

Flanders L Association, Inc.
Managed By: Wilson Landscaping & Management Corp.
1300 NW 17th Ave. Suite 270
Delray Beach, FL 33445
(561)637-3402 Office (561)637-3407 Fax

Instructions for Rental Application – FLANDERS L ASSOCIATION, INC.

- 1) APPLICATION MUST BE SUBMITTED AT LEAST THIRTY (30) DAYS PRIOR TO LEASE BEGINNING DATE.
- 2) **TWO (2) COMPLETE, SEPARATED SETS OF EVERYTHING LISTED BELOW MUST BE SUBMITTED.** (APPLICATION AND THE LEASE AGREEMENT CONSTITUTES ONE SET.) **ONE SET OF THESE MUST BE THE ORIGINAL PAPERWORK.**
- 3) EACH PAGE MUST BE PROPERLY COMPLETED.
- 4) EACH APPLICATION MUST INCLUDE A PHOTO ID (ON 8 ½ X 11 PAPER) SHOWING DATE OF BIRTH OF **EACH** OCCUPANT.
- 5) **A \$150.00 NON-REFUNDABLE APPLICATION FEE PER PERSON OR MARRIED COUPLE** IS REQUIRED ON ALL NEW LEASES. THE \$150.00 APPLICATION FEE MUST BE **MADE PAYABLE TO THE FLANDERS L ASSOCIATION, INC.**
- 6) THE VESTA PROPERTY SERVICES INFORMATION PAGE AT THE END OF THIS APPLICATION MUST BE SIGNED.
- 7) ALL THREE PERSONAL REFERENCE SHEETS **MUST BE COMPLETE, SIGNED, AND** PART OF THIS APPLICATION.
- 8) NO NEW OWNER MAY RENT HIS/HER UNIT DURING THE INTIAL TWO (2) YEARS OF OWNERSHIP.
- 9) ALL UNIT OWNERS MUST HAVE HOMEOWNER'S INSURANCE IN PLACE. **PLEASE SUBMIT PROOF OF INSURANCE WITH YOUR RENTAL APPLICATION.**
- 10) A PERSONAL INTERVIEW IS REQUIRED WITH ALL APPLICANTS.

ALL MATERIALS MUST BE 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 (561) 637-3402 WITH ANY QUESTIONS BEFORE SUBMITTING COMPLETED APPLICATION PACKETS. NOTE: IF YOU WOULD LIKE A COPY OF THE CERTIFICATE OF APPROVAL, PLEASE PROVIDE OUR OFFICE WITH YOUR CURRENT INFORMATION ON THE BOTTOM OF PAGE 2 OF THE APPLICATION.

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.

**FLANDERS L ASSOCIATION, INC.
RENTAL APPLICATION**

Application must be submitted for approval at least 30 days before intended move-in date. The Applicant should contact Wilson Landscaping & Management at (561)637-3402 to arrange an appointment for a personal interview with members of the Board of Directors.

The Applicants are the prospective renters to the community. Please note that Section 7 of this application regarding Law Enforcement and Driving History must be completed by **ALL OCCUPANTS**.

You must submit a complete copy of the executed Lease.

1. Current Owner Information:

Owner(s): _____ Address: _____

Leasing Period: From _____ to _____

Realtor: _____

I/We submit the following information to the Board of Directors pertaining to the sale or occupancy of the property at: _____.

2. Applicant Information:

It is agreed and understood that the applicant(s) is the only person(s) approved to occupy this home.

Applicant #1: _____ Married (___)

Address: _____

Telephone number: _____

Country of Citizenship: _____

Social Security or Canadian
Social Insurance Number: _____

Date of Birth: _____ Place of Birth: _____

Driver's License Number: _____

State/Province of Driver's License: _____

Applicant #2: _____ Married (___)

Address: _____

Telephone number: _____

Country of Citizenship: _____

Social Security or Canadian
Social Insurance Number: _____

Date of Birth: _____ Place of Birth: _____

Driver's License Number: _____

State/Province of Driver's License: _____

3. Occupants: Please list all occupant(s) to be approved, including children:

_____ ; Relationship to Applicant: _____ ; Date of Birth: _____

_____ ; Relationship to Applicant: _____ ; Date of Birth: _____

_____ ; Relationship to Applicant: _____ ; Date of Birth: _____

4. Prior Residences: If applicant(s) has lived less than 5 years at current address, give previous address(es) for last 5 years: (If you have additional previous addresses, please list on back of page.)

Address: _____ ; Beginning and ending dates: _____

Address: _____ ; Beginning and ending dates: _____

5. Applicant Employment Information:

Current Employer Name: _____

Current Employer Address: _____

Current Employer Phone Number: _____

How Long With Current Employer: _____

Previous Employer Name: _____

Previous Employer Address: _____

Previous Employer Phone Number: _____

How Long With Previous Employer: _____

If retired, please give the former business or profession: _____

Address: _____

6. Applicant Financial Information:

Disclosure and Verification of Income: The Association has a legitimate concern and interest that renters moving into this Condominium have sufficient income to pay the carrying costs of a Unit. If a Unit becomes delinquent, the Association often becomes responsible to absorb the bad debt which is

passed on to all the other owners. Therefore, the Association is requiring disclosure and verification of income. Please properly set forth the following information about your sources of income.

Income Amount	Name of Income Source	<i>Address and Telephone Number of Source</i>	Account Identification Information

TOTAL

If you need additional space, please use the other side of this paper.

Please provide proof of the above income consisting of a copy of the most recent Federal Income Tax Return; copies of 3 recent pay checks or pay stubs; or if you are retired provide a recent record of your other periodic income you receive. An example would be social security payments or pension payments.

Please provide the name and address of a bank that can be contacted as a reference:

Bank Name: _____

Bank Address: _____

Account Number: _____

Have You Ever Declared Bankruptcy? Yes () in year _____. No ()

If yes, what if anything has changed that might prevent another bankruptcy?

7. Law Enforcement and Driving History: NOTE THAT THIS SECTION MUST BE COMPLETED BY ALL PERSONS WHO WILL OCCUPY THE HOME.

Have you ever been adjudicated guilty or pled guilty or pled no contest to a felony or first-degree misdemeanor?

Yes () No ()

If yes, for each offense, complete the following information and attach additional sheets if necessary:

Name of Court: _____

State/Province of Court: _____

Charge of Which Convicted: _____

Date of Conviction: _____

Sentence of Court: _____

Are you or have you ever been a registered sex offender in any state?

Yes () No ()

If yes, please list the particular states and date you were a registered sex offender :

List all adjudicated traffic violations in the last seven years:

Charge

Conviction Date

Has your driver's license ever been suspended or revoked? Yes () No ()

If yes, provide the date(s) and reason(s):

8. Applicant Motor Vehicles: Please list all vehicles that will be parked at the home.

Make/Model/Year of first vehicle: _____

State/License number of first vehicle: _____

Make/Model/Year of second vehicle: _____

State/License number of second vehicle: _____

9. Compliance: I agree for myself and on behalf of all persons who may use the property with me and for visitors, that I will abide by the Declaration of Condominium and the Rules and Regulations of the Association, which I have read and understand.

10. Applicant Attestation and Signature: I hereby certify that all of the above information is correct. I authorize my current and former employers, any credit information agency, any state driver license agency, any prior HOA or Condominium or apartment manager, any bank, or any court, to

furnish records of my service, credit, driver's license, residency, bank account information and/or criminal information, together with all such other information as those agencies may have on me, whether on record or not. I further permit the Flanders L Association, Inc. to conduct such investigation as it deems appropriate and to obtain any record concerning me from any agency, and hereby forever release and discharge from any claims, liability, actions for damages, compensation or otherwise, known or unknown, the Board of Directors of the Flanders L Association, Inc., its officers, agents, managers, and employees and all other persons acting on its behalf, any person or agency furnishing said information as a result of the investigation of this application or arising out of the disclosure of any information concerning the investigation of this application. A reproduced copy of this release shall be valid as the original copy.

I understand that I must contact Wilson Landscaping & Management Corp. at (561)637-3402 to arrange an appointment for a personal interview with the Board of Directors or a representative.

In making this application, I am aware that the decision of the Board of Directors will be final, and no specific reason need be given for the decision.

Applicant's signature: _____
Printed name: _____

Applicant's signature: _____
Printed name: _____

Date of Signing: _____

Present Unit Owner's Signature: _____
Printed name: _____

Present Unit Owner's Signature: _____
Printed name: _____

Date of Signing: _____

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270

Delray Beach, Florida 33445

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

LESSEE AGREEMENT

In making this application to lease 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 the Association and any changes that may be imposed in the future.
- **No new owner may lease his/her unit during the initial two (2) years of ownership.**
- Agree that the unit may not be occupied in my absence without the prior knowledge of the Board.
- LESSEE(S), acknowledge receipt of the Rules and Regulations and understand that the unit may not be sub-leased.
- Have enclosed a check in the amount of \$150.00 **PER PERSON OR MARRIED COUPLE** payable to **FLANDERS L** Association as provided for by Florida Statutes and by the Condominium Documents.
- Understand that if any check paid by the Owner(s), and/or Lessee(s) is returned unpaid; any approval granted will be voided.
- Owner is responsible to provide keys for mailbox, unit and lift (if applicable) to the renter.

Applicant's Signature

Date

Applicant's Signature

Date

Wilson Landscaping & Management Corp.

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AGE VERIFICATION QUESTIONNAIRE

Association: FLANDERS L ASSOCIATION, INC. **Unit:** _____

Please list every person who will be residing at this address during the lease period. Please supply independent photographic evidence indicating date of birth (*such as Driver's License or Passport*) of each occupant.

LESSEE(S) NAME	AGE	TYPE OF ID	DOB	RELATIONSHIP

Signature(s) of Lessee(s)

Date: _____

Signature

Signature

Printed Name

Printed Name

Signature

Signature

Printed Name

Printed Name

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REQUEST FOR PERSONAL REFERENCE

Association: FLANDERS L ASSOCIATION, INC. **Unit:** _____

Dear Sir/Madam:

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

As part of the application process, we respectfully request any information you can give use 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

Address

City, State, Zip Code

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Delray Beach, FL. 33445

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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

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

Address

City, State, Zip Code

Flanders L Association, Inc.

DECLARATION OF LIFT USE RESTRICTIONS

The lift is designed transport individuals, and their groceries.

It is in no way designed or intended to transport any kind of freight, appliances, plumbing fixtures, etc.

Use of the lift shall be limited to the Owners/Renters, and the family members, tenants, and guests of such Owners/Renters.

Damage caused by users will be the sole responsibility of the Unit Owner/Renter permitting its use.

The lift SHALL NOT be used by any Licensee, Contractor or hired delivery.

The lift should not exceed the 750-pound weight limit. For example: One (1) wheelchair and two (2) persons or three (3) persons at any one time. No more than three (3) persons permitted.

Garbage bags should be tightly sealed to deter spillage on the cab floor. This is for everyone's safety as well as to maintain cleanliness.

If a wheelchair is used in the lift, please apply brakes to the wheelchair to avoid movement when on the lift.

I/We have read the above Lift Use Restrictions and agree to abide by said restrictions.

Signature _____ Date: _____

Signature _____ Date: _____

Signature _____ Date: _____

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Flanders L Condominium Documents, Official Record Book 13857, Page 1622 states:

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 Flanders L Association, Inc.

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

Applicant Signature

Date

State of _____

County of _____

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 _____

County of _____

Notary Public Signature

Printed Name

(seal)

Certificate Number

My commission expires:

**FLANDERS L ASSOCIATION, INC.
LEASE ENFORCEMENT AGREEMENT**

THIS AGREEMENT made this ____ day of _____, 20____, by and between _____ (“Landlord”), _____ (“Tenant(s)”) and the **FLANDERS L ASSOCIATION, INC.** (“Association”).

1. Landlord is the owner of the following Unit within the **FLANDERS L ASSOCIATION**, unit # _____, located in Delray Beach, FL.
2. Tenant(s) is the lessee of the Unit pursuant to that certain residential lease dated _____, 20____, a true copy of such residential lease being attached hereto as Exhibit “A”.
3. Association is the condominium association operating the **FLANDERS L ASSOCIATION** in which the unit is located.
4. Landlord and Tenant(s) have requested that the Association approve Landlord’s leasing of the Unit to Tenant(s), pursuant to the written lease attached hereto. The Association desires to grant approval for Landlord to lease the Unit if the Association and the other residents of the **FLANDERS L ASSOCIATION** are adequately protected.
5. Tenant(s) agrees to obey and occupy the Unit in accordance with all use restrictions applicable to the **FLANDERS L ASSOCIATION**, including the Declaration of Covenants; Articles of Incorporation and Bylaws of the Association; Rules and Regulations; and any policies of the Association or master association, all as amended (collectively “Use Restrictions”).
6. If Landlord defaults in payment of Association’s assessments, then Landlord and Tenant(s) agree that Tenant(s) shall, upon written demand by Association, pay the rent to the Association to satisfy the assessment obligation, including any interest, costs, and attorneys’ fees. In such event, Tenant(s) shall commence paying the rent within ten (10) days of written demand from Association until Association notifies Tenant(s) that the delinquent assessments, including any interest, costs and attorneys’ fees, are paid in full.
7. If the Tenant(s) should violate any of the Use Restrictions, or violate this Agreement, Tenant(s) and Landlord agree that the Association may itself bring an action against the Tenant(s) to evict the Tenant(s) and/or to enforce the Use Restrictions or this Agreement. The Association may, but is not obligated, to name the Landlord also as Defendant. In any eviction action, the Association may utilize the summary procedure provided in Chapter 51, Fla. Stat. The Association’s remedy of bringing an eviction action is in addition to and not in substitution of any other remedy available to the Association pursuant to the governing documents and Florida Statutes.
8. In any action filed by the Association, the Association may recover its attorney’s fees and costs against the Tenant(s), and/or against the Landlord, or of both are joined a Defendants, against both jointly and severally.
9. The Association is not responsible as to the condition and usability of the Unit. The Association makes no representations, express or implied, about the condition or habitability of the Unit or about the

common areas. The Tenant(s) shall look solely to the Landlord as to the condition and usability of same.

IT WITNESS WHEREOF, the parties hereby execute this Agreement.

First Witness as to Both

Landlord

Second Witness as to Both

Landlord
Date: _____

First Witness as to Both

Tenant

Second Witness as to Both

Tenant
Date: _____

FLANDERS L ASSOCIATION, INC.

First Witness

By: _____
Its: _____

Second Witness

Date: _____

Flanders L Association, Inc.
c/o Wilson Landscaping & Management Corp.
1300 NW 17th Ave. Suite 270
Delray Beach, FL 33445
Phone (561) 637-3402 Fax (561) 637-3407

Homeowner's Insurance Agreement (Required)

Unit Number: _____

Owner(s): _____

Purchase Date: _____

This letter is to certify that I/we currently have a Homeowner's Insurance Policy in place. I/we further certify that I/we will continue to renew our Homeowner's Insurance for as long as I/we own a unit in Flanders L. (Proof of Homeowner's Insurance is required each time the policy is renewed, or a new policy is obtained).

Owner's Signature

Date

Owner's Signature

Date

**Flanders I Association, Inc.
Emergency Contact and Mailing Information Form**

It is important that you complete 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. All information contained in this form will remain confidential and for use in Association emergencies only.

Unit Number: _____
 Name of Owner(s): _____
 Local Telephone Number: _____
 Alternate Mailing Address: _____
 City, State, and Zip: _____
 Alternate Telephone Number: _____
 Business Telephone Number: _____
 Cell Telephone Number: _____
 E-mail Address: _____

Vehicle Information: _____
Color Make/Model Year License Plate Number

Does a Board Member have a key to your unit? Yes _____ No _____
 If so, which Board Member: _____

EMERGENCY CONTACT INFORMATION:

Name: _____
 Address: _____
 City, State, Zip: _____
 Telephone Number: _____
 Cell Phone Number: _____
 E-Mail Address: _____

Date: _____ Submitted By: _____

Please return this form via U.S. Mail, Fax, or E-mail to:

Wilson Landscaping and Management Corp.
 1300 NW 17th Ave. Suite 270
 Delray Beach, FL 33445
 Tel: (561) 637-3402
 Fax: (561) 637-3407
 tammy@wilsonmanagement.net

**DISCLOSURE AND AUTHORIZATION
FOR CONSUMER REPORTS**

In connection with my application for occupancy for a dwelling and or Residential with FLANDERS L 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.