

CYPRESS WOODS ASSOCIATION, INC.

APPLICATION FOR OCCUPANCY

The Association requires all prospective buyers and tenants to attend an orientation meeting to discuss the Rules and Regulations of the Community. This meeting will take place at the office of Carolina Management Services, Inc. Failure to comply may result in your application being declined. Failure to comply with the Rules and Regulations of the Community will result in legal action by the Association's Attorneys.

All prospective buyers and tenants must complete the Association's Application for Occupancy and submit the following documents:

- Completed Association application
- Clear copy of valid identification card/driver's license for ALL residents 18 years of age and older
- Clear copy of vehicle registration(s) for each vehicle
- Copy of Purchase Contract or Lease Agreement
- Fees (see below)

Your application will be returned as "incomplete" if any of the above referenced documents are missing.

BE ADVISED A CRIMINAL BACKGROUND CHECK WILL BE CARRIED OUT ON ALL APPLICANTS.

Please provide an email and/or physical address where results may be sent.

The following fees apply:

- \$140.00 non-refundable application fee per person, 18 years of age and older, unless a married couple with same last name. If married with different last names, a copy of the marriage certificate will be required. Only a Money Order / Cashier's check is acceptable and should be made payable to **Cypress Woods Association, Inc.**
- \$120.00 non-refundable application fee payable to **Carolina Management Services, Inc.**

The following also applies:

- ❖ **Owners can only rent their home after they have owned it for two years.**
- ❖ **Buyer/Lessee acknowledges receiving a copy of the Association governing documents.**
- ❖ **No commercial vehicles, vans, golf carts or trucks. No commercial lettering, signs or racks on vehicles.**

Signature

Date

Signature

Date

Please mail or drop off the original application to:

Carolina Management Services, Inc.
6778 Lantana Drive, Building 8, Suite 9
Lake Worth, FL 33467

CYPRESS WOODS ASSOCIATION, INC.

COVER SHEET FOR APPLICATION

Address of Property: _____ Move in Date: _____

CONTACT NUMBERS:

Owner's Name(s): _____ Phone: _____

Realtor's Name: _____ Phone: _____

Buyer/Tenant's Name(s): _____ Phone: _____

_____ Phone: _____

Print Email Address: _____

Office Use Only:

_____ Fully Completed Application

_____ Copy of Purchase Contract or Lease (Fully Executed)

_____ Clear copy of valid ID or Driver's License(s)

_____ Clear copy of Vehicle Registration(s)

_____ Ledger (Carolina Management Services provides)

_____ Background Check (Carolina Management Services orders)

_____ \$120.00 non-refundable application fee payable to CMS, Money Order/Cashier's # _____.

_____ \$140.00 non-refundable application fee payable to Cypress Woods Association, Inc. # _____.

Statute 83.683: If you are a service member, the Association is required to provide you an approval or denial in writing and is required to provide a reason if your application is denied. This approval or denial must be provided within 7 days or the application is deemed to be approved if all other requirements have been met.

Service member defined as: "Service member" means 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.

QUESTION: Are you an active service member? Yes or No (Circle one) and initial here: _____

CYPRESS WOODS ASSOCIATION, INC.

APPLICATION FOR OCCUPANCY

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

Address of Property to Lease or Purchase: _____

Closing Date or Date(s) of Lease: _____

Current Owner's Name(s): _____ Phone#: _____

1. Applicant's Name: _____ Date of Birth: _____

Spouse's Name: _____ Date of Birth: _____

Print Email Addresses: _____

2. Please provide below, your place of residence for the last two years. If additional space is needed, please attach a separate page.

Present Address: _____ Phone: _____

Residency Dates: From _____ to _____ Cell: _____

Name of Landlord: _____ Rent Amt: _____

Previous Address: _____ Phone: _____

Residency Dates: From _____ to _____ Cell: _____

Name of Landlord: _____ Rent Amt: _____

3. Please list below, the full names and dates of birth of **all** persons who will reside at this residence. Attach a separate page, if necessary.

Full Name

Date of Birth

_____	_____
_____	_____
_____	_____

4. Please list below, the year, make, model, color & tag number of all automobiles that will be parked at this residence.

Year _____	Make _____	Model _____	Color _____	Tag No. _____
Year _____	Make _____	Model _____	Color _____	Tag No. _____
Year _____	Make _____	Model _____	Color _____	Tag No. _____
Year _____	Make _____	Model _____	Color _____	Tag No. _____

5. Driver's License number/Identification card number for ALL drivers in the household. Attach a copy of License(s) or ID card(s).

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

6. Has anyone in your household been convicted of a felony in the past 5 years? If yes, please explain below. Attach a separate page if additional space is required.

7. Please list employment history of the last two years. Attach a separate page if additional space is required.

Current Employer _____ Phone _____
Address _____
How Long _____ Position _____ Annual Income _____

Previous Employer _____ Phone _____
Address _____
How Long _____ Position _____ Annual Income _____

8. Spouse's Employer _____ Phone _____
Address _____
How Long _____ Position _____ Annual Income _____

9. In case of an emergency, list a contact person below.

Name _____ Relationship _____
Address _____ Phone# _____

10. Do you receive any housing assistance? _____ If yes, please explain: _____

Character References (No Family Members)

1. Name _____ Home Phone _____ Work # _____
Address _____ Occupation _____

2. Name _____ Home Phone _____ Work # _____
Address _____ Occupation _____

3. Name _____ Home Phone _____ Work # _____
Address _____ Occupation _____

PET REGISTRATION INFORMATION

**NOTE: If no pets, please write "N/A" and sign below.
No pit bulls allowed in this community.**

Type of Pet (please circle one): Dog Cat Bird Other (specify) _____

Pet's Name: _____

Pet's Age: _____

Pet's Weight: _____

Pet's License/Tag #: _____

Attach a color picture of your pet.

I am aware of CYPRESS WOODS ASSOCIATION, INC. Rules and Regulations and Restrictions regarding pets on the property and agree to abide by them.

If Owner rents out his home, the Owner will be held responsible for their tenants abiding by all Rules and Regulations of the Association, as well as the pet restrictions.

Print Name

Signature

Print Name

Signature

Print Name

Signature

**FAILURE TO COMPLETE THIS FORM WILL RESULT IN THE
RESIDENT HAVING TO IMMEDIATELY REMOVE THE ILLEGAL PET**

Applicant's Signature: _____ **Date:** _____

Spouse's Signature: _____ **Date:** _____

Owner's Signature: _____ **Date:** _____

DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CONSUMER REPORT (Each person over 18 must complete this page)

DISCLOSURE

CAROLINA MGMT may request one or more consumer reports or investigative consumer reports about you for residential purposes. These reports may include information on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which may be used as a factor in making a residential-related decision about you. Such information may include credit reports, criminal history, civil records, etc. or personal interviews with your current or prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information.

AUTHORIZATION

By signing below, I agree that I have read and understand the foregoing Disclosure and hereby authorize AmeriCheckUSA to obtain consumer reports or investigative consumer reports about me for residential purposes. I further authorize CAROLINA MGMT and AmeriCheckUSA to share the information with any person involved in the residential decision about me. This Authorization is no longer valid after 90 days of date signed, and you also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

Print Name (One Person Per Form)

Signature (One Person Per Form)

Date



For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check the box

RESIDENTIAL SCREENING REQUEST
(Each person 18 or older must complete this page)

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

SSN: _____

DOB (MM/DD/YYYY): _____

Home Phone Tel#: _____

Mobile Phone Cel#: _____

Are you Buying or Renting? _____

Have you ever been arrested before? _____

I have read and signed the Disclosure and Authorization Agreement.

SIGNATURE: _____ DATE: _____

----- **OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE** -----

CAROLINA MGMT

Ordered By _____

Reference _____