

Normandy G Association, Inc.
Managed By: Wilson Landscaping & Management Corp.
1300 NW 17th Ave. Suite 270 Delray
Beach, FL 33445

NORMANDY G ASSOCIATION, INC.
(561)637-3402 Office (561)637-3407 Fax

**REAL ESTATE AGENTS ARE NOT TO CONTACT BOARD MEMBERS AT ANY TIME.
ALL QUESTIONS SHOULD BE DIRECTED TO WILSON LANDSCAPING & MANAGEMENT CORP.**

Normandy G Association is a 55+ Community That adheres to the provisions of the Fair Housing Act

Instructions for Resale Application – NORMANDY G ASSOCIATION, INC.

- 1) **APPLICATION MUST BE SUBMITTED AT LEAST THIRTY (30) DAYS PRIOR TO CLOSING DATE.** THE 30-DAY PERIOD WILL BEGIN WHEN THE **COMPLETE** APPLICATION IS RECEIVED BY WILSON MANAGEMENT. IF AN APPLICATION IS REJECTED (OR NOT ACCEPTED) DUE TO INCOMPLETE INFORMATION, THE 30-DAY PERIOD WILL BEGIN WHEN THE REVISED APPLICATION IS COMPLETED AND RECEIVED.
- 2) **TWO (2) COMPLETE, SEPARATED SETS OF EVERYTHING LISTED BELOW MUST BE SUBMITTED.** (APPLICATION, FINANCIAL INFORMATION AND THE PURCHASE CONTRACT CONSTITUTES ONE SET.) **ONE SET OF THESE MUST BE THE ORIGINAL PAPERWORK.**
- 3) **EACH PAGE OF THIS APPLICATION MUST BE COMPLETED IN FULL.** LACK OF COMPLETE INFORMATION WILL SLOW DOWN THE APPROVAL PROCESS.
- 4) EACH APPLICATION MUST INCLUDE A PHOTO ID (ON 8 ½ X 11 PAPER) SHOWING DATE OF BIRTH OF **EACH** OCCUPANT OR OWNER.
- 5) **A \$150.00 NON-REFUNDABLE APPLICATION FEE PER PERSON OR MARRIED COUPLE IS REQUIRED ON ALL REALES. THE \$150.00 APPLICATION FEE MUST BE MADE PAYABLE TO THE NORMANDY G ASSOCIATION, INC.**
- 6) ALL FOUR PERSONAL REFERENCE FORMS MUST BE COMPLETED AND RETURNED. **REAL ESTATE AGENTS AND FAMILY MEMBERS ARE NOT VALID REFERENCES.**
- 7) **THE PARTY ASSUMING FINANCIAL RESPONSIBILITY MUST REMAIN ON THE DEED AND SHOW A MINIMUM CREDIT SCORE OF 700.** NORMANDY G ASSOCIATION RESERVES THE RIGHT TO CHOOSE THE REPORTING AGENCIES USED TO EVALUATE THE APPLICANT.
- 8) **THE VESTA PROPERTY SERVICES INFORMATION PAGE AT THE END OF THIS APPLICATION MUST BE SIGNED AND A CHECK FOR \$1,800.00 MADE PAYABLE TO KPRC MUST BE SUBMITTED WITH THIS APPLICATION.**
- 9) IF YOU ARE PURCHASING THIS PROPERTY FOR INVESTMENT PURPOSES ONLY OR UNDER THE AGE OF FIFTY-FIVE (55), YOU MUST FILL OUT PAGE 7 IN FULL. **YOU MUST OWN PROPERTY FOR TWO (2) YEARS BEFRE RENTING THE PROPERTY OUT – NO EXCEPTIONS WILL BE MADE TO THIS RULE.**
- 10) **FIVE (5) YEARS OF RESIDENCE HISTORY IS REQUIRED.**
- 11) **NORMANDY G ASSOCIATION IS A NO PET ASSOCIATION.**

(Continued)

- 12) **COPIES OF 2 YEARS OF MOST RECENT TAX RETURNS AND 2 MONTHS OF MOST RECENT BANK STATEMENTS (BOTH CHECKING AND SAVINGS) MUST BE SUBMITTED**
- 13) **WITH THE APPLICATION, PLEASE INCLUDE A LIST OF ANY ADDITIONAL ASSETS YOU THINK MIGHT BE HELPFUL IN THE APPROVAL PROCESS.**
- 14) **TWO (2) YEARS OF W-2 OR 1099 STATEMENTS PLUS EMPLOYMENT VERIFICATION FOR THIS CURRENT YEAR (MOST RECENT PAY STUB IS ACCEPTABLE) ARE REQUIRED.**
- 15) **ON ALL FORMS, ONLY HAND SIGNATURES WILL BE ACCEPTED. NO FORMS WILL BE ACCEPTED WITH AN ELECTRONIC SIGNATURE – NO EXCEPTIONS.**
- 16) **AN INCOMPLETE APPLICATION CANNOT BE CONSIDERED FOR APPROVAL AND WILL RESULT IN THE APPLICATION BEING DENIED.**
- 17) **MISINFORMATION ON THIS APPLICATION WILL RESULT IN THE APPLICATION BEING DENIED.**

I HAVE READ THESE INSTRUCTIONS AND UNDERSTAND THEM.

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE

ALL MATERIALS MUST BE FULLY AND PROPERLY COMPLETED AND SUBMITTED TOGETHER OR THIS APPLICATION PACKET MAY NOT BE PROCESSED. OUR OFFICE WILL DO ITS BEST TO EXPEDITE ALL PAPERWORK IN A TIMELY FASHION. WE WOULD LIKE TO CONVEY TO YOU THAT MOST DELAYS ARE CAUSED BY INCOMPLETE PAPERWORK. PLEASE LOOK OVER THESE INSTRUCTIONS CAREFULLY. PLEASE CALL OUR OFFICE AT (561) 637-3402 WITH ANY QUESTIONS BEFORE SENDING COMPLETED PACKETS IN FOR PROCESSING.

Are you a service member as defined by s.250.01 Florida Statutes: Yes _____ No _____

The term “service member” is defined by s.250.01, Florida Statute to include any person serving as a member of the United States Armed Forces on active duty and all members of the Florida National Guard and the United States Reserve Forces.

Wilson Landscaping & Management Corp.

1300nNW 17th Ave. Suite 270 Delray Beach, FL 33445

Phone (561)637-3402

Fax (561)637-3407

RESALE INFORMATION SHEET

Normandy G Association:

Unit: _____

Name of Current Owner (s): _____

Owner (s) Address: _____

City/State/Zip: _____

Owner(s) Phone Number: _____ Owner(s) Cell: _____

Owner's E-Mail Address: _____

Name of Applicant: _____ SS#: _____ Age: _____

Co-Applicant: _____ SS#: _____ Age: _____

Applicant(s) Address: _____

City/State/Zip: _____

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

Vehicle Information:

Driver's License Number (Primary Applicant) _____ State Issued _____

Driver's License Number (Secondary Applicant) _____ State Issued _____

Make: _____ Model: _____ Year: _____ Plate#: _____

Make: _____ Model: _____ Year: _____ Plate#: _____

PLEASE PROVIDE NAME AND ADDRESS OF WHERE TO SEND APPROVED CERTIFICATE OF APPROVAL:

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270

Delray Beach, Florida 33445

Phone (561)637-3402 Fax (561)637-3407

RESALE AGREEMENT

In making this application to purchase the unit noted on page one of this application; I/we understand that acceptance of the application is conditioned on the approval of the Board of Directors and that the decision they make is final.

- Agree that if the application is approved, to abide by all the Rules and Regulations, By-Laws and any and all restrictions of the Association and any changes that may be imposed in the future.
- PURCHASER(S), acknowledge receipt of the Rules and Regulations and understand that the unit may not be rented without prior board approval.
- Have enclosed a check in the amount of \$150.00 **PER PERSON OR MARRIED COUPLE** payable to **NORMANDY G** Association as provided by Florida Statutes and by the Condominium Documents.
- Understand that if any check paid by the Owner(s), and/or purchasers(s) is returned unpaid; any approval granted will be voided.
- The Normandy G Board has the right to decline approval, at their discretion, of any negative reporting on background check. Sources of all background/credit checks are at the discretion of Normandy G Association
- **NORMANDY G ASSOCIATION IS A NO PET ASSOCIATION.**
- **AS A REMINDER, ALL OWNER(S) MUST OWN THEIR UNIT FOR A MINIMUM OF TWO (2) YEARS BEFORE THEY WILL BE ALLOWED TO RENT THEIR UNITS. THERE WILL BE NO EXCEPTIONS.**

Applicant's Signature

Date

Applicant's Signature

Date

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270 Delray Beach, FL 33445

NORMANDY G ASSOCIATION, INC.
Phone (561)637-3402

Fax (561)637-3407

AGE VERIFICATION QUESTIONNAIRE

Normandy G Association:

Unit: _____

Please list every person who will be residing at this address. Please supply independent photographic evidence indicating date of birth (A Government issued I.D. such as Driver's License or Passport) of each occupant.

PURCHASER(S) NAME	AGE	TYPE OF ID	DOB	RELATIONSHIP

Signature(s) of Purchaser(s)

Date: _____

Signature

Signature

Printed Name

Printed Name

Signature

Signature

Printed Name

Printed Name

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Applicant(s) Information Sheet

Applicant's Name: _____

Normandy G Association

Unit # _____

If you are a seasonal applicant, please provide our office with your seasonal address and phone number:

(Seasonal) Address: _____

Local Phone: _____ Seasonal Phone: _____

E-Mail Address: _____

PLEASE SPECIFY YOUR MAILING PREFERENCE:

_____ Please send all my mail to my local address at all times.

_____ Please send all my mail to my seasonal address at all times.

Please Note: It is the Unit Owners responsibility to let Wilson Management know of any changes as they occur in regards to the mailing address.

(Continued)

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270 Delray Beach, FL 33445

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If you are purchasing this Unit for investment purposes only, are under 55 years of age, or have a family member as primary resident, please fill out the information below and have this form notarized.

Date: _____

To Whom It May Concern:

Regarding the purchase of _____

Address: _____

We, the undersigned, do hereby waive all rights to reside in this apartment and will not reside in it, unless it is occupied by at least one (1) person over the age of fifty-five (55)..

We wish to waive our rights to: (Persons to be residing in the unit)

Who will reside in the unit and is at least fifty-five (55) years old. Proof of age will accompany this form.

Owner Signature

Owner Signature

Witnessed my hand and official seal at said County and State this ____ day of _____, 20_____.

Certificate #:

My Commission expires:

Printed Name of Notary Public:

Signature of Notary:

(Continued)

VOTING CERTIFICATE

(Designation of Voting Member)

normandy G

We, the undersigned, being the owners of the property located at:

Normandy G Association

Unit # _____

Do hereby designate that _____
(insert name of designated voter)

is entitled to cast one (1) vote at the membership meetings of Condominium Association. Unless this certificate is terminated or suspended by written notice to the Board of Directors of the Association.

Dated this _____ day of _____, 20 _____

Applicant's Signature

Please Print Name

Applicant's Signature

Please Print Name

Applicant's Signature

Please Print Name

Applicant's Signature

Please Print Name

Note: This voting certificate is for the purpose of establishing who is authorized to cast the vote for any property owned by more than one person or owned by a corporation. It is not needed if only one (1) person owns a property. Please complete the voting certificate and return it as instructed in the cover page.

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REQUEST FOR PERSONAL REFERENCE

REALTORS AND FAMILY MEMBERS ARE NOT ACCEPTABLE REFERENCES

NORMANDY G ASSOCIATION, INC.

Unit: _____

Dear Sir/Madam:

_____ has listed you as a character reference in an application to lease a unit in the above referenced Condominium Association.

As part of the application process, we respectfully request any information you can give us regarding their character and integrity. Please respond by providing brief comments in the space provided below, as quickly as possible.

Failure to return immediately could result in unnecessary delays to the Applicant's closing and/or move in date. The Association requires a minimum of thirty (30) days to properly review, approve and submit approval prior to the actual move in and/or closing date.

Thank you in advance for your valuable assistance, and we assure you that your reply will be kept confidential.

CHARACTER:

INTEGRITY:

OTHER COMMENTS:

Signature

Date

Printed Name

Phone/Cell Number for verification

Address

City, State, Zip Code

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City, State, Zip Code

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270 Delray Beach, FL 33445

NORMANDY G ASSOCIATION, INC. Phone (561)637-3402 Fax (561)637-3407

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NORMANDY G ASSOCIATION, INC. Unit: _____

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Date

Printed Name

Phone/Cell Number for verification

Address

City, State, Zip Code

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Thank you in advance for your valuable assistance, and we assure you that your reply will be kept confidential.

CHARACTER:

INTEGRITY:

OTHER COMMENTS:

Signature

Date

Printed Name

Phone/Cell Number for verification

Address

City, State, Zip Code

Normandy G Association, Inc.
Emergency Contact and Mailing Information Form

In an effort to update our records, it is important that you complete and return this Emergency Contact and Mailing Information form. Occasionally, there is maintenance, security, or other problems that occur, and it is imperative to contact an out-of-town owner or a local representative. Repair work can be hampered when unit owners/renters are away on vacation or living in another state. All information contained in this form will remain confidential and for use in Association emergencies only.

Unit Number: _____

Name of Occupant(s): _____

Local Telephone Number: _____

Alternate Mailing Address: _____

City, State, and Zip: _____

E-mail Address: _____

In case of emergency, please notify:

Name: _____

Address: _____

City, State, Zip: _____

Relationship _____ Will they have key? _____

E-Mail Address: _____

Telephone Number: _____

Cell Phone Number: _____

In case of emergency, please notify:

Name: _____

Address: _____

City, State, Zip: _____

Relationship _____ Will they have key? _____

E-Mail Address: _____

Telephone Number: _____

Cell Phone Number: _____

Date: _____ Submitted By: _____

Our building follows the rules appearing in our Declaration of Condominium and our By-Laws, as well as the Florida Condominium Act. Up to date copies of these documents can be found through our website.

VISIT OUR OWNER’S WEBSITE: <http://normandygassoc.weebly.com/> Here are some of the more common issues:

1. All requests for unit sales/leases must be presented to our current management company in writing. The request will be presented to the Board of Normandy G for review and approval. The approval will follow the guidelines set out in our

Declaration of Condominium. A resident is somebody inhabiting a unit for more than 1 month and, if no owner is present, is considered a tenant (NEEDING BOARD AUTHORIZATION). Inhabited units must have at least one resident 55 years or older.

2. Our policy is strictly “NO PETS”. All requests for Service Animals/Emotional Support Animals must be presented to our current management company in writing. The request will be presented to the Board of Normandy G for review and approval. All Condo rules regarding Service Animals/Emotional Support Animals must be followed. Special care should be made as to where the animal is walked, cleaned up after, and the animal must be leashed. We have a specific area designated for animal use, at the end of Piedmont Way by the hedges. All nuisances must be avoided.

3. Any approvals of visitors/family members staying in owners’ units for more than one week and up to one month are automatic, provided the owner signs this rule page and notifies the board in writing. It’s the owner’s responsibility to make sure these rules are followed. The notification should include the unit #, the names of the people staying, and the dates. The notification can be emailed to our website. **For visits any longer than one month**, application must be presented in writing to our current management company and may require a background check. The request will be presented to the Board of Normandy G for review and approval. Family and friends are welcome, but please remember that all article and by –law requirements must be followed during their stay.

4. All garbage must be placed in the large dumpsters that are at each end of the building. We also have recyclable containers in each area for paper and glass or plastic bottles. Please remember to break down your boxes so that other residents have room to place their garbage in the containers.

5. **LARGE DEBRIS** must be placed out on **MONDAY NIGHTS ONLY** and placed on the roadside area of the dumpster. This is so the truck that comes on Tuesday **ONLY** can see the debris and get workable access to pick it up.

PLEASE REMEMBER: Unit owners have the right to modify the inside of their apartments (from paint to paint). All else is probably a material alteration to the common element and requires approvals. All renovations must conform to State and Local building codes. The board must be notified prior to any renovation. Contractors must remove their debris and not leave it in or at our container area. The owner may be charged for any extra pick-up charges given to the building. All contractors and delivery men are strictly forbidden to use the lift/elevator.

6. Owners are required to provide working keys to Normandy G for routine and emergency maintenance (where access is needed to avoid damage to other units). Additionally, the access may be used for emergency unit access by the Police, Fire Dept., or Ambulance. We strongly recommend you leave an extra key with a neighbor or install a lockbox at your door for any other purposes.

7. No items may be placed on the walkways or staircases. This includes door mats, holiday decorations, bikes, walkers, etc. This could cause a trip/fall situation for our neighbors.

8. “Backed in Parking” and motorcycles/scooters are allowed in our parking lot, along with passenger cars (including mini vans). No commercial vehicles, RV’s or vans should be left overnight on our property

9. The lift/elevator is designed for the use of no more than 2 persons, with a total weight of no more than 650 lbs. Excessive weight can result in costly repairs, which may be passed along to the unit owner along with a fine.

10. No personal property can be left on the common elements overnight without prior approval of the Board of Directors.

11. All inquiries regarding the above rules should be mailed or emailed to our current management company:

WILSON MANAGEMENT 1300 NW 17TH AVE. SUITE 270 DELRAY BEACH, FL 33445

www.wilsonmanagement.net

tammy@wilsonmanagement.net

Signature _____

Unit _____ Date _____

Addendum to Exhibit 8

Visitation while the unit owner is not present - Normandy G is not a hotel or Timeshare. Normandy G is providing this rule as an accommodation to Unit Owners wishing to have their child and that immediate family stay as short-term visitors while the owners are not present. Normandy G Association reserves the right to rescind this privilege in whole or on a case-by-case basis, depending on individual circumstances.

If the unit owner is **NOT** present, a child of theirs and that immediate family may stay in the apartment continuously for up to 9 days per year as short-term visitors. Visits are limited to two separate 9 day periods per year. For stays longer than 9 days, the applicant must apply as a permanent resident, with all permanent resident requirements. To apply as a short-term visitor:

- 1) The Unit Owner applies in writing by email to the board at the board's email address, not less than 1 month prior to the visit. The email must include all visitor's names, ages and the dates of the visit. One visitor must be at least 30 years old and must be listed as the responsible visitor, to make sure all Normandy G rules being followed. The responsible visitor must provide their driver's license, cell phone number and a signed copy of our rule page (exhibit 8) for the application to be complete. The Unit Owner retains financial responsibility for any damage or costs resulting from the visitor's stay.
- 2) The Unit Owner must supply all keys, passes, etc.
- 3) No pets of any kind are allowed as stated in Exhibit 8.2.

Lift Information
NORMANDY G ASSOCIATION, INC.

1. Is there a Lift in the building? Yes XXX No _____

2. Is the Lift a Common Element or Limited Common Element?

COMMON ELEMENT – ALL 48 UNITS PAY FOR MAINTENANCE AND REPLACEMENT OF THE LIFT.

3. **The lift is designed to transport individuals and their groceries. It is in no way designed or intended to transport any kind of freight, appliances, plumbing fixtures, etc.**

4. The lift shall not be used by any Licensee, Contractor, or Hired Delivery.

5. The lift should not exceed the 750-pound limit,

6. One (1) wheelchair and two (2) persons or three persons (3) at any one time. No more than three (3) persons.

7. Garbage bags must be tightly sealed to deter spillage on the cab floor.

8. If a wheelchair is used inside the lift, the brakes should be applied to prevent movement while on the lift.

9. **If the lift is damaged due to misuse by an owner, their guest, or their lessee, the owner will be responsible for all costs to repair lift.**

I / We, as the purchaser(s), _____ have read the above

Print name(s)

and understand all information contained within.

Applicant's Signature

Date

Applicant's Signature

Date

Normandy G Association, Inc.
Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270
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Office (561)637-3402 Fax (561)637-3407

Normandy G Condominium Documents state:

14.5 **Pets.** No animals or pets of any kind shall be kept in any unit or on any property of the Condominium. This subsection 14.5 shall not be amended unless approved by the board of directors of a majority of all the condominium associations located at the Kings Point Project.

I/we _____ understand that there are no pets of any kind allowed in the Normandy G Association, Inc.

As purchaser(s)/lessee(s) of unit _____, I/we agree that we will not have pets of any kind.

Applicant Signature

Date

Applicant Signature

Date

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____. They are personally known to me or have produced _____ as identification.

State of _____

Notary Public Signature

County of _____

Printed Name

(seal)

Certificate Number

My commission expires:

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.

**** THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! ****

APPLICATION FOR OCCUPANCY – NORMANDY G ASSOCIATION

UNIT # _____

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) _____

Applicants Cell # _____ Applicants Email _____

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) _____

Applicants Cell # _____ Applicants Email _____

(Continued)

Residence History

A) Present Address _____
Phone _____ Dates of Residency From _____ To _____
Circle one: Own- Family Owned -Rent -Other _____ Rent/Mortgage Amount _____
Are you on Lease/Deed ? _____ If not, who is Lease/Deed Holder? _____
Landlord's Name _____ Phone _____ Email _____

B) Previous
Address _____
Phone _____ Dates of Residency From _____ To _____
Circle one: Own- Family Owned -Rent -Other _____ Rent/Mortgage Amount _____
Are you on Lease/Deed ? _____ If not, who is Lease/Deed Holder? _____
Landlord's Name _____ Phone _____ Email _____

C) Previous
Address _____
Phone _____ Dates of Residency From _____ To _____
Circle one: Own- Family Owned -Rent -Other _____ Rent/Mortgage Amount _____
Are you on Lease/Deed ? _____ If not, who is Lease/Deed Holder? _____
Landlord's Name _____ Phone _____ Email _____

Employment References and Income

Employed by _____ Phone _____

Address _____

Gross Monthly Income _____

Dates of Employment: From _____ To _____ Position _____

Employed by _____ Phone _____

Address _____

Gross Monthly Income _____

Dates of Employment: From _____ To _____ Position _____

Combined Total Gross Income (all income sources including wages, tips, consulting fees, annuities, investments, gifts, etc.) _____

Additional Financial Information (Please discuss any financial information you wish the vetting committee to be aware of, while making their decision. As examples, real estate on the market, bridge loans, etc.)

Bank References

Bank Name _____ Checking Acct # _____ Phone _____

Address _____

Bank Name _____ Savings Acct # _____ Phone _____

Address _____

Bank Name _____ Other Acct # _____ Phone _____

Address _____

Realtor

Are you using a realtor? Yes _____ No _____

Name of Agency _____

Agent Name _____ Agent Phone _____

Email _____

If this application is not legible or is not completely and accurately filled out, 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 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

Applicants Signature _____ Date _____

Spouse signature _____ Date _____

(Continued)

DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS

In connection with my application for occupancy for a dwelling and or Residential with NORMANDY G ASSOCIATION, INC. _____, I understand consumer reports will be requested by you (“Company”). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers’ compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: **United Screening Services, Corp.**(name) (“Agency”), **P.O. Box 55-9046, Miami, FL. 33255-9046** (address), telephone number **(305) 774-1711 or (800) 731-2139**, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company’s behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: **www.unitedscreening.com**.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency’s file for my review. I may obtain such information as follows: 1) In person at the Agency’s offices, which address is listed above. I can have someone accompany me to the Agency’s offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency’s information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

Are you a service member as defined by s. 250.01, Florida Statutes? Yes No

The term “service member” is defined by s.250.01, Florida Statute to include any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

Printed Name: _____

Signature: _____

Date: _____

For identification purposes:

Social Security No.: _____ Date of Birth: _____

Driver's License No.: _____; State of Issue: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: (_____) _____

EACH APPLICANT MUST COMPLETE A SEPARATE DISCLOSURE AND AUTHORIZATION FORM!



KINGS POINT
GOLF AND COUNTRY CLUB
Where Exceptional Lifestyle Begins

RENTAL and RESALE INFORMATION
ID OFFICE
561-499-3335 Ext. 136 & 135
Monday – Friday 9:00 AM – 4:00 PM
Closed Saturday and Sunday

Fees (All fees subject to change)

- Capital Contribution & Processing Fee-includes one (1) Resident ID Card & one (1) Barcode
\$2,000.00 (Applicable to all resales and transfers of ownership as of January 1, 2025)
- Resident ID \$60.00
- Single Resident ID \$60.00
- Lessee ID \$60.00
- Guest ID \$10.00 (See procedural guide for further details)
- Health Aide ID \$50.00 (Three months)
- Barcode \$10.00
- Saxony RFID Tag \$10.00

Requirements: Coincident with submission of an application for purchase of any unit, proof of payment of the Capital Contribution & Processing Fee **must be included.**

Before issuing **Resident ID cards**, we must receive the following:

- A copy of the Certificate of Approval from the association's management company approved by an association officer with the association seal and,
- The previous owner's ID card(s) must be turned in to Kings Point's ID office. If the ID card(s) cannot be located, a \$60 fee for each outstanding ID card must be paid before new ID cards will be issued. **Checks payable to: Kings Point Recreation Corp., Inc.**
- **Note:** Maximum of two (2) resident ID cards per unit. The first ID card purchased for a resident/lessee must be issued to an individual fifty-five (55) years of age or older.

Before we can issue **Lessee ID cards**, the ID office must receive the following:

- A copy of the Certificate of Approval from the association's management company approved by an association officer with the association seal, along with a lease and,
- Any outstanding ID cards issued for that unit must be turned in.
- As of August 6, 2015, any unit that is SOLD, if there is an existing lease on the unit AND the lessee turns in their ID cards, ID Cards can be purchased by the new owner, even if the lease has not expired.
- Any Owner or Tenant that breaks the lease, the existing rule below still follows:

Resident ID card(s) will not be issued or another Lessee ID card(s) will not be issued until the expiration of the current lease. No Exceptions!

Kings Point Recreation Area Amenities

The Recreation facilities consist of three (3) clubhouses, swimming pools, Natatorium, golf courses, tennis, shuffleboard, pickleball, bocce ball, racquetball and basketball courts, canals, entry gates and roads of the community and other common facilities. Kings Point is a “**NO PET**” community. The Recreation Area does not include condominium property and its parking areas or common grounds. Our residents also have use of the Kings Point buses. The buses serve the community, the immediate surrounding areas and shopping centers. To ensure that residents and their guests have exclusive access to all recreation facilities, a Kings Point ID is necessary. The ID cards are issued in the **ID Office located in the Administration Building**.

PLEASE READ CAREFULLY BEFORE SIGNING!!!!

*Signature: _____ *Signature: _____
Seller/Owner Buyer/Tenant

******Effective January 1, 2025******

Note: **Capital Contribution & Processing Fee** of \$2,000.00 *payable to: Kings Point Recreation Corporation, Inc.*, the Not For Profit Corporation organized under Florida Statute 617, authorized to manage the Recreation Facilities, **must be submitted** with application for purchase.

KINGS POINT USER ACCOUNT REGISTRATION

SIGN IN or CREATE AN ACCOUNT at the kingspointdelray.com website

The enhanced access control system is ready to launch and will be linked to the Kings Point ID system so that you can start developing your list of friends and family for your Permanent/ Temporary/ Vendor gate access.

1. Every resident that has a Community ID are already in the ID system. Those of you that have purchased theater tickets using the Internet have already activated their accounts.
2. For each resident, there will only be ONE account. It will allow you to maintain a Permanent/ Temporary/Vendor Guest list, purchase tickets to our theater and register for "T Times" at the golf course. It will also link purchased theater tickets into the data base so that security will know who is on our property. Remember – persons who do not have ID cards will not be able to activate an account.
3. Activate your account by going to the kingspointdelray.com website.
 - a. On the "Home Page" click on the "Gate Access/Visitor Management" link in order to sign in or create an account.
 - b. Click on "Create Account" and a new screen will appear. The badge number and name you fill in must match the name as it appears on your ID. When creating your account you select a user name and the password. Note the password restrictions listed at the bottom of the page. Make sure that you keep your user name and password in a safe place, as you will need it every time you access your account. When completed, click on "Create User" at the bottom of the page. You have now completed your part of the activation process.
 - c. You will be notified when your account has been activated (within 72 hours).
4. If two persons living in a unit have different last names, it is advisable for each to activate his/her own account. The two accounts will be linked by unit address so that when purchasing tickets during the restricted period, a unit can still only purchase two tickets.
5. Populate your account by going to the kingspointdelray.com website and click on the "Gate Access/Visitor Management" link.
 - a. Click on "Sign In" and enter your user name and password.
 - b. Click on "Sign Me In" and fill in the data requested. Permanent Visitors do not need a visit date. Temporary Visitors will need to fill in the dates for each visitor. Names on the "Temporary" list are automatically deleted at the end of their authorized access time.
 - c. The "Permanent" list will be updated on an annual basis.
 - d. Vendors that issue their employees identification cards, i.e. the Post Office and FedEx do not need to be added to your list.
6. **Do not have a computer?** Call the Staff Office at 561-499-3335/ 561-499-7751 Ext. 225 for an appointment. The Staff will help you activate your account and enter the data.
7. Target date to activate the system at the Normandy Gate is on Monday, May 4th. Once the system is running smoothly at the Normandy Gate, the other manned gates at Kings Point will be implemented.

Like any new major change, this will require your patience as it is a massive programming effort with links to several existing systems. However, you can help in the implementation if you are a resident by obtaining your Kings Point ID. All Residents and Lessees with a vehicle should purchase a barcode for easy access thru the gates.