_  
 Monthly Gross Income \_\_\_\_\_ Address \_\_\_\_\_
- B. Spouse Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
 Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_ Fax \_\_\_\_\_  
 Monthly Gross Income \_\_\_\_\_ Address \_\_\_\_\_

**PART III – BANK REFERENCES**

*\*Include a recent copy of a bank statement to expedite processing\**

- A. Bank Name \_\_\_\_\_ Checking Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_
- B. Bank Name \_\_\_\_\_ Savings Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_

**PART IV – CHARACTER REFERENCES (No Family Members)**

- 1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
- 2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
- 3. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
- 4. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Are you using a realtor? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Realtor's name \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Driver's License Number (Primary Applicant) \_\_\_\_\_ State Issued \_\_\_\_\_

Driver's License Number (Secondary Applicant) \_\_\_\_\_ State Issued \_\_\_\_\_

Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_

Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_



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(954) 421-2920

## VEHICLE RESTRICTIONS

To New Owner/s and Lessee/s:

A. General Rule

Parking is permitted only in carports and in uncovered parking spaces marked "Guest".  
Vehicles of owners or lessees may not exceed the dimensions set forth in the proposed rule:

Length: 222 inches

Width: 80 inches

Height: 75 inches

No car or truck (within the acceptable size limits) of an owner or lessee may be parked on the premises of the condominium without having an appropriate sticker. The parking of boats, trailers, trucks (exceeding size limits), motorcycles, motorized scooters, two or three wheeled motorized vehicles, commercial vans, recreational vehicles, motor homes, campers, disabled vehicles and commercial vehicles of any kind is permitted.

This is to state that I/We as Owner/s or Lessee/s of Apartment # \_\_\_\_\_ in the \_\_\_\_\_ building have read and will abide by the Rules and Regulations regarding Vehicle Restrictions as noted in the Rules and Regulations Booklet.

1. \_\_\_\_\_ Signature

\_\_\_\_\_ Printed

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

2. \_\_\_\_\_ Signature

\_\_\_\_\_ Printed

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





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## PETS

To New Owner/s and Lessee/s:

A: General Rule

No pets, including pets of guests, are permitted in our buildings or on our grounds including the recreation area.

This is to state that I/We as owner/s or Lessee/s of  
Apartment # \_\_\_\_\_ in the \_\_\_\_\_ building have read and will abide by the  
rules and regulations regarding Pets as noted in our Rules and Regulations Booklet.

1. \_\_\_\_\_ Signature

\_\_\_\_\_ Printed \_\_\_\_\_ Date

2. \_\_\_\_\_ Signature

\_\_\_\_\_ Printed \_\_\_\_\_ Date