

# Cinnabar at Rainbow Lakes Homeowners' Association, Inc.

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## Application for Sale/Lease:

1. This application must be completed by the proposed resident.
2. Please attach a copy of the contract to this application.
3. The completed application must be submitted to the management office at least thirty (30) days prior to desired occupancy.
4. Occupancy prior to written approval of the board of directors is prohibited.
5. The purchaser acknowledges receipt from the seller or seller's agent of copies of the articles and by-laws of Cinnabar at Rainbow Lakes HOA and the rules & regulations promulgated by the association and the protective covenants for Cinnabar. The purchaser acknowledges that title to the property shall be taken subject to the terms and conditions contained herein.
6. Any violations of the terms, provisions, and covenants and of all Cinnabar documents and rules & regulations, as itemized above, provides cause for immediate action therein provided.
7. Return to: Associated Property Management, 8135 Lake Worth Road Suite B, Lake Worth, FL 33467.
8. There is a \$65.00 processing fee made payable to APM and must be in the form of a **money order or cashier's check, per married couple. If not married, \$65.00 per person applicant.**
9. Please attach a copy of your driver's license or passport.
10. Each person over the age of 18 must complete an application.

**\*\*Please Print or Type / Must be Legible\*\***

Date of contract: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

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

Real Estate Agent's Name(s): \_\_\_\_\_

Real Estate Agent's Phone(s): \_\_\_\_\_

Buyer:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Buyer's Phone(s): \_\_\_\_\_

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Number of Occupants: \_\_\_\_\_

1. Name \_\_\_\_\_ Age \_\_\_\_ Birth date \_\_\_\_\_

Social Security Number: \_\_\_\_\_

2. Name \_\_\_\_\_ Age \_\_\_\_ Birth date \_\_\_\_\_

Social Security Number: \_\_\_\_\_

3. Name \_\_\_\_\_ Age \_\_\_\_ Birth date \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Pets: \_\_\_\_\_

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## Automobile Information:

1. Year: \_\_\_\_\_ Brand: \_\_\_\_\_

Model: \_\_\_\_\_ License Plate #: \_\_\_\_\_

2. Year: \_\_\_\_\_ Brand: \_\_\_\_\_

Model: \_\_\_\_\_ License Plate #: \_\_\_\_\_

3. Year: \_\_\_\_\_ Brand: \_\_\_\_\_

Model: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**\*\*\*The following is to be completed by the association\*\*\***

Date Application Received: \_\_\_\_\_

Date Board of Directors Informed of Recommendation: \_\_\_\_\_

Date Owner/Agent Notified: \_\_\_\_\_

This application has been APPROVED / DISAPPROVED (circle one) by the Cinnabar at Rainbow Lakes Homeowners Association.

President of Cinnabar at Rainbow Lakes Homeowners Association, Inc: \_\_\_\_\_

# Cinnabar at Rainbow Lakes Homeowners' Association, Inc.

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## FOR CANADIAN RESIDENTS ONLY Disclosure and Release of Information Authorization Consumer Report/Investigative Consumer Report

### **Important: Please read carefully**

As an applicant to rent or lease certain property, house, apartment, or condominium, you are a consumer with rights under the Fair Credit Reporting Act. When evaluating you as a tenant, a consumer report or an investigative consumer report may be obtained from a consumer reporting agency and may be obtained at any time during the application process or to decide whether to renew your lease or otherwise continue the landlord/tenant relationship.

I authorize CoreLogic SafeRent, to obtain information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state, or county level, relating to my past activities, to supply any and all information concerning my background. The information obtained may include, but is not limited to, prior landlords, residential, previous employment verification, credit reports, driving history, and criminal history reports.

I understand that a consumer report or investigative consumer report may be prepared summarizing this information. The report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and/or mode of living. I may also have the right to request additional disclosures regarding the nature and scope of the investigation as well as a written summary of my rights under the Fair Credit Reporting Act. If requested, the consumer reporting agency will explain the contents of my life. I understand that proper identification will be required and that I should direct my request to: \_\_\_\_\_

I understand that by requesting this information, no premise of rental or lease is being made. I also understand that a photocopy of this authorization be accepted with the same authority as the original; and that if accepted as a tenant by Associated Property Management, this authorization will remain in effect throughout such lease. **I understand that the information requested below regarding date of birth, race, and sex is for the sole purpose of gathering the above information accurately, and will not be used to discriminate against me in violation of any law.**

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

NOTE: I am provided the following voluntarily. PLEASE PRINT CLEARLY.

Complete Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth-date: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Current Address, City, Province, Zip: \_\_\_\_\_

Previous Address, City, Province, Zip: \_\_\_\_\_

## Cinnabar at Rainbow Lakes Homeowners' Association, Inc.

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C/O Associated Property Management  
8135 Lake Worth Road  
Lake Worth, FL 33467  
(561) 588-7210

Corporations that will be purchasing a home must be listed on the purchase application along with the name of the person who is completing the application.

Failing to do so may result in a delay in the processing of the submitted application.

☐ This is a corporation purchase

☐ This is NOT a corporation purchase

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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