

**DELRAY VILLAS PLAT 4/5
HOMEOWNERS ASSOCIATION, INC.**

Date: _____

To: All Applicants:

RE: Delray Villas Plat 4/5 – Address: _____

From: Bill Yesowitch, Chairman, Interview Committee

Attached are the Application forms used by our Association.

The Notice of Impending SALE, RENTAL, ETC. is to be completed by the current owner. The other forms are to be completed by the BUYER and returned to me with a non-refundable application fee check in the amount of Three Hundred Dollars (\$300.00) and a refundable check, in the event the sale is not completed, in the amount of One thousand two hundred and ninety six Dollars (\$1296.00) made payable to: Delray Villas Plat 4/5 HOA, Inc. at the address below.

The \$1,296 check represents a Special Assessment of six (6) months or two (2) Quarters of Maintenance Fees as “A Capitol Contribution Fund” authorized by the State Legislature and approved by an amendment to our Governing Documents at our Annual Homeowners meeting on Tuesday, December 17, 2013. It is effective for those who complete their purchase on or after January 1, 2014.

Our website, www.delrayvillas45.com is a great source of information about us and includes our governing documents, newsletter, activities etc.

**FOR ESTOPPEL LETTERS – TITLE COMPANIES NEED TO
CALL: SHEILA LANE AT 561-381-7725.**

Bill Yesowitch
6021 Stanley Lane
Delray Beach, Florida 33484

Feel free to call me at 1-502-905-7973

**DELRAY VILLAS PLAT 4/5
HOMEOWNERS ASSOCIATION, INC.
APPLICATION FOR IMPENDING SALE, TRANSFER,
CONVEYANCE OR RENTAL OF HOME**

Date: _____

DELRAY VILLAS ADDRESS: _____

OWNER'S NAME: _____

ADDRESS: _____

TELEPHONE: # _____ CLOSING DATE: _____

BUYER'S RENTER'S NAME'S: _____

ADDRESS: _____

TELEPHONE # _____ RENTAL FROM _____ TO _____

The Buyer/Renter should be made aware of the following.

1. Each unit, by covenant, shall be for the use of a single family.
2. There MUST be at least one full-time resident age 55 or older.
3. No more than one cat or dog, not in excess of twenty (20) pounds at maturity, is allowed.
4. No more than two (2) private vehicles per unit. No commercial vehicles, boats, trucks over one half-ton capacity may be parked overnight on the property.
5. The use of any unit to conduct business is prohibited.
6. The unit may not be rented during the first year of ownership and in no case more than once in a twelve month period.
7. IN THE EVENT THAT THE UNIT OWNER IS DELINQUENT IN THE PAYMENT OF ASESSMENTS/MAINTANENCE FEES, FLORIDA LAW PERMITS THE ASSOCIATION TO SEEK PAYMENT FROM THE RENTER TO COVER SUCH COSTS AND TO DEDUCT THAT AMOUNT FROM THE RENT DUE THE OWNER'S. A COPY OF THIS INFORMATION IS ATTACHED.

Note, Potential buyers or renters must make arrangements to meet with an INTERVIEW COMMITTEE at least twenty (20) days prior to closing the sale or starting the rental period. The applicant must present a check for the application fee in the amount of Three Hundred Dollars (\$300.00) payable to Delray Villas Plat 4/5 HOA, Inc. This fee is not refundable. Effective January 1, 2014 a Special Assessment of six (6) months (2) quarters maintenance for a Capitol Contributions Fund was authorized by the Florida Legislature and approved by our homeowners at the Annual Meeting held on December 17, 2013. The Assessment is refundable if the sale does not go through. A check in the amount of \$1,296.00 made payable to Delray Villas Plat 4/5 HOA, Inc. covers the one-time Special Assessment. Effective March 1, 2016 a Background check is required for all Residents (owners and lessees. The cost is \$57.00 payable to Delray Villas 4/5 HOA, Inc.

Bill Yesowitch
Interview Committee Chairman
6021 Stanley Lane
Delray Beach, Fl. 33484
502-905-7973

Signature of Owner(s)

Date Presented to the Board

**DELRAY VILLA'S PLAT 4/5
HOMEOWNERS ASSOCIATION, INC.**

APPLICATION FOR OCCUPANCY

NAME(S) _____

ADDRESS TO BE OCCUPIED: _____

___ I/WE AM/ARE PURCHASING THIS PROPERTY. CLOSING DATE: _____

___ I/WE AM/ARE RENTING THIS PROPERTY FROM: _____ TO: _____

Information on all occupants must be submitted. No more than four (4) occupants are allowed in any unit. No one under the age of eighteen (18) is permitted to reside on this property. Pets are limited to one dog or cat weighing no more than twenty (20) pounds at maturity.

The application fee of Three Hundred Dollars (\$300.00) which is non-refundable and a fee for a Special Assessment to provide a Capitol Contribution Fund of six (6) months or two (2) quarters of Maintenance for a total of \$1,296.00 which is refundable if the sale does not go through. A background check fee of \$57.00 is required and is non-refundable.

The Special Assessment fee was approved by the Florida Legislature and is an amendment to our Governing Documents by a vote of the homeowners at the Annual Meeting held on December 17, 2013. The Special Assessment applies to all sales closing on or after January 1, 2014. The check, made payable to Delray Villas Plat 4/5 HOA, Inc. must accompany the application forms submitted prior to the required interview. The interview must be held prior to the issuance of a "Letter of Approval" required for the closing of the sale.

NAME OF OCCUPANT	DATE OF BIRTH	AGE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Type of Pet: DOG:___ BREED:_____ CAT: ___ BREED: _____ AGE:_____

***** NOTE: IF YOU HAVE A DOG YOU MUST INCLUDE A PICTURE OF THE DOG ALONG WITH A STATEMENT FROM YOUR VETERNARIAN THAT SHOWS ITS BREED AND WEIGHT, AND VERIFYING THAT IT IS UP TO DATE ON REQUIRED "SHOTS".**

Signature of Applicant(s)_____ Date:_____

_____ Date:_____

Mail Application Forms and Checks Payable to Delray Villas Plat 4/5 HOA. Inc. to:

Bill Yesowitch
Chairman, Interview Committee
6021 Stanley Lane
Delray Beach, Fl. 33484
502-905-7973

DELRAY VILLAS PLAT 4/5
HOMEOWNERS ASSOCIATION INC.
P.O. BOX 6262
DELRAY BEACH, FL. 33484-6262

AGE VERIFICATION

NAME(S) _____

FORMER ADDRESS _____

DELRAY VILLAS PLAT 4/5 ADDRESS _____

TELE #: HOME: _____ CELL: _____

Delray Villas Plat 4/5 is a 55+ community. Under applicable State and Federal laws we must undertake a census to verify ages of the residents in order to continue to provide housing for seniors. Please attach a photo copy of one of the documents listed below for each resident. Information on these forms is kept confidential.

Driver's License: _____

Birth Certificate: _____

Other (i.e. State I.D. Card) _____

Please note the following restrictions:

1. No children under the age of eighteen (18) may reside in the Community on a permanent basis and in no case for more than Thirty (30) days in a 12 month period.
2. Only one pet (dog or cat) is permitted in each unit and it's weight must not exceed twenty (20) pounds at maturity.

SIGNATURE OF BUYER(S)/RENTER(S): _____

SIGNATURE OF INTERVIEWER: _____ DATE: _____

**ATTACH COPY OF PHOTO I.D.
FOR EACH OCCUPANT**

DELRAY VILLAS PLAT 4/5

NEXT OF KIN

Homeowner: _____

Address: _____

Telephone: () _____

E-Mail: _____

The following named individual(s) are hereby designated as my contact person(s) in the event I/We become incapacitated in any way.

Name: _____

Relationship: _____

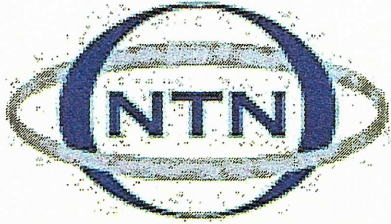
City: _____ **State:** _____ **ZIP:** _____

Home Phone: () _____

Cell Phone: () _____

Other Information: _____

Please Print:



NATIONAL TENANT NETWORK

THE NATION'S PREMIER SCREENING COMPANY

TELEPHONE 1.800.330.2930 or FAX 1.800.368.1241

SUBSCRIBER NAME:

ACCESS NUMBER: PHONE NUMBER:

FAX THIS REPORT BACK TO :

REQUESTING AGENT(PRINT NAME) :

CHECK THE DESIRED REPORTS BELOW:

- ☐ Scored Credit Report
- ☐ Eviction/Tenant Performance
- ☐ Multistate Criminal/Sex offender search
- ☐ Credit & Eviction (SSP)
- ☐ Credit & Eviction & Criminal (PSP)
- ☐ Canadian Credit
- ☐ Canadian Criminal
- ☐ Decision Point

Monthly Income:

Monthly Rent:

APPLICANT (PRINT NAME)

SOCIAL SECURITY # DATE OF BIRTH.....

CURRENT ADDRESS

CITY STATE ZIP CODE

PLEASE CAREFULLY FILL IN ALL OF THE ABOVE INFORMATION. I CERTIFY.

THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND HEREBY AUTHORIZE YOU TO MAKE ANY INQUIRIES YOU FEEL NECESSARY TO EVALUATE MY TENANCY. IF I RENT THE UNIT, I UNDERSTAND THAT THE INFORMATION GATHERED ON, AND FROM THIS FORM AND THE RENTAL AGREEMENT MAY BE MAINTAINED BY MANAGEMENT AND NATIONAL TENANT NETWORK FOR UP TO FIVE (5) YEARS AFTER I VACATE THE PREMISES.

TENANT'S SIGNATURE.....DATE.....

NTN CAN NOT RUN A BACKGROUND SEARCH WITHOUT
FULL NAME, DOB, SOCIAL SECURITY # & FULL ADDRESS

NTN FLORIDA,
INGRID
1800-330-2930

PET REGISTRATION FORM

DATE: _____

Please Print:

OWNER(s) NAME (s) _____

ADDRESS: _____

TELEPHONE: _____

DOG: ____ CAT: ____ AGE: ____ WEIGHT: ____ Rabies Exp _____

COLOR: ____ : BREED: ____ NAME: _____

SIGNATURE OF OWNER(S): _____

Registration is to be completed with a recent photograph of the animal and latest medical report, including Rabies Vaccination dates. If a Service Animal, a copy of the state issued certificate certifying the animal is a bona fide service animal, must be attached. A pet registration form must be completed for ALL owned animals.

By resolution, the Board of Directors is empowered to fine and enforce the removal of any pet that violates the rules and regulations of the H.O.A. The pet can be removed within ten days from a written request by the Board.