



Opal Towers Condominium Association, Inc.
1149 Hillsboro Mile, Hillsboro Beach, FL 33062

Non-Owner Resident Application

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 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 NOR applications should be submitted to the Association. It could take up to 30 days for the Board of Directors 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.

For a copy of the rule book please contact the owner. For any other information regarding Opal Towers and the interview process please contact the Management Office Monday – Friday, 11am – 4pm at 954-428-0668

Sincerely,
Opal Towers Board of Directors

Opal Towers Condominium Association, Inc.
Non-Owner Resident Application Checklist

NOR: _____ **Unit #:** _____ **Phone #:** _____

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

____ RULE BOOK (provided by the seller)

____ Application Fee \$100 (1st applicant or married couple) *

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

____ Residency Criteria *

____ Browns Background Screening Request Paperwork *

____ Opal Towers Rules / Restrictions *

____ Application for Occupancy *

____ NOR Contact Information Sheet*

____ Unit Access Authorization Form (this form will be sent to unit owner or tenant for approval) *

____ Release Form*

____ Copy of Driver's License*

____ Copy of Vehicle Registration*

Please email opaltowerscondo@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

Opal Towers Condominium Association, Inc.
Application for Non-Owner Residency

PRINT OR TYPE (Use Black Ink)

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

Application Date _____ Desired Date of Occupancy _____

Name _____ 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 _____

Present Address: _____

Years at present residence: _____ Present Phone #: _____ Local Phone #: _____

Driver's License No. / State of Issue _____

Vehicle: Make _____ Model _____ Plate # _____ State _____

By signing below, the Applicant recognizes that Opal Towers Condo Assn. 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 _____

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND CRIMINAL BACKGROUND

I/We have named you as a reference on my application for non-owner residency.

You are hereby authorized to release to Opal Towers Condo Assn., their Agent, or their Attorney, any and all information they request concerning my banking, credit, residence, employment, and criminal background in reference to 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 in reference to 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 _____

1/25/2022

Opal Towers Condominium Association, Inc.
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, 4th 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 is a rental.

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

_____/_____/_____
Applicant Name Date of Birth* Social Security Number
*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.

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 _____

1/25/2022

**NOR Contact
Information Sheet**

Unit Number: _____

NOR Name: _____

NOR Phone Numbers

Cell: _____

Home: _____

Other: _____

Owner Email Address: _____

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

Co-NOR Name: _____

Co-NOR Phone Numbers

Cell: _____

Home: _____

Other: _____

Co-NOR 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 #: _____

Owner(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
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_____ Date	_____ Print Name	_____ Signature
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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
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_____ Date	_____ Print Name	_____ Signature
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Opal Towers Condominium Association, Inc.

Release Form

Date: _____

NOR 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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NOR Application Checklist

(Internal use only)

Rec'd by _____ Date _____

NOR: _____ Unit #: _____

____ Application Fee \$100 (1st applicant or married couple) *

____ Application Fee \$50 if applicable. (Each additional individual over 18)

Application Fee Check #(s) _____

____ Residency Criteria * (Applicant signature required) Form OT-140 Rev. 4/12/2021

____ Browns Background Screening Request Paperwork *

Sent Background Check Date _____ Rec'd Background Check Date _____

____ Opal Towers Rules / Restrictions *

____ Application for Occupancy *

____ NOR Contact Information Sheet

____ Unit Access Authorization Form

Approved By Owner _____

____ Release Form

____ Purchase Agreement signed by all parties involved*

____ Copy of Vehicle Registration

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 # _____

