



5199 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.
AT LEAST ONE PERSON MUST BE 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 occupy a unit at *Bridgeview Association, Inc.*

1. Do you or any person who will live in the unit intend to bring in any kind of pet?
(We allow emotional support and service animals only) 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

Inside this application is an authorization form from *Brown’s Background Check*. 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 \$150.00 ***

Thank you,
Bridgeview Association, Inc. Board of Directors

Applicant(s) Signature Required

Date

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 interested in occupying, 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 _____ STATE _____ ZIP CODE _____

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. Please print clearly using black ink.

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

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 _____

PART II – 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 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

OCCUPANT'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 check made out to *Bridgeview Association, Inc.* for the following fee that is applicable. Attach a CLEAR PHOTO COPY of your driver's license as proof of age.

A CHECK REQUIRED FOR THE FOLLOWING:

- **\$150.00** check made out to *Bridgeview Association, Inc.* –
NON-REFUNDABLE Fee for Internal Paperwork.

BRIDGEVIEW PROCESS

After you receive the application and return all completed forms and payment to our office, we send the credit application to *Browns Credit Check, Inc.* for processing. 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 or by Zoom.

ALL NEW PERSONS LIVING IN THE UNIT MUST BE INTERVIEWED FOR APPROVAL

GENERAL INFORMATION

1. NO PETS OR ANIMALS are permitted and none shall be brought into any building or onto the property.
2. 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.
3. Nothing should be put outside to dry.
4. Parking – you must use guest parking in lieu of assigned parking. DO NOT PARK ON GRASS. DO NOT BACK CARS INTO PARKING SPACES.
5. No commercial vehicles, RVs, motor bikes, trucks, motorcycles, boats/trailers, etc. are permitted on property.
6. No sub-leasing of rentals.
7. It is understood that the owner will be responsible for any and all damages to common property by himself, family, lessees or guests.

8. Nothing shall be installed on the exterior of the buildings, e.g., antennas, hanging baskets, etc.
9. 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.
10. Proper Attire: Cover up at all times when on limited/comment 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.
11. 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.
12. Gutters/Front & Rear Doors: Painting, cleaning and fixing are the responsibility of the unit owner.
13. No storage in the meter rooms is permitted by the Fire Dept. regulation.
14. Paper recycling is in effect; bins are on Poppy Place near the clubhouse.
15. Air Conditioning and internal unit problems (electric, plumbing, appliances, etc.) are the unit owner's responsibility.
16. 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

Date: _____



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To Prospective Occupant(s):

Please be advised that whether you are spending time here or away from our community, you are **not allowed** to park in or give permission for anyone to use an **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 Occupant(s) Signature