



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

Congratulations on your decision Buy at Opal Towers.

We know that it is not a decision made lightly. To help you have a successful transaction we have put together this application package. Please ensure that you turn in your completed application at least 30 days before the scheduled sale of your unit. 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 sales 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.

For a copy of the rule book please contact the seller. 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

Sales Application Checklist

Buyer: _____ 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 Form *

____ Browns Background Screening Request Paperwork *

____ Opal Towers Rules / Restrictions *

____ Intent to Purchase*

____ Application for Occupancy (2 pages) *

____ Owner Contact Information Sheet*

____ Unit Access Authorization Form*

____ Release Form*

____ Purchase Agreement signed by all parties involved*

____ Copy of Driver's License*

____ Copy of Vehicle Registration*

Please email opaltowerscondo@gmail.com for any additional information you may need.

Estoppel Requests should be sent to opaltowerscondo@gmail.com

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 is NOT a pet friendly community please email opaltowerscondo@gmail.com if you need an application for an emotional support or service animal.

Residency Criteria

Sales

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

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

1/25/2022

SIGNATURE _____ DATE _____

Opal Towers Condominium Association, Inc.
Rules and Regulations Acknowledgement

Please ensure that you are aware of the following rules and restrictions and share them with all appropriate parties that may be considering purchasing at Opal Towers. The entire rule book should be read and understood by any purchaser(s); however, the following items should be discussed as soon as possible.

1. Each unit has only ONE underground assigned parking spot. There is an approximate 3-year waiting list for a rental spot. There are no exceptions.
2. Overnight occupancy limits are four (4) persons in a one-bedroom unit and six (6) persons in a two-bedroom unit.
- 3. Units may NOT be rented during the first three years of ownership.**
4. During the first year of ownership, no overnight guests are permitted unless the owner is in residence.
5. No pick-up trucks, motorcycles, scooters, or commercial vehicles can be kept on the property by owners.
6. There are NO PETS allowed at Opal Towers.

I acknowledge that I have read and understand the Opal Towers Condominium Rules and Regulations.

Buyers Signature: _____

Date: _____

Opal Towers Condominium Association, Inc.

Intent to Purchase

Date: _____

I / we intend to purchase 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 purchasing this unit, I / we will, upon closing, provide to the Association a copy of the Closing Statement and within ten (10) days a copy of the recorded deed.

FULL NAME(S) OF PURCHASER(S)

1. _____ DATE _____

2. _____ DATE _____

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)

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

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 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.

Date _____

Applicant's Signature _____ Print Name _____

Spouse's Signature _____ Print Name _____

1/25/2022

**Owner Contact
Information Sheet**

Unit Number: _____

Owner Name: _____

Owner 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-Owner Name: _____

Co-Owner Phone Numbers

Cell: _____

Home: _____

Other: _____

Co-Owner 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

_____	_____	_____
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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Sales Application Checklist

(Internal use only)

Rec'd by _____ Date _____

Buyer: _____ 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 *

____ Intent to Purchase*

____ Application for Occupancy (2 pages) *

____ Owner Contact Information Sheet

____ Unit Access Authorization Form

____ Release Form

____ Purchase Agreement signed by all parties involved*

____ Copy of Vehicle Registration

Parking Space # _____ Storage # _____ Garage Decal # _____

Interview Date _____ Time _____ Via _____

Certificate of Approval Issued _____

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

AKAM Ticket Submitted _____ By _____ Ticket # _____

