

Cote d'Azur Condominium Association, Inc.

4200 North Ocean Dr. Singer Island, FL 33404

Phone: 561-844-6259 Fax: 561-844-6383

Processing normally takes **two weeks**. Paperwork should be filled out in its entirety and include all intended occupants.

In order to streamline the processing of your application please be sure to include the following:

- _____ **Copy of the Sales or Lease Agreement**
- _____ \$150.00 Check - Application fee (non-refundable)
- _____ \$500 Check - Security Deposit (refundable) - also applies to leased furnished units
- _____ Completed and signed copy of background check form for **each** applicant
- _____ **Copy of Drivers License for each applicant**
- _____ **Owner must supply a copy of Business Tax License with application if leasing unit**

A separate check for each should be made payable to: Cote d'Azur Condominium Association Inc.

Your application will not be considered received and/or processed until all of the above is submitted.

Units are for the use as a single family residence only.

The Cote d'Azur condo office will contact you to set up your in-person orientation with a board member. No telephone/Skype orientations are allowed and you **cannot** proceed with move in until the orientation is completed. At the end of your orientation, you will be provided a Certificate of Approval which is needed to lease or close on the sale of a unit.

NO TRUCKS
NO PETS ALLOWED

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I have been advised of the following: (Please initial)

_____ No Pets are allowed _____ No Trucks, Trailers, Motorcycles, RV's, Commercial Vehicles, Campers or Scooters are allowed on premise from 5:00 pm till 8:00 am.

APPLICATION FOR OCCUPANCY/APPROVAL

ALL INTENDED OCCUPANTS MUST BE LISTED ON THIS APPLICATION

Purchase / Lease (Circle One) Tower #: _____ Unit #: _____ Desired date of occupancy _____

Name (Mr /Mrs/Ms) _____ ()Single () Married () Widow(er) () Sep.

Phone: _____ Fax: _____ Email: _____

Spouse (Mr/Mrs/Ms) _____ ()Single () Married () Widow(er) () Sep.

Phone: _____ Fax: _____ Email: _____

Number of occupants: Adults (Over 18) _____ Children (Under 18) _____

Names and ages of children who will occupy: _____

EMPLOYMENT

Primary Applicant:

Employer: _____ Phone () _____

From: _____ To: _____ Dept/Position: _____ Mo. Income: _____

Address: _____

Spouse / Secondary Applicant:

Employer: _____ Phone () _____

From: _____ To: _____ Dept/Position: _____ Mo. Income: _____

Address: _____

AUTHORIZATION OF A CONSUMER AND / OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize Fidelity Data Service to procure a consumer report and/ or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/ or investigative consumer reports during my period of employment. These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history /records; any other public record. I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Fidelity Data Service by and through its' independent contractor, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Fidelity Data Service, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 u.s.c. § 1.681et. seq. and Cal. Civ. Code § 1786.

Print Name

Signature

Date

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

** Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.*

*Date of Birth

Social Security #

DL Number and Issuing State

*Gender

Last Name

First Name

Middle Initial

Other Names Used: (alias, maiden name, nickname)

Years Used

PLEASE LIST ALL ADDRESSES USED IN THE PAST SEVEN (7) YEARS

Current Street Address

City

State

Zip

Dates Living Here: _____

Previous Street Address

City

State

Zip

Dates Living Here: _____

Previous Street Address

City

State

Zip

Dates Living Here: _____

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CHARACTER REFERENCES

Primary Applicant

1) Name: _____ Phone: () _____ Time Known: _____

Address _____

2) Name: _____ Phone: () _____ Time Known: _____

Address _____

3) Name: _____ Phone: () _____ Time Known: _____

Address _____

Spouse / Secondary Applicant

1) Name: _____ Phone: () _____ Time Known: _____

Address _____

2) Name: _____ Phone: () _____ Time Known: _____

Address _____

3) Name: _____ Phone: () _____ Time Known: _____

Address _____

If this application is not legible or is not completely and accurately filled out, the Cote d'Azur Condominium Association Inc and/or its Consumer Reporting Agency will not be held liable or responsible for any inaccurate information in the investigation and related reports (To the Association) caused by such omissions or illegibility.

By signing, the applicant recognizes that the association or their agent, Fidelity Data Service, may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association and named lessor. The investigation may include the applicant's character, general reputation, personal characteristics, credit standing, police arrest record, and mode of living.

I understand that I may request, in writing and within a reasonable amount of time, a complete and accurate disclosure of the nature and scope of any investigation from the following entity:

Fidelity Data Service
537 U.S. Hwy One, Suite 7
North Palm Beach, FL 33408

Print Name

Print Name

Signature

Signature

Date

Date

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AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND POLICE
RECORD INFORMATION

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party(s), their Attorney, or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my/our application for residency.

DESIGNATED PARTY: Fidelity Data Service

I hereby waive any privileges I may have with respect to the said information in reference to its Release to the previously mentioned party(s).

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency,

Print Name

Print Name

Signature

Signature

Date

Date