



199 Privet Place • Delray Beach, FL 33484 • Office Phone: 561.496.0878 • Fax: 561.496.7372
bridgeviewcondo@att.net

**BRIDGEVIEW ASSOCIATION, INC. IS AN ADULT COMMUNITY
ONE PERSON MUST BE AT LEAST 55 YEARS OF AGE OR OLDER IN RESIDENCY**

If you answer "YES" to the following questions, it is not necessary to complete this application as you will not be eligible to receive a Certificate of Approval.

PURCHASE LEASE OCCUPANCY FULL TIME PART TIME

- 1. Do you or any person who will live in the unit intend to bring in any kind of pet?
_____ YES _____ NO
- 2. Will there be more than two vehicles to park?
_____ YES _____ NO
- 3. Do you plan to park any of the following vehicles, i.e. trucks, vans, hummers, flat beds?
_____ YES _____ NO
- 4. Will there be anyone under the age of 18 residing in the unit on a permanent basis?
_____ YES _____ NO

Effective immediately, when buying a unit in *Bridgeview Association, Inc.* please be advised that the buyer(s) will not be able to rent out the unit for a period of two years and will not be allowed to own more than two units.

Inside this application is an authorization form from *Associated Credit Reporting, Inc.* The applicant's driver's license and social security card are required prior to setting up an interview in order for credit and background checks to be processed. If the applicant(s) does not have a social security card, please include a copy of a passport or current identification card.

*** Note: No family members of any kind or realtors are to be used as references – See application below – If so, there will be a delay in the application process, including a resubmission of the application fee of \$100.00 ***

Thank you,

Bridgeview Association, Inc. Board of Directors

Applicant(s) Signature Required

Date



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OCCUPANTS OF UNIT

NOTE: All prospective occupants, whether buying, renting or obtaining title transfer due to inheritance, etc., MUST go through the approval process. If you plan to, or foresee having 1 or more people move into the unit you are purchasing, they must be interviewed as well and their name(s) must be listed under section #3 on this page and follow this application's instructions accordingly.

1. LIST YOUR NAME(S) AS PROSPECTIVE OCCUPANT(S). PLEASE PRINT.

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____

2. LIST NAMES OF PROSPECTIVE OCCUPANT(S) WHO WILL RESIDE IN UNIT ON A PERMANENT BASIS. IF YOU PLAN TO USE THE UNIT AS A VACATION HOME, LEAVE THIS SECTION BLANK.

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____

3. IF UNIT IS TO BE OCCUPIED BY PERSON(S) OTHER THAN PROSPECTIVE OCCUPANT(S), STATE NAME(S).

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____

_____	_____
APPLICANT'S SIGNATURE	DATE
_____	_____
APPLICANT'S SIGNATURE	DATE

4. IN CASE OF AN EMERGENCY, THE ASSOCIATION IS AUTHORIZED TO NOTIFY NEXT OF

KIN _____ PHONE _____

RELATIONSHIP _____ CITY _____ ST _____ ZCODE _____

_____	_____
APPLICANT'S SIGNATURE	DATE
_____	_____
APPLICANT'S SIGNATURE	DATE



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***** AUTHORIZATION FORM *****

I/We hereby authorize **Brown's Background Check** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY. If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that **Brown's Background Check** is not directly involved in the approval or denial of any applicant. The information received by **Brown's Background Check** shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/we further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/we agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold **Brown's Background Check** harmless from the result of the investigation.

(Applicant's Signature)

(Spouse's Signature)

(Applicant's Name Printed)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)

APPLICATION FOR OCCUPANCY

ASSOCIATION NAME: BRIDGEVIEW ASSOCIATION, INC.

IMPORTANT NOTE: Complete all questions and fill in all the blanks. Missing information will cause delays.

If any question is not answered, left blank or answered falsely, this application may be returned, not processed, and/or not approved. Once submitted, order can not be cancelled or refunded. Please print clearly using black ink.

****This application is for a single person or a married couple only****

NOTE: All information supplied is subject to verification. All phone numbers must be able to be reached between 9-5 p.m.

PURCHASE LEASE OCCUPANCY

Date ____/____/____ Unit Address Applying For _____ Unit # _____
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) _____
Number of people who will occupy unit – Adults (over age 18) _____ Description of Pets _____
Names and ages of others who will occupy unit _____
Applicants Cell Number(s) _____ Applicants Email Address _____
In case of emergency notify _____ Address _____ Phone _____

PART 1 – RESIDENCE HISTORY

- A. Present Address _____ Phone _____
(Include Unit/Apt. number, city, state and zip code)
Apt. or Condo Name _____ Phone _____ Dates of Residency from _____ to _____
Own Home Parent/Family Member Rent Home Rent Apt. Other _____ Rent/Mtg. Amount _____
Name of Landlord _____ Address _____ Phone _____
Mortgage Holder _____ Mortgage Number _____ Phone _____
- B. Previous Address _____ Phone _____
(Include Unit/Apt. number, city, state and zip code)
Apt. or Condo Name _____ Phone _____ Dates of Residency from _____ to _____
Owned Home Parent/Family Member Rented Home Rented Apt. Other _____ Rent/Mtg. Amount _____
Name of Landlord _____ Address _____ Phone _____
Mortgage Holder _____ Mortgage Number _____ Phone _____
- C. Previous Address _____ Phone _____
(Include Unit/Apt. number, city, state and zip code)
Apt. or Condo Name _____ Phone _____ Dates of Residency from _____ to _____
Owned Home Parent/Family Member Rented Home Rented Apt. Other _____ Rent/Mtg. Amount _____
Name of Landlord _____ Address _____ Phone _____
Mortgage Holder _____ Mortgage Number _____ Phone _____

PART 1I – EMPLOYMENT REFERENCES

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

- A. Employed by _____ Phone _____
 Dates of Employment: From: _____ to _____ Position _____ Phone _____
 Monthly Gross Income \$ _____ Address _____
- B. Spouse Employed By _____ Phone _____
 Dates of Employment: From: _____ to _____ Position _____ Phone _____
 Monthly Gross Income \$ _____ Address _____

PART 1II – BANK REFERENCES

****Include a recent copy of a bank statement to expedite processing****

- A. Bank Name _____ Checking Acct. # _____ Phone _____
 Address _____ Fax _____
- B. Bank Name _____ Savings Acct. # _____ Phone _____
 Address _____ Fax _____

PART 1V – CHARACTER REFERENCES (NO FAMILY MEMBERS OF ANY KIND OR REALTORS)

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

NO family members or realtors are to be used as character references**

- 1. Name _____ Home Phone _____
 Address _____ Business Phone _____
 E-Mail Address _____ Cellular Phone _____
- 2. Name _____ Home Phone _____
 Address _____ Business Phone _____
 E-Mail Address _____ Cellular Phone _____
- 3. Name _____ Home Phone _____
 Address _____ Business Phone _____
 E-Mail Address _____ Cellular Phone _____
- 4. Name _____ Home Phone _____
 Address _____ Business Phone _____
 E-Mail Address _____ Cellular Phone _____

Driver's License Number (Primary Applicant) _____ State Issued _____
 Driver's License Number (Secondary Applicant) _____ State Issued _____
 Vehicle Make _____ Vehicle Model _____ Year _____ License Plate Number _____
 Vehicle Make _____ Vehicle Model _____ Year _____ License Plate Number _____

If this application is not legible or is not completely and accurately filled out, Associated Credit (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 Associated Credit 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 Associated Credit Reporting, Inc.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____

BRIDGEVIEW ASSOCIATION, INC.
5199 PRIVET PLACE
DELRAY BEACH, FL 33484

BUYER'S/RENTER'S GUIDE
FREQUENTLY ASKED QUESTIONS AND ANSWERS

This is a Condominium Adult Community requiring at least one owner to be over 55 years of age. This is a single family unit community only and *Bridgeview Association, Inc.* does not allow PETS OF ANY KIND.

APPLICATION FOR OCCUPANCY, CREDIT CHECK SCORE AUTHORIZATION, PROOF OF AGE

Fill out the enclosed forms completely and return them to the Association office with a checks made out to *Bridgeview Association, Inc.* for the following fees that are applicable. Attach a CLEAR PHOTO COPY of your driver's license as proof of age over 55 years old.

For Buyer(s): A check or money order for the first three (3) months of maintenance is due at the interview made out to *Bridgeview Association, Inc.*

A SEPARATE CHECK EACH REQUIRED FOR THE FOLLOWING:

- **\$100.00** check made out to *Bridgeview Association, Inc.* – NON-REFUNDABLE Fee for Internal Paperwork and Certificate of
- **\$20.00** for a copy of Bridgeview Association's Condominium Document Book, if required.

BRIDGEVIEW PROCESS

After you receive the application and return all completed forms and payments to our office, we send the credit application to *Association Credit Reporting, Inc.* for processing. This takes from 7 to 10 business days. Once they return the credit report to us, the screening committee reviews the data and schedules you for an interview upon meeting approval criteria. We will try and accommodate your schedule when you are required to travel. Our interviews take place at our Association Clubhouse Library on Mondays and Wednesdays only between 10:00 a.m. and 12:00 p.m. THIS INTERVIEW MUST TAKE PLACE BEFORE YOUR CLOSING DATE, SO PLAN ACCORDINGLY.

ALL PERSONS LIVING IN THE UNIT MUST BE INTERVIEWED FOR APPROVAL

FOR BUYER(S): PLEASE HAVE A COPY OF YOUR WARRANTY DEED AND/OR TITLE FORWARDED TO THE ASSOCIATION OFFICE FOR OUR FILES.

FOR BUYER(S): ITEM TO BE SECURED FROM THE UNIT OWNER

1. A copy of our Condominium Document Book, including all amendments and Rules and Regulations. If the Seller does not have a copy of the Condominium Document Book, you can obtain one from the Association Office at a cost of \$20.00 in the form of a money order or check made payable to *Bridgeview Association, Inc.*
2. Keys – (3) Unit, Mailbox and Clubhouse/Pool Gates.
3. Obtain mailbox number from the Unit Owner.

FOR BUYER(S): ITEMS TO SETTLE WITH THE UNIT OWNER

1. Agreement as to when the monthly maintenance payments pass from Seller to Buyer.
2. Set date for cut-off of electricity. (The new owner is responsible for notifying FPL for new service).

GENERAL INFORMATION

PLEASE BE ADVISED THAT IF YOU ARE PURHCASING A CONDO IN BRIDGEVIEW ASSOCIATION THAT YOU WILL NOT BE ABLE TO RENT OUT YOUR UNIT FOR A PERIOD OF TWO YEARS AND WILL NOT BE ALLOWED TO OWN MORE THAN TWO UNITS.

1. Whether you will be full time or part time residents.
2. Rentals may be for a minimum of three (3) months, or (12) months. It may be rented only once during any calendar year.
3. **NO PETS OR ANIMALS** are permitted and none shall be brought into any building or onto the property.
4. Children under 18 years of age may not reside permanently in any unit, but may visit and temporarily reside therein for a period of thirty (30) days in a calendar year, but only if occupied by at least one resident over the age of 55.
5. I (We) shall not occupy the unit, nor make any final arrangements for occupying it, until after closing or approval of rental has taken place.
6. Nothing should be put outside to dry.
7. Parking – you have one assigned unit space. Do not use guest parking in lieu of assigned parking. **DO NOT PARK ON GRASS. DO NOT BACK CARS INTO PARKING SPACES.**
8. No commercial vehicles, RVs, motor bikes, trucks, motorcycles, boats/trailers, etc. are permitted on property.
9. No sub-leasing of rentals.
10. It is understood that the owner will be responsible for any and all damages to common property by himself, family, lessees or guests.
11. Nothing shall be installed on the exterior of the buildings, e.g., antennas, hanging baskets, etc.

12. “For Sale”, “For Rent”, or “Open House” signs or other displays of advertising shall not be maintained or permitted on any part of the common elements, limited elements, or apartments.

13. Monthly maintenance is due on the first of each month. It is late as of the 11th day of the month and there will be a \$25.00 late charge. We recommend that you use Electronic Debit Withdrawal Authorization for your payments. Please ask about this at your interview. If you don't want to use the Electronic Debit Withdrawal Authorization you will receive a payment coupon book after the closing from our Management Company. We do not accept maintenance payments at our office.
14. Trash pickups are on Wednesdays and Saturdays. All garbage must be in heavy plastic bags and placed in the front (not near the mailboxes) by 8:30 a.m. WE ASK FOR YOUR COOPERATION – PLEASE DO NOT PUT GARBAGE OUTSIDE THE NIGHT BEFORE THE PICKUP.
15. Buyers must complete a Designated Voter Form (attached) which will be kept in their unit file. Only ONE VOTE per unit is allowed.
16. Buyers must complete Key Information Form (attached) which will be kept in their unit file in case of an emergency.
17. Proper Attire: Cover up at all times when on limited/common elements (to/from pool, clubhouse, tennis courts and when washing your car). No wet bathing attire in the clubhouse. Please advise guests of all rules.
18. Hurricane shutters as specified by Administration. No plywood allowed.
19. Only Licensed and Insured contractors can perform work on Common/Limited elements.
20. All requests for service, repairs and alteration approvals must be approved in writing by the Board of Directors. You can pick up an application in the clubhouse office.
21. General problems around units (Common Element) will be attended to by the Association. Report problems by phone or in person at the office inside the clubhouse, Monday through Friday, from 9:00 a.m. to 1:00 p.m.
22. Gutters/Front & Rear Doors: Painting, cleaning and fixing are the responsibility of the unit owner.
23. No screen rooms may be enclosed without written permission from the Association and must be completed by a licensed contractor. An application can be picked up at the office.
24. No storage in the meter rooms is permitted by the Fire Dept. regulation.
25. Paper recycling is in effect; bins are on Poppy Place near the clubhouse.
26. Air Conditioning and internal unit problems (electric, plumbing, appliances, etc.) are the unit owner's responsibility.
27. The unit owner is responsible for insurance coverage on all internal contents of unit.

Please make a note of any questions that you may have and bring them to our interview so that we can help you with additional information at that time.

Thank you as we look forward to having you join our community.



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Date: _____

To Prospective Owner(s):

Please be advised that whether you are spending time here or away from our community, you are **not allowed** to give permission to anyone to use your **assigned, reserved spot** or share it with anyone at any time. Please note that the Board is very strict with this rule and appreciates you abiding by it.

Thank you for your cooperation.

Bridgeview Association Board of Directors

X _____
Prospective Owner(s) Signature



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CERTIFICATE OF APPOINTMENT OF VOTING REPRESENTATIVE
TO THE SECRETARY OF BRIDGEVIEW ASSOCIATION, INC.

This is to certify that the undersigned, constituting all owners of record of Building _____, Unit _____, of *Bridgeview Association, Inc.*, have designated the following unit owner (one name only),

Name of Voting Representative – Please Print

as their representative to cast all votes and to express all approvals that such owner may be entitled to cast or express at all meetings of the membership of the Association and for all other purposes provided by the Declaration of Condominium and the Articles and By-Laws of the Association.

This Certificate is made pursuant to the Declaration of Condominium and the By-Laws and shall revoke all prior Certificates and be valid until revoked by a subsequent Certificate.

Owner Signature _____ _____ / _____ / _____
Month Day Year

Owner Signature _____ _____ / _____ / _____
Month Day Year

NOTE: This form is NOT a proxy and should not be used as such. Please be sure to designate one (1) of the joint owners of the unit as the voting representative - - not a third.

Mailing Address: _____



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DATE SUBMITTED _____

TO OWNER(S)/RENTER(S) OF CONDOMINIUM

ALL INFORMATION IS STRICTLY CONFIDENTIAL

NAME OF UNIT OWNER(S) _____

UNIT ADDRESS _____

PHONE NUMBER _____

- 1. IN THE EVENT OF AN EMERGENCY, THE FOLLOWING UNIT OWNER HAS THE KEY TO MY UNIT:**

NAME _____

ADDRESS _____

PHONE NUMBER _____

IF NO KEYS ARE AVAILABLE, THE OFFICE, IN THE EVENT OF AN EMERGENCY, MAY AUTHORIZE ENTRANCE FOR THE PREVENTION OF FURTHER DAMAGE.

- 2. THE FOLLOWING INDIVIDUAL, OTHER THAN THE KEY HOLDER, WHO MAY BE CONTACTED IN THE EVENT OF AN EMERGENCY:**

NAME _____

ADDRESS _____

PHONE NUMBER _____

BOARD OF ADMINISTRATORS

(Please return this form to the Condo Office)