

# CRYSTAL COVE ESTATES HOA, INC.

C/O Campbell Property Management  
9900-A SW 18<sup>th</sup> St.  
Boca Raton, FL 33428  
Phone (561) 451-9992 Fax (561) 451-2754

## **PURCHASE/RENTAL APPLICATION PACKET** **ALL QUESTIONS MUST BE ANSWERED COMPLETELY**

**THIS APPLICATION IS FOR ONE PERSON OR MARRIED COUPLE ONLY**  
**A COPY OF A MARRIAGE CERTIFICATE MAY BE REQUESTED**

**ANYONE 18 YEARS OF AGE OR OLDER RESIDING ON THE PROPERTY MUST COMPLETE AN APPLICATION**  
**ALL APPLICANTS MUST BE PRESENT FOR A SCREENING INTERVIEW BEFORE THE BOARD OF DIRECTORS**

The following items **MUST** accompany your application or the application will be considered **INCOMPLETE** and will not be processed until received.

- **Copy of a Driver's License or photo ID**
  - **Copy of vehicle registration**
  - **Copy of an Executed Lease Agreement/Sales Contract signed by both parties**
  - **Non-refundable application fee of \$ 100.00 per Application in the form of a Money Order made payable to Crystal Cove Estates HOA, Inc. (If this is for an international applicant, you will be subject to additional processing fees.).**
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- Orientation Packets will not be processed if maintenance fees are in arrears or there are any outstanding violations. Orientation Packets take approximately twenty (20) business days to process. An informational orientation will be held in person after all completed paperwork is returned and reviewed by the Board of Directors.
  - **If this is a purchase**, all homeowners must carry a homeowner's insurance policy that includes Crystal Cove Estates HOA, Inc. as a "Certificate Holder" with 15 days' notice of non-payment, and 30 days' notice of cancellation. A copy of the Association documents should be provided to you at closing. Should you not be provided with documents a copy may be obtained from the Association for a fee of \$25.00.

**A COPY OF THE WARRANTY DEED MUST BE PROVIDED TO THE ASSOCIATION UPON CLOSING**

If you have any questions regarding the operation of the Association, facilities, services, policies, rules and regulations, requirements or history, please address aforementioned directly to Campbell Property Management for appropriate response prior to your orientation with the Board. The orientation is intended for general discussion and introduction to the rules and regulations of the Association. Such is not intended for fact finding or specific information.

**The orientation will be held at the Campbell Property Management's office: 9900-A SW 18<sup>th</sup> St., Boca Raton, FL 33428**

**IMPORTANT NOTE: Complete all questions and fill in all blanks. If any questions is not answered/left blank or answered falsely, this application may be returned, not processed, and or/not approved. Missing information will cause delays. Once submitted, order cannot be cancelled or refunded.**

PLEASE USE BLACK INK

**APPLICATION FOR OCCUPANCY – CRYSTAL COVE ESTATES HOA, INC.**

**NOTE: All information supplied is subject to verification. All telephone numbers must be able to be reached between 9-5pm. Date: \_\_\_\_\_**

Purchase ( )                      Lease ( )                      Occupant ( )

Address applied for: \_\_\_\_\_

Full name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_

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) \_\_\_\_\_

Spouse \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Maiden Name \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Date (s) \_\_\_\_\_

County/State Convicted in \_\_\_\_\_

Charge (s) \_\_\_\_\_

No. of people who will occupy unit – Adults (over age 18) \_\_\_\_\_

Names and ages of others who will occupy unit:

\_\_\_\_\_  
\_\_\_\_\_

Description of Pets \_\_\_\_\_

Applicants Cell Number (s) \_\_\_\_\_

Applicants Email Address \_\_\_\_\_

In case of emergency notify \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**PART I – RESIDENCE HISTORY**

- A. Present address \_\_\_\_\_ Phone \_\_\_\_\_  
(Include unit/apt #, city, state and zip code)  
Apt or Condo name \_\_\_\_\_ Phone \_\_\_\_\_  
Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_  
Own Home ( ) Parent/Family Member ( ) Rented Home ( ) Rented Apt ( ) Other ( )  
Rent/ Mortgage Amount \_\_\_\_\_  
Name of Landlord \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Mortgage Holder \_\_\_\_\_ Mortgage No. \_\_\_\_\_ Phone \_\_\_\_\_
  
- B. Previous address \_\_\_\_\_ Phone \_\_\_\_\_  
(Include unit/apt #, city, state and zip code)  
Apt or Condo name \_\_\_\_\_ Phone \_\_\_\_\_  
Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_  
Own Home ( ) Parent/Family Member ( ) Rented Home ( ) Rented Apt ( ) Other ( )  
Rent/ Mortgage Amount \_\_\_\_\_  
Name of Landlord \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Mortgage Holder \_\_\_\_\_ Mortgage No. \_\_\_\_\_ Phone \_\_\_\_\_
  
- C. Previous address \_\_\_\_\_ Phone \_\_\_\_\_  
(Include unit/apt #, city, state and zip code)  
Apt or Condo name \_\_\_\_\_ Phone \_\_\_\_\_  
Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_  
Own Home ( ) Parent/Family Member ( ) Rented Home ( ) Rented Apt ( ) Other ( )  
Rent/ Mortgage Amount \_\_\_\_\_  
Name of Landlord \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Mortgage Holder \_\_\_\_\_ Mortgage No. \_\_\_\_\_ Phone \_\_\_\_\_

**PART II – EMPLOYMENT REFERENCES**

**\*\*\* Include a recent copy of an earnings to expedite processing \*\*\***

- A. Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ to: \_\_\_\_\_  
Position \_\_\_\_\_ Fax \_\_\_\_\_  
Monthly Gross Income \_\_\_\_\_ Address \_\_\_\_\_

B. Spouse Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ to: \_\_\_\_\_  
Position \_\_\_\_\_ Fax \_\_\_\_\_  
Monthly Gross Income \_\_\_\_\_ Address \_\_\_\_\_

**PART III – BANK REFERENCES**

A. Bank Name \_\_\_\_\_ Checking Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_

B. Bank Name \_\_\_\_\_ Savings Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_

**PART IV – CHARACTER REFERENCES (No Family Members)**

**\* Please notify Character References that we will be contacting them to obtain a reference \***

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Driver's License # (Primary Applicant) \_\_\_\_\_ State Issued \_\_\_\_\_

Driver's License # (Secondary Applicant) \_\_\_\_\_ State Issued \_\_\_\_\_

Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_

Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_

If this application is not legible or is not completely and accurately filled out, Brown's Background Checks (and 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 and Brown's Background Checks 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. This form is for the exclusive use of Brown's Background Checks.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CRYSTAL COVE ESTATES HOA, INC.**  
**NEW OWNER/TENANT ACKNOWLEDGEMENT**

You are required to attend a screening of the Association to make sure that prior to moving in you are aware of and you agree to follow all Rules and Regulations within the Covenants of the Association. Therefore, if English is not your native language, we strongly urge you to bring a translator to your screening as you will be required to sign an affidavit of acknowledging that you will abide by all Rules and Regulations and Documents of Crystal Cove.

If purchasers do not intend to reside in the subject property and purchasers' family members are to reside in the subject property with or without payment of rent, said relatives must apply for and attend a screening to assure compliance with the Crystal Cove Estates HOA, Inc., Rules and Regulations and Replat Documents.

Anyone over the age of eighteen (18) that will occupy the unit is required to complete an application and obtain prior written approval from the Board of Directors.

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

\_\_\_\_\_  
Applicant – Print Name

\_\_\_\_\_  
Applicant – Signature

\_\_\_\_\_  
Applicant – Print Name

\_\_\_\_\_  
Applicant – Signature

I/We acknowledge and agree to the fact that I/We must be current with all the Association fees prior to renting my/our unit, and while my/our unit is rented, I/We are still ultimately responsible for all maintenance and/or assessments, and when notified, I/We will resolve any and all violations in a timely manner.

Date this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Owner – Print Name

\_\_\_\_\_  
Owner – Signature

I/We have received and fully understand and agree to abide by the Rules and Regulations of Crystal Cove Estates HOA, Inc., as listed below and discussed/explained during the informational screening interview.

Pets

Noise

Fining

Pick-up trucks/ Motorcycles / Boats

Commercial Vehicles

Trash Pick-up schedule (s) – Bulk and Recycle

Storage or Trash Cans

Warranty Deed

Architectural Control Committee Application (s)

Security

Homestead Exemption

Hurricane preparedness

Assignment of Rent

***Effective 08/15/18:***

***Modification A:*** This is the original Section XIII: Rental Restriction of the CCE Declarations. Only two changes were made: 1) all renewal or extension rentals/leases are also subject to LR and CCE approval and 2) no lease will be approved for less than 12 months nor more than 12 months. The rationale for this modification is to prohibit the short term turnover of property and to make sure all lease extensions and renewals meet the same criteria as the original lease approval.

***Modification B:*** This new section provides for an application fee to cover administrative expenses and to insure the good will of the applicant. The criminal background, credit history, and financial background checks allow an informed decision process with regard to each applicant..

**Modification C:** This new section restricts a new owner from leasing their newly acquired property until 24 months after the new owner acquires the title. This modification significantly reduces commercial/investor interest in CCE houses for rapid and indiscriminate leasing for profit.

**Modification D:** This new section restricts the subleasing of either the entire property or a room or rooms within the house. This modification will prevent the use of CCE houses for “party”, “half way”, “safe”, etc. houses. This modification will also prevent the owner or leaser from contracting with Air BNB, VRBO, and other similar entities, websites, or organizations.

**Modification E:** The “single-family home” PBC zoning allows the presence of relatives to stay in a purchased or leased house in LR/CCE. This new section defines the term “relative”, as it pertains to the owner/leaser. A “tenant” versus a “relative” is also defined. This section is necessary to prevent the owner/leaser from housing “relatives” that are not related to the owner/leaser.

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Lessee/Purchaser Signature

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Date

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Lessee/Purchaser Signature

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Date



**BROWN'S BACKGROUND CHECKS**  
**CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER**  
**Crystal Cove Estates HOA, Inc.**

I understand that you may obtain consumer reports that relate to my credit and/or criminal history. This information will, in whole or in part, be obtained from AISS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4<sup>th</sup> floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal, state and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my credit and/or criminal history. This information will be reviewed by the Association and may be reviewed by a unit owner if it's a rental.

I authorize, without reservation, any party, institution, or agency contacted by AISS to furnish the above mentioned information:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant Name    Date of Birth\*    Social Security Number  
\*Date of Birth is requested in order to obtain accurate retrieval of records.    If International please provide  
Passport Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Co-Applicants Name    Date of Birth    Social Security Number  
If International please provide  
Passport Number

\_\_\_\_\_  
Alias/Previous Name(s)

\_\_\_\_\_  
Current Physical Address    City & State    Zip code

**California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you.

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**Notice to CALIFORNIA Applicants**

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Co-Applicant  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_