



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

Welcome Back to Opal Towers.

In order to keep our records up to date we require the following information to be completed prior to your lease being renewed(for current tenants) or approved(for returning tenants).

INSTRUCTIONS:

1. If the returning applicant meets Opal Towers Criteria, then the interview portion of this application will be waived.
2. Returning applicants who do not meet Opal Towers Criteria will meet with the Board of Directors for an interview.
3. Only fully completed applications should be submitted to the Association.
4. 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

1/25/2022

Opal Towers Condominium Association, Inc.
Returning/Existing Tenant Application Checklist

Tenant: _____ Unit #: _____ Phone #: _____

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

Application Fee and Background Check is NOT required for:

Existing tenants renewing their lease at Opal Towers

OR

Tenants who have leased at Opal Towers within the last 12 month.

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

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

N/A _____

____ Residency Criteria *

____ Browns Background Screening Request Paperwork *

N/A _____

____ Tenant Contact Information Sheet*

____ Unit Access Authorization Form*

____ 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

1/25/2022

Residency Criteria

Returning/Existing Tenant

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 740 for buyers.
3. FICO Credit Score below 700 for rental applicants.
4. Any evictions in the last 5 years.
5. More than 5 late payments over the last 36 months of mortgage or rental payments.
6. Convicted of any criminal charge and served time in prison over the last 10 years.
7. Material misrepresentations.
8. If employment cannot be verified (if applicable).
9. 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 740 (700 if renter) 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 one year.
5. If rental applicant is within our criteria, owner must be current in their account with our Association.
6. Credit rating is not applicable for Non-Owner Resident.

Applicant's Signature

Print Name

Applicant's Signature

Print Name

Opal Towers Condominium Association
Board Approved January 21, 2016

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

Opal Towers Condominium Association, Inc.
**Returning/Existing Tenant Contact
Information Sheet**

Unit Number: _____

Tenant Name: _____

Tenant Phone Numbers

Cell: _____

Home: _____

Other: _____

Tenant Email Address: _____

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

Co-Tenant Name: _____

Co-Tenant Phone Numbers

Cell: _____

Home: _____

Other: _____

Co-Tenant 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 #: _____

Tenant(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: _____

Owner(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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Opal Towers Condominium Association, Inc.
Returning/Existing Tenant Application Checklist
(Internal use only)

Rec'd by _____ Date _____

Tenant: _____ Unit #: _____

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

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

N/A _____

Application Fee Check #(s) _____

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

____ Browns Background Screening Request Paperwork *

N/A _____

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

____ Tenant Contact Information Sheet

____ Unit Access Authorization Form

____ Release Form

____ Copy of Vehicle Registration

Parking Space # _____ Storage # _____ Garage Decal # _____

Interview Date _____ Time _____ Via _____ N/A _____

Enter Tenant on Public Directory _____ Enter Tenant into BL _____

AKAM Ticket Submitted _____ By _____ Ticket # _____

1/25/2022

