



## Opal Towers Condominium Association, Inc.

1149 Hillsboro Mile, Hillsboro Beach, FL 33062

### **Congratulations on your decision to Lease at Opal Towers.**

Please ensure that you turn in your completed Application at least 30 days before the scheduled term of the lease. Incomplete packages will cause undue delays. We will schedule an interview with two of the Board of Directors ONLY after a complete set of paperwork and all monies due to the Association have been received by the Management Office.

#### **INSTRUCTIONS:**

1. If the applicant meets Opal Towers Criteria and the application is complete, the interview will then be scheduled.
2. Only fully completed sales and lease applications should be submitted to the Association a minimum of 30 days before the scheduled term of the lease begins or sale of your unit occurs. This will allow the Board of Directors time to review the paperwork and arrange for the applicant's interview.
3. Interviews are held via Zoom. Zoom meeting information will be sent to you by the management office.

Within the LEASE APPLICATION PACKAGE, please note that the Opal Towers Lease Acknowledgement must be signed by BOTH owner and lessee.

OPAL TOWERS will require a phone number at which we can reach you, the owner, 24/7, so that if your renters break rules or are disturbing others, you can be contacted. You, as the owner, are solely responsible for your renters. Make sure this phone number is turned in with your LEASE application.

Sincerely,

Opal Towers Board of Directors

Opal Towers Condominium Association, Inc.

**Lease Application Checklist**

Unit #: \_\_\_\_\_

Lessee: \_\_\_\_\_ Lessee Phone #: \_\_\_\_\_ Lease Term: \_\_\_\_\_

Unless married, each applicant must fill out their own application and submit appropriate fee.

\_\_\_\_ RULE BOOK (provided by the seller)

\_\_\_\_ Application Fee \$100 (1<sup>st</sup> applicant or married couple) \*

\_\_\_\_ Application Fee \$50 - if applicable. (Each additional individual over 18) \*

\_\_\_\_ Browns Background Screening Request Paperwork \*

\_\_\_\_ Residency Criteria \*

\_\_\_\_ Application for Occupancy (2 Pages) \*

\_\_\_\_ Opal Towers Lease Acknowledgement signed by all parties involved\*

\_\_\_\_ Intent to Lease \*

\_\_\_\_ Lessee Contact Information Sheet\*

\_\_\_\_ Unit Access Authorization Form\*

\_\_\_\_ Release Form\*

\_\_\_\_ Lease Agreement signed by all parties involved\*

\_\_\_\_ Copy of Drivers License\*

\_\_\_\_ Copy of Vehicle Registration\*

Please email [opal towerscondo@gmail.com](mailto:opal towerscondo@gmail.com) for any additional information you may need.

**Please return all items with an asterisk\* including this page.**

**Missing information will cause delays in processing your application.**

**Please make checks payable to Opal Towers Condominium Association**

**BROWN'S BACKGROUND CHECKS**  
**CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER**

I understand that you may obtain consumer reports that relate to my credit and/or criminal history. This information will, in whole or in part, be obtained from AISS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4<sup>th</sup> floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal, state, and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my credit and/or criminal history. This information will be reviewed by the Association and may be reviewed by a unit owner if it's a rental.

I authorize, without reservation, any party, institution, or agency contacted by AISS to furnish the above-mentioned information:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Date of Birth\* Social Security Number Applicant  
\*Date of Birth is requested to obtain accurate retrieval of records. If International, please provide Passport Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Co-Applicants Name Date of Birth Social Security Number  
If International, please provide Passport Number

\_\_\_\_\_  
Alias/Previous Name(s)

\_\_\_\_\_  
Current Physical Address City & State Zip code

☐ **California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you.

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**Notice to CALIFORNIA Applicants**

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Co-Applicant  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Residency Criteria

Lease

Date: \_\_\_\_\_

Unit # \_\_\_\_\_

Please accept the criterion for your approval process when your application is submitted to Opal Towers Condominium Association, Inc.

### **CRITERIA**

#### **AUTOMATIC DENIAL:**

1. Any felony conviction, registered sex offender, or more than 5 criminal convictions in the last 5 years.
2. FICO Credit Score below 700 for rental applicants.
3. Any evictions in the last 5 years.
4. More than 5 late payments over the last 36 months of mortgage or rental payments.
5. Convicted of any criminal charge and served time in prison over the last 10 years.
6. Material misrepresentations.
7. If employment cannot be verified (if applicable).
8. Any Business Entity or Corporations of any type.

#### **MIMINIUM REQUIREMENT**

1. No criminal record or appearance on the Sexual Predator Registry.
2. FICO Credit Score of 700 or higher.
3. An owner desiring to rent to applicant with credit scores of 700-739 must pay, in advance, all Association assessments for the rental period.
4. If no credit score is available, provide 2 financial institution references with financial statements, demonstrating ability to support Association assessments. Also, all Association assessments must be paid in advance for the rental period.
5. If rental applicant is within our criteria, owner must be current in their account with our Association.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Name

Opal Towers Condominium Association  
Board Approved January 21, 2016

Opal Towers Condominium Association, Inc.

## Application for Occupancy

**Instructions:**

1. All applicants are processed as separate Investigations.
2. Print legibly, all information. Account and telephone numbers, and complete addresses are required.
3. If any question is not answered or left blank, this application may be returned, not processed, or not approved.
4. Missing information will cause delays in processing your application.
5. Any misrepresentation, falsification or omission of information may result in your disqualification.
6. Only the applicants are authorized to sign all forms on page 2.

**PRINT OR TYPE (Use Black Ink)**

Lease \_\_\_\_\_ (How Long)

Unit No. \_\_\_\_\_ Address: \_\_\_\_\_ 1149 Hillsboro Mile (North) \_\_\_\_\_ 1147 Hillsboro Mile (South)

Application Date \_\_\_\_\_ Desired Date of Occupancy \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Use Passport, Alien, Green Card, or other Identification Number if no Social Security Number, along with country of citizenship.

[ ] Single [ ] Married Spouse Maiden Name \_\_\_\_\_

Number of people who will occupy your unit. Adults (over age 18) \_\_\_\_\_ Children \_\_\_\_\_

Names & ages of others who will occupy your unit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### RESIDENCE HISTORY

A. Present Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Apt./Condo \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_

B. Previous Address \_\_\_\_\_

Dates of Residency \_\_\_\_\_

### EMPLOYMENT & BANK REFERENCES

A. Employed By \_\_\_\_\_ Phone \_\_\_\_\_

How long \_\_\_\_\_ Dept. or Position \_\_\_\_\_ Monthly Income \_\_\_\_\_

Address \_\_\_\_\_

B. Spouse's Employment \_\_\_\_\_ Phone \_\_\_\_\_

How long \_\_\_\_\_ Dept. or Position \_\_\_\_\_ Monthly Income \_\_\_\_\_

Address \_\_\_\_\_

## APPLICATION FOR OCCUPANCY / APPROVAL

C. Bank References \_\_\_\_\_ Phone \_\_\_\_\_

Primary Checking Account Number \_\_\_\_\_

Address (City, State) \_\_\_\_\_

D. List other Financial References: Brokerage Names / Account Numbers, Investment Firms & Accounts, Etc.

\_\_\_\_\_  
Driver's License No. / State of Issue \_\_\_\_\_

Spouse Driver's License No. / State \_\_\_\_\_

Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_

**Credit Reports will be used to verify credit worthiness. If applicant is not a U.S. or Canadian Citizen, please obtain a credit bureau report from your country of origin and send it to us with this application.**

### CHARACTER REFERENCES

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

By signing below, the Applicant recognizes that Opal Towers Condominium Association, Inc., or our Agent may verify the above information you supplied, and a full disclosure of pertinent facts may be made to our Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, a complete and accurate disclosure of the nature and scope of any investigation.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, & CRIMINAL BACKGROUND

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

You are hereby authorized to release to Opal Towers Condo Assn., their Agent, or their Attorney, all information they request concerning my banking, credit, residence, employment, and criminal background about my / our application for residency.

**DESIGNATED PARTY: OPAL TOWERS CONDOMINIUM ASSOCIATION, INC., 1149 HILLSBORO MILE,  
HILLSBORO BEACH, FLORIDA 33062 PHONE 954-428-0668**

**I hereby waive any privileges I may have with respect to the said information about its release to Opal Towers. Photocopies of this Authorization may be made to facilitate multiple inquires. 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.**

Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Print Name \_\_\_\_\_

## Lease Acknowledgement

**Unit owners cannot lease their unit for the first 36 months from the date of purchase.**

During the term of the lease the lessee takes over the use of the unit and the use of the common elements. The owner cannot use the facilities during the term of the lease. However, the unit owner retains the unit's voting rights and remains responsible for the unit financially and for any problems caused by the lessee. The unit owner must transfer his parking spot and garage access pass will be deactivated for duration of lease. Extra parking spaces, which belong to the Association and not the owner, are not available to lessees.

All first-time unit lessees and lessees who have not leased a unit at Opal Towers in the last year must be interviewed by two Board members and sign documents involving the association rules, mail, emergency contacts, parking spots, etc. If the interview team approves the lessee(s), they will recommend approval of the lease to the Board of Directors at the next scheduled meeting.

Every time that a lease is renewed, the Board must approve it. If a lease is renewed, approval can be done without another interview. **No lease can have an automatic renewal clause.** It is required that the lessee complete the following forms with every renewal.

Lessee Contact Information Sheet

Unit Access Authorization Form

Release Form

There can be no guarantees by the unit owner to the lessee that approval will be forthcoming, nor can the unit owner promise the lessee that continuation of the lease or sale of the property will follow without approval of the Board. The unit owner can be required to release the lessees from their contract if major problems occur during their occupancy.

Opal Towers Condominium Association Inc. deals with the unit owner only on all financial matters. The unit owner is responsible to the Association for the lessee on all matters.

Unit # \_\_\_\_\_

Term of this lease: \_\_\_\_\_

Signature of the lessee: \_\_\_\_\_ Date \_\_\_\_\_

Signature of the lessee: \_\_\_\_\_ Date \_\_\_\_\_

Signature of unit owner: \_\_\_\_\_ Date \_\_\_\_\_

Signature of unit owner: \_\_\_\_\_ Date \_\_\_\_\_

Opal Towers Condominium Association, Inc.

**Intent to Lease**

**Date:** \_\_\_\_\_

I / we intend to lease Unit # \_\_\_\_\_

I / we represent that all information presented is factual and true and that any misrepresentation will result in an automatic rejection of this application. The Board may make further inquiries regarding this application.

I / we will be bound by the Declaration of Condominium, By-Laws, Articles of Incorporation and the Rules and Regulations of the Association.

The rules and regulations for the Opal Towers Condominium Association, Inc. allow for single-family residence. Please state the name and relationship of all persons who will be occupying the unit regularly.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If I / we are leasing, I / we will provide the Association with a copy of the Lease and further state that I / we will not sublet the unit.

**SIGNATURE OF LESSEE(S) REQUIRED BELOW**

1. \_\_\_\_\_ DATE \_\_\_\_\_

2. \_\_\_\_\_ DATE \_\_\_\_\_



**Lessee Contact  
Information Sheet**

Unit Number: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Lessee Phone Numbers

Cell: \_\_\_\_\_

Home: \_\_\_\_\_

Other: \_\_\_\_\_

Lessee Email Address: \_\_\_\_\_

Would you like your contact info added to the Opal Towers Owners Directory? (Circle one) YES NO

Co-Lessee Name: \_\_\_\_\_

Co-Lessee Phone Numbers

Cell: \_\_\_\_\_

Home: \_\_\_\_\_

Other: \_\_\_\_\_

Co- Lessee Email Address: \_\_\_\_\_

Would you like your contact info added to the Opal Towers Owners Directory? (Circle one) YES NO

Additional Phone Numbers: \_\_\_\_\_

Additional Phone Numbers: \_\_\_\_\_

Additional Phone Numbers: \_\_\_\_\_

Additional Phone Numbers: \_\_\_\_\_

Do you have an alternate mailing address? (Circle one) YES NO

\_\_\_\_\_

Opal Towers Condominium Association, Inc.  
**UNIT ACCESS AUTHORIZATION FORM**

Unit #: \_\_\_\_\_

Lessee(s) Name: \_\_\_\_\_

The following individual(s) have permission to enter my unit in case of emergency in my absence:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ He/She has a key to my unit.

\_\_\_\_ He/She does not have a key. Authorization is granted to obtain my key from the front desk.

_____	_____	_____
Date	Print Name	Signature

_____	_____	_____
Date	Print Name	Signature

**PACKAGE ACCEPTANCE**

Permission is given to Opal Towers Staff to sign for and accept packages, certified and registered mail on my behalf.

_____	_____	_____
Date	Print Name	Signature

_____	_____	_____
Date	Print Name	Signature

Opal Towers Condominium Association, Inc.

**RELEASE FORM**

Date: \_\_\_\_\_

Lessee(s) Name: \_\_\_\_\_

Unit #: \_\_\_\_\_

Opal Towers Condominium Association is granted, by Florida Statute #718.106(3) and 718.111(5), F.S., the irrevocable right of access to each individual condominium unit. Such access must be during reasonable hours for the purpose of maintenance, repair, or replacement of common elements or any portion of the unit for which the association is responsible. As well, the association may have access to units to make emergency repairs, which are necessary to prevent damage to the common elements or to another unit, such as to repair a broken water pipe, which could cause water intrusion into other units. This form allows Opal Towers Condominium Association personnel (as authorized by the Board of Directors) to enter your unit in your absence to do necessary building repairs or inspections as required, due to unforeseen situations.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

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## Sales Application Checklist

(Internal use only)

Rec'd by \_\_\_\_\_ Date \_\_\_\_\_

Buyer: \_\_\_\_\_ Unit #: \_\_\_\_\_

\_\_\_\_ Application Fee \$100 (1<sup>st</sup> applicant or married couple) \*

\_\_\_\_ Application Fee \$50 - if applicable. (Each additional individual over 18) \*

Application Fee Check #(s) \_\_\_\_\_

\_\_\_\_ Browns Background Screening Request Paperwork \*

Sent Background Check Date \_\_\_\_\_ Rec'd Background Check Date \_\_\_\_\_

\_\_\_\_ Residency Criteria \*

\_\_\_\_ Application for Occupancy (2 Pages) \*

\_\_\_\_ Opal Towers Lease Acknowledgement signed by all parties involved\*

\_\_\_\_ Intent to Lease \*

\_\_\_\_ Lessee Contact Information Sheet\*

\_\_\_\_ Unit Access Authorization Form\*

\_\_\_\_ Release Form\*

\_\_\_\_ Lease Agreement signed by all parties involved\*

\_\_\_\_ Copy of Vehicle Registration      \_\_\_\_ Copy of Drivers License

Parking Space # \_\_\_\_\_ Storage # \_\_\_\_\_ Garage Decal # \_\_\_\_\_

Interview Date \_\_\_\_\_ Time \_\_\_\_\_ Via \_\_\_\_\_

Copy of Deed \_\_\_\_\_ Enter New Owners on Public Directory \_\_\_\_\_ Entered into BL \_\_\_\_\_

AKAM Ticket Submitted \_\_\_\_\_ By \_\_\_\_\_ Ticket # \_\_\_\_\_

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