

## Instructions for Transfer/Occupancy Application Forms

Dear prospective purchaser/tenant/occupant,

Please fully complete and sign each form requiring execution in this packet leaving no line blank and return to the Association with a copy of the purchase or lease agreement. The following items are required:

1. Notice of Owner's Intent to Transfer/Occupy.
2. Purchaser/Tenant/Occupant Application Form.
3. Fees payable as follows:
  - Application Fee- **\$150.00** for each applicant (married couple) or each occupant 18 years of age or older. Payable to: **Cape Pointe Homeowners Association**
  - Credit/Background Check Fee- **\$75.00** for each applicant 18 Years of age or older. Payable to: **4H Association Management Company, Inc.**
4. Copy of the Signed Lease Agreement or Sales Contract.
5. Three (3) personal references
6. Contact Information Sheet.
7. Disclosure Regarding Background/Credit Report Investigation. **Must be completed for each applicant over the age of 18 years old.**
8. Vehicle Information:
  - a. Copy of current vehicle registration.
  - b. Copy of valid driver's license.
9. Rules & Regulations Acknowledgement Form.

The Association has fifteen (15) days after receipt of a completed transfer/occupancy application package to complete the transfer occupancy process.

A transfer, sale, or lease is **not effective**, nor may the unit be occupied by the prospective occupant without prior approval by the Board of Directors of the Association.

Submit the entire completed package including contract and checks to:

Mail To: 4H Association Management Company, Inc.  
c/o Catherine Hasson, Association Manager  
PO Box 1364, Jupiter, FL 33468-1364  
Phone: (561) 561-262-8947

Email To: [Chasson@4HAssociationManagement.com](mailto:Chasson@4HAssociationManagement.com)

Hand Deliver: 4H Management Office located at **601 Heritage Drive, Suite 103-A, Jupiter 33477.**  
**Please call ahead of time to confirm that someone is available to accept the application.**

- PLEASE BE ADVISED THAT RETURNING RENTERS WILL NEED TO COMPLETE THE APPLICATION PACKAGE AND RETURN IT ALONG WITH A COPY OF THE SIGNED LEASE AGREEMENT.
- RETURNING RENTERS WILL **NOT** BE REQUIRED TO COMPLETE A NEW BACKGROUND/CREDIT CHECK OR SUBMIT AN APPLICATION FEE, HOWEVER THE BOARD RETAINS THE RIGHT TO REQUEST THIS INFORMATION IF ANY OF THE OCCUPANT'S INFORMATION HAS CHANGED.

**NOTICE OF OWNER'S INTENT TO TRANSFER/OCCUPY**

**Current Unit Owner Information:**

UNIT ADDRESS: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

OWNER PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

OWNER EMAIL: \_\_\_\_\_

OWNER MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PROSPECTIVE PURCHASER/TENANT NAME(S):

(1) \_\_\_\_\_ (2) \_\_\_\_\_

**LEASE:** START DATE: \_\_\_/\_\_\_/\_\_\_ END DATE: \_\_\_/\_\_\_/\_\_\_ OR **SALE:** CLOSING DATE: \_\_\_/\_\_\_/\_\_\_

LEASE RENEWALS must be received by Management no less than fifteen (15) days before the lease expiration for review, approval, and possible re-interview.

**LEASE TERMS:**

(1) For a minimum term of Sixty (60) Days; A maximum of Two (2) times per year. A home cannot be leased within the first 12 months of ownership.

**TO BE COMPLETED BY MANGEMENT BELOW THIS LINE**

Date Application Received: \_\_\_\_\_ Date Review Completed: \_\_\_\_\_

Date Application Sent to Board: \_\_\_\_\_ Date Approval Sent to Owner: \_\_\_\_\_

Date Disapproval Sent to Owner: \_\_\_\_\_

**PURCHASER/TENANT/OCCUPANT APPLICATION FORM (2Pages)**

**Note:** In order for Management to process this application in a timely manner, it MUST include the following information for the prospective purchaser/tenant/occupant(s).

The undersigned authorizes the release of the requested information to the Board of Directors for the purpose of processing and considering this application.

Unit Address: \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_

OWN: \_\_\_ LEASE: \_\_\_ #of Years at Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

OWN: \_\_\_ LEASE: \_\_\_ #of Years at Previous Address: \_\_\_\_\_

Telephone Number: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Email: \_\_\_\_\_

**Co- Applicant Name:** \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_

OWN: \_\_\_ LEASE: \_\_\_ #of Years at Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

OWN: \_\_\_ LEASE: \_\_\_ #of Years at Previous Address: \_\_\_\_\_

Telephone Number: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Email: \_\_\_\_\_

**Co- Applicant Name:** \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_

OWN: \_\_\_ LEASE: \_\_\_ #of Years at Current Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

OWN: \_\_\_ LEASE: \_\_\_ #of Years at Previous Address: \_\_\_\_\_

Telephone Number: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Email: \_\_\_\_\_

**Other Occupants:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency Contact:**

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

Telephone: (h) \_\_\_\_\_ (c) \_\_\_\_\_

Email: \_\_\_\_\_

**THREE PERSONAL REFERENCES:**

1. Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**ACKNOWLEDGEMENT:** As the prospective buyer/tenant I/We submit this application to the association for review and approval by the Board of Directors:

Sign: \_\_\_\_\_

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

Sign: \_\_\_\_\_

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

Sign: \_\_\_\_\_

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

Sign: \_\_\_\_\_

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

**DISCLOSURE REGARDING BACKGROUND/CREDIT REPORT INVESTIGATION**

4H Association Management Company, Inc. may obtain information about you from a consumer reporting agency for tenant, purchase, occupancy screening purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (driving records), verification of your education or employment history or other background checks. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for residency is a criminal background check investigation conducted by **National Tenant Network, 9580 NW 136<sup>th</sup> Drive, Alachua, FL 32615.**

**ACKNOWLEDGEMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND/CREDIT REPORT INVESTIGATION. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by 4H Association Management Company, Inc. at any time after receipt of this authorization and throughout my tenancy, ownership, or occupancy, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, and other party to furnish any/all background information requested by **National Tenant Network, 9580 NW 136<sup>th</sup> Drive, Alachua, FL 32615.** I agree that a facsimile (fax) or electronic or photographic copy of this Authorization shall be as valid as the original.

**PLEASE COMPLETE FORM FOR EACH APPLICANT**

**(1) Applicant Name:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

**Social Security No:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**(2) Applicant Name:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_

**Social Security No:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*Please Note: If you have a security lock on your credit, you will need to contact all three credit bureaus to release so that we can complete the report as required.\*\***

**VEHICLE REGISTRATION**

- 1 Please complete application, sign and attach the documents requested for EACH vehicle:
  - a. A copy of the current vehicle registration.
  - b. Copy of valid driver's license.

**PLEASE PRINT CLEARLY**

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

Unit Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

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

| Make/Model: | Year: | Color: | License Plate #: | Registered To: |
|-------------|-------|--------|------------------|----------------|
| 1. _____    |       |        |                  |                |
| 2. _____    |       |        |                  |                |
| 3. _____    |       |        |                  |                |

**ACKNOWLEDGEMENT:** I/We agree to abide by all of the Rules & Regulations thereof for the Association. I fully understand that registered vehicles on the property that are a violation of the association documents or rules; or any vehicles not parked in authorized parking spaces can be towed without any notice and all expenses incurred will be the responsibility of the vehicle owner.

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

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

**Rules & Regulations Acknowledgement Form**

**This form MUST be completed for each applicant over the age of 18 years old.**

**ACKNOWLEDGEMENT:** I/We have received a copy of the Associations Rules & Regulations. I have read, understand, and will abide by the Rules & Regulations.

Unit No/Address: \_\_\_\_\_

Sign Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Sign Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Sign Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Sign Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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