

**REQUIREMENTS & APPLICATION**  
**FOR**  
**PURCHASE OF UNIT AT PARK PLAZA CONDOMINIUMS**

**Purchasers must read and agree to following items in order to purchase a unit:**

- An Application Processing Fee of \$200 must be paid to Park Plaza Condominium Association upon submittal of this Application. Background checks must be done on all occupants.
- This Application must be submitted at least 30 days prior to any sales Closing Date or occupancy by Purchaser.
- Purchaser must submit a copy of the final Sales Agreement along with this Application.
- Purchasers understand they must be interviewed prior to approval of this Application and closing .
- Purchaser must submit signed Park Plaza Voter and Census forms (provided by the Association) on or before the required personal interview prior to the Closing Date.
- Prospective purchasers must provide proof of age of 55+ by submitting a copy of at least one purchaser's driver's license.
- Purchasers understand they cannot lease their unit for two (2) years from date of ownership, and if they lease, it must be for a minimum of three (3) months, and a maximum number of two (2) rentals in any 12-month period.
- Purchasers understand they may receive from Seller a set of Condominium Documents with By-Laws and Amendments, and a full set of Park Plaza Rules & Regulations, or they may download the Condo Documents free of charge by logging into the parkplazajupiter.com website. A \$50 fee will be charged if the Association is asked to have the documents printed for them.
- Purchasers understand that they must read and adhere to the Bylaws, Amendments, Condo Declarations and Rules & Regulations of Park Plaza; and if they rent their unit, they must leave a copy of the Rules & Regulations in their unit for the Renter.
- Purchasers understand that Park Plaza is a 55+ community that does not allow children under 18 years of age to be in residence, and does not allow pets at any time.
- Purchasers understand that that they may have guests visit for up to 30 days per guest per year, and various family members may visit for up to 90 days per member, per calendar year; and that guests must post a "Guest Slip" on bulletin board upon arrival.
- Purchasers understand they will receive a "Certificate of Approval" upon approval of this Application, and may also have their name(s) address, phone numbers and email addresses listed on the private section of the Park Plaza website.

**APPLICATION FOR PURCHASE OF UNIT # \_\_\_\_\_**

**Please Print**

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Driver's Licence #: \_\_\_\_\_

Own: \_\_\_\_\_ Rent: \_\_\_\_\_ No. of years in residence: \_\_\_\_\_

**EMPLOYMENT**

Employer: \_\_\_\_\_ Name of Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Time employed: \_\_\_\_\_

**CO-APPLICANT INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Driver's Lic. #: \_\_\_\_\_ E-mail \_\_\_\_\_

**OTHER(S) WHO WILL RESIDE IN UNIT**

(MUST BE OVER 18 YEARS OF AGE)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**EMERGENCY CONTACT**

Name (not residing with you): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

**VEHICLE(S)**

Make \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Lic. Plate: \_\_\_\_\_ State: \_\_\_\_\_

Make \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Lic. Plate: \_\_\_\_\_ State: \_\_\_\_\_

**REFERENCES**

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**Real Estate Company:** \_\_\_\_\_

**Agent's Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**PURCHASING OF UNIT**

I have provided the purchaser with the Park Plaza Condominium Documents, Amendments, By-Laws, a full set of Rules & Regulations, and necessary keys.

**SELLER:** \_\_\_\_\_  
Print Name Signature Date

I/We have received all above-noted documents, understand and agree to abide by all restrictions, rules and regulations, and assure that my/our guests and visitors will adhere to them. I/We have received, from Park Plaza, Purchaser Information (FAQ) sheet (State requirement), a Voter form that and Census Form (Fair Housing requirement) that I will sign and return, and an Owners' List. I/We understand that a Certificate of Approval will be issued upon final approval. I/We authorize the verification of the information provided on this form as to credit and employment and have received a copy of this application.

**APPLICANT:** \_\_\_\_\_  
Print Name Signature Date

**CO-APPLICANT:** \_\_\_\_\_  
Print Name Signature Date

**For Office Use:**

Documents Recv'd: Application \_\_\_\_ Driver's License \_\_\_\_ Voter & Census \_\_\_\_ Fee \_\_\_\_

References Confirmed: \_\_\_\_ Interviewed on: \_\_\_\_\_ by: \_\_\_\_\_

**To Purchaser:** Application, FAQs, Forms \_\_\_\_ Certificate of Approval \_\_\_\_

**DISCLOSURE REGARDING**  
**BACKGROUND INVESTIGATION ON YOU**

**Harbor Management of the South Florida, Inc.** (“the Company”) may obtain a “consumer report” about you from a consumer reporting agency for tenant purposes. A “consumer” report is a background screening report that may contain information regarding your criminal history, sex offender registry status, credit history, employment history, education history, driving history, professional licenses, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

The consumer reporting agency that may prepare an “consumer report” on you for the Company is Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Suite 500, Lake Worth, Florida 33461, (888) 605-4265, [www.scottrobertsassociates.com](http://www.scottrobertsassociates.com), info@scottrobertsassociates.com.

**ADDITIONAL NOTICE REGARDING**  
**INVESTIGATIVE CONSUMER REPORTS ON YOU**

**Harbor Management of the South Florida, Inc.** (“the Company”) may also request an “investigative consumer report” on you from a consumer reporting agency.

An “investigative consumer report” is a background screening report generated through personal interviews with sources such as your neighbors, friends or associates.

The consumer reporting agency that may prepare an “investigative consumer report” on you for the Company is Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Suite 500, Lake Worth, Florida 33461, (888) 605-4265, [www.scottrobertsassociates.com](http://www.scottrobertsassociates.com), info@scottrobertsassociates.com. The information contained in an “investigative consumer report” may bear upon your character, general reputation, personal characteristics, and/or mode of living.

Please be advised that the nature and scope of the most common form of “investigative consumer report” that may be ordered by the Company is an investigation into your employment history. During such an investigation, Scott-Roberts and Associates may ask questions about your employment history to certain knowledgeable individuals and provide response information to the Company.

**Note: You have the right to request disclosure of the exact nature and scope of any “investigative consumer report” ordered by the Company on you. You may do so by contacting the Company.**

**AUTHORIZATION REGARDING BACKGROUND INVESTIGATION**

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU;
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT;
- ADDITIONAL NOTICE REGARDING INVESTIGATIVE CONSUMER REPORTS ON YOU;
- ADDITIONAL STATE LAW NOTICES.

By signing below, I also authorize **Harbor Management of the South Florida, Inc.** to obtain “consumer reports” and “investigative consumer reports,” about me for tenant purposes.

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

\_\_\_\_\_  
Print Name (First, Middle, Last Name)

**PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK**

**Please supply the following information to facilitate a background check on you.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver License No.: \_\_\_\_\_ State Issued: \_\_\_\_\_

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

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

Street/P.O. Box      City      State      Zip Code      County      Dates

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

Street/P.O. Box      City      State      Zip Code      Country      Dates

\_\_\_\_\_  
Current Employer      Address      City/State      Start Date      Salary

\_\_\_\_\_  
Supervisors name      Employer Telephone Number

\_\_\_\_\_