



Hypoluxo's Mariner's Cay Condominium Association Residency Registration

The Association requires the **written approval** by the Board of Directors prior any person residing in any unit located in Hypoluxo's Mariner's Cay (Mariner's Cay).

Please be aware that a completed registration form and the required fees must be received at the office of the Association not less than 14 days prior to the date that an answer is required. When an application has been completed in a satisfactory manner and all required fees have been paid, then the association will issue a "Certificate of Approval for Residency". No member, director, officer, or agent of the association is authorized to give verbal approval for residency.

Your registration for residency will be processed in the same manner in which every application is processed, a process that cannot be "**rushed**". Please do not request an answer in less than the required 14 days. Your understanding and cooperation in this matter is appreciated, and we look forward to the opportunity to issue your "Certificate of Approval for Residency" as quickly as possible.

Applicable Fees.

Application for Residency fee is **\$100.00** (Applies to all registrations)

This is a **non-refundable fee** for the processing each registration and must be attached to the application for residency.

Make the check payable to **Mariner's Cay Condominium Association.**

Applicable Forms.

1. A completed registration for Residency Form (applies to all applications)
2. A copy of the lease or rental agreement (applies to any lease or rental)
3. A copy of the purchase agreement (applies to any pending sale or title transfer)
4. A picture ID for each resident (legible copy of driver's license or passport)
5. A picture of any pets & up to date shot records with approx. weight at full growth.

IMPORTANT NOTICE:

New Resident Information---Within 72 Hours of taking possession, stop in Association office and

1. **Complete Owner/Resident Info Sheet**
2. **Have gate cards transferred to your name in computer**
3. **Have your name placed in tele-entry system for receiving guests**
4. **Have a parking decal issued for your vehicle**

Hypoluxo's Mariner's Cay Condominium Association Residency Registration

Name of present owner: _____

Address of present owner: _____

Owner Phone Number: (_____) _____

This application is regarding the: _____ Lease/Rental of Unit _____ Sale of Unit

Information regarding each person who requests approval for residency (include children if any)

Name	Social Security Number	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use a separate sheet of paper for additional residents.

Applicant Phone Number: (_____) _____ Cell: (_____) _____

PETS: YES _____ NO _____

Note: **TWO-(2)** pet(s) are allowed and may weigh no more than an aggregate of 35 lbs. A **picture** of pet must be included for identification purposes and up **to date rabies and expected mature weight certificate must be submitted from a veterinarian.**

Name	Age	Color	Weight	Breed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LICENSED DRIVERS (residing in the community):

Name: _____ License #: _____ State: _____

Name: _____ License #: _____ State: _____

Name: _____ License #: _____ State: _____

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VEHICLES:

List any vehicles that will be kept on the property

Make of Vehicle	Model	License Number	Color	State Registered
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Use a separate sheet of paper for additional vehicles

PERSONAL REFERENCES (Do not list relatives)

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

RESIDENCE HISTORY:

Present Address: _____

City: _____ State: _____ Zip: _____

I have ___owned ___rented this home since (Date)*: _____

Name of Landlord or Mortgage Holder: _____

Address Landlord of Mortgage Holder: _____

- if less than 5 years provide, provide previous residence information on separate sheet

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BANK & CREDIT REFERENCES:

Bank: _____ **Phone:** _____

Address: _____ **Acct #:** _____

Bank: _____ **Phone:** _____

Address: _____ **Acct #:** _____

EMPLOYMENT HISTORY:

Employer: _____ **Phone:** _____

Address: _____

Position: _____ **Supervisors Name:** _____

Employed from _____ **to** _____ *** Reason for leaving:** _____

- If employed less than 5 years, provide the last previous employer information on a separate sheet.

EMERGENCY CONTACT:

In case of Emergency: Notify: _____

Address: _____ **Phone:** _____

Relationship: _____ **Friend** _____ **Family**

In case of Emergency: Notify: _____

Address: _____ **Phone:** _____

Relationship: _____ **Friend** _____ **Family**

Hypoluxo's Mariner's Cay Condominium Association Residency Registration

CRIMINAL BACKGROUND:

Have you ever been convicted of a federal offense? Yes No

Have you ever been convicted of a felony? Yes No

Are you presently awaiting trial on any criminal offense? Yes No

If Yes to above-give dates, name of court, and details of conviction on a separate sheet of paper.

AUTHORIZATION FOR CRIMINAL & CREDIT CHECK:

I (We) hereby issue authority and permission for the Association and its agent to use investigative agencies and/or credit agencies selected by the Association or its agents for the purpose of obtaining information concerning my (our) credit and/or criminal history.

I (We) agree to hold harmless the Association and its agents from any liability arising from the acceptance or *use* of information, received and relied upon in making decisions, from any investigate agency, credit agency, or other sources of information.

Date Signed: _____

Print Name of Prospective Resident

Signature of Prospective Resident

Print Name of Prospective Resident

Signature of Prospective Resident

Signature of Witness

Signature of Witness

Hypoluxo's Mariner's Cay Condominium Association Residency Registration

Applicant Certification

By my signature below, I *hereby* certify:

- 1). That I have received, read, and agree to abide by the Articles of Incorporation of Hypoluxo's Mariner's Cay Condominium Association, Inc. as recorded in the public records of Palm Beach County. ("received" for purchase only)
- 2). That I have received, read, and agree to abide by the by-laws of Hypoluxo's Mariner's Cay Condominium Association, Inc. as recorded in the public records of Palm Beach County. ("received" for purchase only)
- 3). That I have received, read, and agree to abide by the Declaration of Covenants of Hypoluxo's Mariner's Cay Condominium Homeowners Association, Inc. as recorded in the public records of Palm Beach County. ("received" for purchase only)
- 4). That I have received, read, and agree to abide by the Rules and Regulations of Hypoluxo's Mariner's Cay Condominium Association, Inc. as passed by its Board of Directors. ("received" for purchase and lease)
- 5). That all of the information contained in this registration form is true and complete.
- 6). That I understand and agree that **False or Misleading** information given in this registration form constitutes grounds for rejection of this application and revocation of my right to reside on this property.
- 7). That I can not occupy the premises without written authorization from the Association. In the event of unauthorized occupancy, this registration form will not be accepted for consideration until I vacate the unit completely and a Certificate of Approval for Residency is issued by the Association.
- 8). That the home I occupy may not be leased or sub-leased without the express written approval of the Hypoluxo's Mariner's Cay Condominium Association.
- 9). That no person other than those shown on this application will reside in the unit.
- 10). That **the \$100.00 application fee is not refundable** or contingent upon approval of this registration form.
- 1 1). That the Association may not be able to provide an answer to this registration form for 2 to 4 weeks from the date that a completed registration form and all applicable fees are received by the Association.

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Witness

Date

Hypoluxo's Mariner's Cay Condominium Association Residency Registration

Owner Certification

By my signature below, I hereby certify:

- 1). That I have provided these potential residents a true and complete copy of the documents and rules and regulations of Hypoluxo's Mariner's Cay Condominium Association.
- 2). That the potential residents may not occupy the home until the Association issues a Certificate of Approval for Residency.
- 3). That the information contained in this registration form is true and accurate to the best of my knowledge.
- 4). That a copy of the actual lease, rental agreement, or purchase agreement is attached, and that there are no other agreements concerning this lease, rental, or potential purchase.
- 5). That the home owner is responsible for any and all costs related to damages to community property and/or violation of the documents and/or rules and regulations of Hypoluxo's Mariner's Cay Condominium Association and that these costs include actual damages, fines, and all costs and fees paid the Associations attorney as may relate to the owners tenant and/or the guests of such tenant.

I hereby authorize the association to evict my tenant at my expense **in** any case where my tenant fails to abide by the documents and/or rules and regulations of Hypoluxo's Mariner's Cay Condominium Association.

Signature of Owner : _____ **Date:** _____

Signature of Owner: _____ **Date:** _____

Signature of Witness: _____ **Date:** _____

Signature of Witness: _____ **Date:** _____

App Verification Services, Inc

Voice 800-466-9508 Fax 800-435-0802 or 877-652-4734

RENTAL APPLICATION

Please print neatly

DATE _____

LAST NAME _____ FIRST NAME _____ MIDDLE
NAME _____ Jr/Sr _____

SOCIAL SECURITY # _____

DRIVER'S LICENSE/ID # _____ STATE _____

BIRTHDATE _____ HEIGHT _____ WEIGHT _____ SEX _____ EYE

COLOR _____ HAIR COLOR _____

MARITAL STATUS: SGL _____ MARRIED _____ DIVORCED _____ WIDOWED _____
SEPARATED _____

ARE YOU A U.S. CITIZEN? _____ YES _____ NO

CURRENT HOME
ADDRESS _____ APT _____ CITY _____ ST _____ ZIP _____

YOUR PHONE _____

CURRENT MONTHLY RENT/PAYMENT _____ DATE MOVED IN _____

APT NAME _____

MANAGER/OWNER'S NAME _____ PHONE _____

WHY ARE YOU LEAVING CURRENT
RESIDENCE _____

PREVIOUS HOME
ADDRESS _____ APT _____ CITY _____ ST _____ ZIP _____

APT NAME _____

MANAGER/OWNER'S NAME _____ PHONE _____

MOVE IN DATE _____ MOVE OUT DATE _____ RENT/PAYMENT _____

HAVE YOU OR YOUR SPOUSE OWNED A HOME? _____ YES _____ NO

**YOUR PRESENT
EMPLOYER _____ ADDRESS _____**

CITY/STATE/ZIP _____ WORK PHONE () _____

POSITION _____

YOUR GROSS MONTHLY INCOME _____ DATE YOU BEGAN THIS JOB _____

CURRENT SUPERVISOR'S NAME AND PHONE # _____

**YOUR PREVIOUS
EMPLOYER _____ ADDRESS _____**

CITY/STATE/ZIP _____ WORK PHONE () _____

POSITION _____

GROSS MONTHLY INCOME _____ DATES YOU BEGAN & ENDED THIS JOB _____

PREVIOUS SUPERVISOR'S NAME AND PHONE # _____

SPOUSE'S FULL NAME _____

SPOUSE'S SOCIAL SECURITY _____

SPOUSE'S DRIVER'S LICENSE/ID # AND STATE _____ BIRTHDATE _____

FORMER LAST NAMES (MARRIED OR MAIDEN) _____

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____ ARE YOU A U.S.

CITIZEN? _____ YES _____ NO _____

SPOUSE'S PRESENT EMPLOYER _____ ADDRESS _____

CITY/STATE/ZIP _____ SPOUSE'S WORK PHONE () _____

POSITION _____ DATE JOB BEGAN _____

GROSS MONTHLY INCOME _____

SPOUSE'S SUPERVISOR'S NAME AND PHONE # _____

OTHER OCCUPANTS:

NAME _____ RELATIONSHIP _____ SEX _____ BIRTHDATE _____

SOCIAL SECURITY NUMBER _____ DL OR ID CARD nbr _____

NAME _____ RELATIONSHIP _____ SEX _____ BIRTHDATE _____

LIST ALL VEHICLES TO BE PARKED ON THE PROPERTY BY YOU, SPOUSE OR OTHER OCCUPANTS:

MAKE AND COLOR OF VEHICLE _____ YEAR _____

LICENSE # _____ STATE _____

MAKE AND COLOR OF VEHICLE _____ YEAR _____

LICENSE # _____ STATE _____

WILL YOU OR ANY OCCUPANT HAVE AN ANIMAL? _____ YES _____ NO

KIND/WEIGHT/BREED/AGE _____

Check only if applicable

HAVE YOU, YOUR SPOUSE OR ANY OCCUPANT EVER: BEEN EVICTED OR ASKED TO MOVE OUT? _____

BROKEN A RENTAL AGREEMENT? _____ DECLARED BANKRUPTCY? _____

BEEN SUED FOR RENT OR PROPERTY DAMAGE? _____

BEEN CHARGED, DETAINED OR ARRESTED FOR A FELONY OR SEX CRIME THAT WAS RESOLVED BY CONVICTION, PROBATION, _____

DEFERRED ADJUDICATION, COURT-ORDERED COMMUNITY SUPERVISION OR PRETRIAL DIVERSION?

BEEN CHARGED, DETAINED OR ARRESTED FOR A FELONY OR SEX RELATED CRIME THAT HAS NOT BEEN RESOLVED BY ANY METHOD? PLEASE INDICATE THE YEAR, LOCATION AND TYPE OF EACH FELONY AND/OR SEX CRIME. IF NONE OF THE ABOVE IS CHECKED, YOU ARE DECLARING THE ANSWER TO BE "NO" TO ALL.

Please print neatly

YOUR BANK NAME AND LOCATION

LIST MAJOR CREDIT CARDS

ANY OTHER INCOME YOU WANT CONSIDERED AS QUALIFICATION

EMERGENCY CONTACT (SOMEONE OVER 18 NOT LIVING WITH YOU):

NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

WORK PHONE _____ HOME PHONE _____

RELATIONSHIP _____

IS THIS PERSON AUTHORIZED TO ENTER THE RENTAL PROPERTY IN THE EVENT OF THE DEATH OR ILLNESS OF YOU, YOUR SPOUSE OR YOUR CHILD, IF YOU ARE MISSING OR IN A CORRECTIONAL FACILITY TO REMOVE THE CONTENTS, MAILBOX CONTENTS, GARAGE, STORAGE AREA OR COMMON AREA OR YARD? ____ YES ____ NO

IF YOU ARE SERIOUSLY ILL OR INJURED, YOU AUTHORIZE US TO CALL EMS OR SEND FOR AN AMBULANCE AT YOUR EXPENSE

ALTHOUGH WE ARE NOT OBLIGATED TO DO SO. I OR WE AUTHORIZE (OWNER'S NAME) _____ TO VERIFY BY ALL AVAILABLE MEANS THE ABOVE INFORMATION, INCLUDING REPORTS FROM CONSUMER REPORTING AGENCIES BEFORE, DURING AND AFTER OCCUPANCY ON MATTERS RELATING TO MY LEASE AND INCOME HISTORY AND OTHER INFORMATION REPORTED BY MY EMPLOYER

TO ANY STATE EMPLOYMENT SECURITY AGENCY. THIS APPLICATION IS PRELIMINARY ONLY AND DOES NOT OBLIGATE OWNER OR OWNER'S AGENT TO EXECUTE A LEASE.

APPLICANT'S SIGNATURE _____

SPOUSE'S SIGNATURE _____