

Pine Ridge III Condominium
APPLICATION FOR
PURCHASE/LEASE/OCCUPANT

Managed By:

Pine Ridge III Condominium Association INC,
343 Pine Ridge Circle
Greenacres Fl. 33414
Ph. 561-967-1848

The Governing Documents for Pine Ridge III Condominium Association Inc. require Written approval prior to any person residing in any unit. All prospective Owners/Renters/Occupants must receive a Certificate of Approval by the Association prior to the purchase/lease/occupant taking effect. Please carefully read the following criteria for purchase/lease/occupancy applications:

- Copy of the fully executed sales/lease contract.
- Copy of driver's license for all individuals * 18 years of age or older. * This is a 55+ community.
- Copy of vehicle registration for each vehicle.
- Parking is restricted to assigned spaces only.
- Any guest(s) occupying a unit for 30 days or more must complete and submit an occupancy application to be approved by the Board of Directors.

Applicants are required to pay \$150 processing fee for everyone over the age of 18. (\$150 total for married couples) For expedited applications there is a fee of \$100.00. Regular applications take up to 2 week 14 days expedited applications take 3 days (APPLYS TO U.S. RESIDENTS ONLY) (MAKE CHECKS PAYABLE TO PINE RIDGE III CONDOMINIUM ASSOCIATION INC.).

WARNING: We are not authorized to change an owner's name in the Association records until we have received a Warranty Deed or a copy of change from the Palm Beach County Property Appraiser's website. If you do not provide proof of change of ownership, your bills will go to the previous owner, and you may incur late fees, interest, and attorney fees.

Pine Ridge III Condominium Association INC,
343 Pine Ridge Circle, Greenacres Fl. 33414

A member of the board or property manager must meet with the new
homeowners/renters/occupants for an interview.

Pine Ridge III Condominium

COVER SHEET FOR PURCHASE/LEASE/OCCUPANT APPLICATION

Property Address: _____

Realtor's Name: _____ Phone: _____

Realtors Email: _____

Owner's Name: _____ Phone: _____

Email: _____

Applicants Information:

Applicant (1) Name: _____ Applicant (1) Phone: _____

Applicant (2) Name: _____ Applicant (2) Phone: _____

Applicant (3) Name: _____ Applicant (3) Phone: _____

Applicant (4) Name: _____ Applicant (4) Phone: _____

Applicants Email Address: _____

Pine Ridge III Condominium

Application for Purchase/Rental/Occupancy

Please complete all questions and fill in all the blanks. If application is incomplete, this may result in your application not being processed and will cause unnecessary delay. If the question does not apply, answer N/A. Print legibly or type all information.

Address to Purchase/Rent/Occupy: _____

Date of Closing/Lease/Occupancy: _____

APPLICANTS:

Applicant (1) Name: _____ Applicant (1) Phone: _____

Social Security Number: _____

Applicant (2) Name: _____ Applicant (2) Phone: _____

Social Security Number: _____

Applicants Email Address: _____

RESIDENTS FULL NAME:

DATE OF BIRTH:

2. Please list the make, model and tag numbers of all vehicles that will be parked at your residence:

Year _____ Make _____ Model _____ Color _____ Tag# _____

Year _____ Make _____ Model _____ Color _____ Tag# _____

Driver's license/ identification cards for ALL residents in the household. Please attach legible photocopy.

5. In case of Emergency, list contact person:

Name: _____ Relationship: _____

Address: _____ Phone#: _____

If this application is NOT legible or is not completely and accurately filled out, Pine Ridge III Condominium will not be liable or responsible for any inaccurate information in the investigation and related report (should there be one) caused by such omission or illegibility.

By signing, the applicant recognizes Pine Ridge III Condominium, or their agents may investigate the information submitted by the applicant, and a full disclosure of pertinent facts may be made to the Association.

I agree to abide by the rules and regulations of Pine Ridge III Condominium, and, to the Declaration of Covenants of Pine Ridge III Condominium Association Inc.

Applicant's
Signature: _____ Date: _____

Spouse's
Signature: _____ Date: _____



WTC Backgrounds & Drug Testing, Inc.

"We're The Choice!"

Authorization & Release

<input type="checkbox"/> Rental Package [Credit, Criminal & Evictions]	<input type="checkbox"/> Employment Verification
<input type="checkbox"/> Criminal History FL Out Of State [Include state address] Nationwide	<input type="checkbox"/> SSN Verification
<input type="checkbox"/> F.D.L.E. [Florida Department Of Law Enforcement]	<input type="checkbox"/> Sexual Offender Search FL Nationwide
<input type="checkbox"/> DL Records/History Include DL #: 3 Year 7 Year	<input type="checkbox"/> Credit Report [Stand Alone]
<input type="checkbox"/> FACIS	<input type="checkbox"/> Education Verification

Last Name, First Name, MI.

Address

City, State & Zip Code

DOB

Sex

Ethnicity

SSN

Driver's License Number & State

Name of Company/Property Applying To:

Company/Property Fax.

Applicant Release

For employment and/or residency, I understand that investigative background inquiries are to be made on me including consumer credit, criminal conviction, motor vehicles, and other reports. I further understand that WTC Backgrounds & Drug Testing, Inc. will be requesting information from various state and other agencies which maintain records about my history. These records include, but are not limited to, driving, credit, criminal, and civil history.

I authorize any party or agency contacted by WTC Backgrounds & Drug Testing, Inc. to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

APPLICANT SIGNATURE

DATE

1897 PALM BEACH LAKES BLVD. ♦ SUITE 222. ♦ WEST PALM BEACH, FLORIDA ♦ 33409

OFFICE: 561-688 - 9991 ♦ FAX: 561-370-6850 ♦ WWW.WTCBACKGROUNDS.COM

PLEASE SUBMIT EMAILED REQUESTS TO: REPORTS@WTCBACKGROUNDS.COM



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