



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 PURCHASE, TRANSFER, GIFT DEVISE OR INHERITANCE APPROVAL

1. - This application, an application for approval, and authorization forms MUST be completed in detail by each proposed adult occupant, 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 sales contract 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 CONDOMINIUM 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 this transaction or application.
5. - The completed application must be submitted to the Association office at least thirty (30) days prior to the expected closing date.
6. - Hillsboro Cove Condominium has a finance restriction that does not allow greater than eighty percent (80%) of the appraised value be financed. Verifying documents are required prior to the interview.
7. - All applicants must make themselves available for a personal interview prior to final Board of Directors approval. Occupancy prior to Board approval is prohibited.
8. - Hillsboro Cove Condominium is a community designed & intended to provide housing for residents who are age 55 or over. No permanent occupant of any apartment is permitted by a person under 18 years of age, in addition, apartments must be permanently occupied by at least 1 person age 55 or over.
9. - No apartment may be sold to persons having a pet(s) other than small, caged birds.
10. - Use of this apartment is for single family residence only.
11. - No boats, trailers, motor homes, campers, trucks, recreational vehicles, vans, motorcycles, mopeds, are permitted to park on premises. See Rules for Vehicles of guest.
12. - The seller (current owner) must provide the purchaser with a copy of the Condominium Documents. A copy of the rules and Regulations has been issued with this application.
13. - The purchaser must notify the Association with the exact date of their closing.
14. - 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 4:00 P.M. Monday through Saturday. Moving arrangements must receive prior approval.
The Manager

PLEASE PRINT OR TYPE ALL INFORMATION ON THESE FORMS

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NAME OF AGENT HANDLING SALE: _____

NAME OF AGENCY: _____

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

I/We hereby notify the Association of my/our intent to sell my/our apartment # _____
in the _____ Building to _____

and request that the Association approve the application of the proposed purchaser (s) included herein.

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 sale 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 Title):

A. _____ B. _____

Title will be in the name of A & B jointly _____ or in the name of A _____

Or B _____ individually.

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.

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

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: _____

H. I/We are purchasing this apartment for the purpose of:

Permanent Residence _____ Seasonal Residence _____ Other (explain) _____

I. Will there be a mortgage on the apartment? Yes _____ No _____ if yes, please provide the name and address of the mortgagee. _____

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I/We understand that it is my/our responsibility to obtain all Condominium Documents, including, the Rules and Regulations, from the present owner and I/We agree for myself/ourselves and all persons who may visit the apartment that I/We and they will abide by ALL of the restrictions contained therein as they now exist OR as they may be amended.

I/We further understand that 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. I/We also understand that no guest may occupy the apartment in my/our absence except under a lease approved by the Board of Directors. I/We further understand that approval of my/our purchase, gift, devise or inheritance of an apartment is conditioned upon the truth and accuracy of the information given by me/us as well as the approval of the Board of Directors of the Association.

I/We agree that if this application is approved, I/We will deliver to the Association, promptly after the date of closing a copy of the Recorded Deed to the apartment and a "Vote Authorization Certificate" completed and signed in accordance with the Association's requirements.

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.

SIGNED _____

SIGNED _____

DATE _____

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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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 of an owner or lessee may be parked on the premises of the condominium without having an appropriate sticker. The parking of boats, trailers, small, heavy or semi trucks, motorcycles, motorized scooters, two or three wheeled motorize vehicles, commercial vans, recreational vehicles, motor homes, campers, disabled vehicles and commercial vehicles of any kind is not 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 on Page 29 of your "Rules and Regulation Booklet.

1. _____ Signature

_____ Printed

Date: _____

2. _____ Signature

_____ Printed

Date: _____



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Hillsboro Cove Condominium Association's "Declaration of Condominium" has a restriction in place that limits the maximum percentage that may be financed to eighty percent (80%), based on the appraised value of the apartment.

To fully comply with the "Declaration of Condominium", Section 12.4, **ALL** purchases shall require a copy of the current appraisal, as accepted by a bank, life insurance company, or saving and loan association, to verify the appraised value of the apartment. Also required is a copy of any loan agreement(s) between said bank, life insurance company, or saving and loan association, to verify the amount being financed.

Copy of the appraisal performed by certified appraiser has been provided.

Copy of the finance agreement has been provided.

There is NO mortgage on the apartment of any kind.

Amount of appraisal \$ _____

x 0.80

\$ _____ (this is the maximum amount that maybe financed)

Amount being financed \$ _____ (this amount may not exceed the above amount)

Authorized Signature

Apartment #

Date



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PETS

To New Owner/s and Lessee/s:

A: General Rule

The only pets permitted are small caged birds. Other pets, including pets of guests, are not permitted anywhere 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 on page 11 of your "Rules and Regulations
Booklet."

1. _____ Signature

_____ Printed _____ Date

2. _____ Signature

_____ Printed _____ Date



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FAIR HOUSING ACT - AMENDMENTS - CENSUS

Due to recent Federal HUD legislation, our community must adhere to its age verification procedures to ins its "community for older persons" status. In order to maintain this status, we need to verify the age of the occupants of our apartments. Therefore, please take a moment to complete this questionnaire.

Date: _____

Apartment No. : _____

1. As of the date shown above, there was at least one (1) person occupying the apartment who is age 55 or over ?

Yes _____

No _____

2. How long have you lived in this Apartment ?

Years _____

Months _____

3. Has the occupancy of this apartment changed since September 12, 1988 ?

Yes _____

No _____

4. If you answered Yes to No. 3, is at least one (1) occupant of the apartment age 55 or over ?

Yes _____

No _____

5. Please identify the occupant who is over age 55:

Name: _____

Date of Birth _____

6. Provide a copy one of the following for him / her:

a: Drivers License

b: Medicare Card

c: Voters Registration Card

d: Birth Certificate

Signature of Occupant Age 55 or older.

EMERGENCY INFORMATION SHEET

DATE: _____

APT. # _____

Please use this form to supply us with information that will HELP US TO HELP YOU in case of emergency. Please list each resident of your apartment separately. Although this is voluntary, we have found this information helpful. This information will be kept in strictest confidence in the Management Office. Thank you.

OWNER/LESSEE: _____

EXISTING MEDICAL CONDITIONS: _____

DOCTOR: _____ PHONE: # _____

HOSPITAL YOU PREFER: _____

ATTORNEY: _____ PHONE: # _____

COMMENTS: _____

OWNER/LESSEE _____

EXISTING MEDICAL CONDITIONS: _____

DOCTOR: _____ PHONE: # _____

HOSPITAL YOU PREFER: _____

ATTORNEY: _____ PHONE: # _____

COMMENTS: _____

WHO SHALL WE NOTIFY IN CASE OF A MEDICAL EMERGENCY?

1. NAME: _____ RELATIONSHIP: _____

STREET: _____ CITY: _____

STATE: _____ ZIP CODE: _____ HOME PHONE: _____

2. NAME: _____ RELATIONSHIP: _____

STREET: _____ CITY: _____

STATE: _____ ZIP CODE _____ HOME PHONE: _____

WHICH OF YOUR FRIENDS OR NEIGHBORS HAS KEYS TO YOUR APARTMENT?

NAME: _____ APT.# _____ PHONE # _____

ADDRESS: _____

VOTE AUTHORIZATION CERTIFICATE

(Where more than one person owns an apartment, only one of them may be designated to cast votes at the Annual or Special Meetings. According to Section 2.5 (b), of the By-Laws, each owner must fill in the following form in order to qualify to vote at Association meetings.)

This is to certify that the undersigned owners, constituting ALL OF THE RECORD OWNERS of Apartment No. _____ in HILLSBORO COVE CONDOMINIUM ASSOCIATION, INC. hereby designate, (Name one of the owners)

{Please Print} _____,
(Name of the owner) to cast all votes and to express all approvals that such owners may be entitled to cast or express at all meetings of the aforesaid Condominium, and for all purposes provided by the Declaration of Condominium and of the Charter and the By-Laws of the Association.

_____ Date _____
_____ Date _____
_____ Date _____
_____ Date _____

SIGNATURES OF ALL OWNERS OF THE APARTMENT IS REQUIRED TO BE VALID.

IF OWNED BY A CORPORATION, THIS REQUIRES SIGNATURES OF THE PRESIDENT AND THE SECRETARY OF THE CORPORATION TO BE VALID.