

Bristol Lakes Homeowners Association, Inc.

Application Package for Sale Approval

Application Requirements, please read carefully and completely.

This application must be completed in detail by the proposed buyer and returned to:

Carolina Management Services, Inc.

P.O. Box 740425

Boynton Beach, FL 33474

Please include the following to complete your application:

REQUIRED ITEMS:

- Copy of Sales Contract
- Copy of all adult driver's license that will be occupying the home
- Copy of all vehicle registrations
- \$100 Application fee made payable to Bristol Lakes HOA (Check/Money order)
- \$75 Background fee per anyone over the age of 18 years old payable to Bristol Lakes HOA (Check/Money order)
- Residential Screening Request (each person over 18)
- Disclosure and Authorization Agreement (each person over 18)
- \$150 Processing fee made payable to Carolina Management Services, Inc. (Check/Money order)

Bristol Lakes HOA documents are posted on BristolLakes.com website

An Estoppel letter needs to be on file for all sales. Request(s) can be made at

Victory Accounting Services #561-739-7990

Any questions please contact Carolina Management Services, Inc.

barbie@carolinapm.com or 561-968-2182

Signature of current owner: _____

Signature of buyer (s): _____

Signature of buyer (s): _____

Bristol Lakes Homeowners Association, Inc.

Present Owner: _____

Address of Unit Purchase: _____

Present Owners Phone Number: _____

Real Estate Company Handling the Sale: _____

Agent: _____ Date of Contract: _____ Estimated Closing Date: _____

Buyers Information

Buyer's Name: _____

Spouse / Co-applicant: _____

Other names used (Alias, Maiden, Nickname)

Buyers Present Address _____ City _____ State _____

Former Address _____ City _____ State _____

Phone _____ Cell _____ Other _____

Marital status: () Married () Single () Significant Other _____

Number of adult occupants () Number of children under 18 ()

List of Names, Relationship, Age

Have you ever been convicted of a crime? Yes () No () If yes provide details

Bristol Lakes Homeowners Association, Inc.

Please Print

Print Name _____

Other Name Used (Alias, Maiden, Nickname) _____

Current Address _____

Former Address _____

Former Address _____

Present Employment Name _____

Employer's Address _____

Employer's Telephone () _____ Superiors Name _____

Monthly Salary: _____ Position: _____ Date Hired: _____ End Date: _____

Bristol Lakes Homeowners Association, Inc.

Pets

Name 1 _____ Dog() Cat() Breed: _____

Name 2 _____ Dog () Cat() Breed: _____

Please provide updated pet records: License # _____ Chip ID # _____

Please Print Email Addresses: _____

Resident 1: _____

Resident 2: _____

Vehicle Information:

Vehicle 1: Year _____ Make _____ Model _____ Tag# _____

Vehicle 2: Year _____ Make _____ Model _____ Tag# _____

Other Motorized Vehicles:

Name _____ Description _____ Tag# _____

Name _____ Description _____ Tag# _____

Bristol Lakes Gate Passes: Gate Decals and Gate cards are \$10.00 each Make check payable to Bristol Lakes HOA.

Number of Decals () Number of Cards ()

Bristol Lakes Homeowners Association, Inc.

DISCLOSURE AND AUTHORIZATION AGREEMENT REGARDING CONSUMER REPORTS

DISCLOSURE

CAROLINA MGMT may request one or more consumer reports or investigative consumer reports about you for employment or residential purposes. These reports may include information on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which may be used as a factor in making an employment or residential related decision about you. Such information may include credit reports, criminal history, civil records, etc. or personal interviews with your current or prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information.

AUTHORIZATION

By signing below, I agree that I have read and understand the foregoing Disclosure and hereby authorize **AmeriCheckUSA** to obtain consumer reports or investigative consumer reports about me for employment or residential purposes. I further authorize **CAROLINA MGMT** and **AmeriCheckUSA** to share the information with any person involved in the employment or residential decision about me. This agreement will not be valid after 90 days of date signed, and you also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

Print Name (One Person Per Form)

Signature (One Person Per Form)

Date

For California,

Bristol Lakes Homeowners Association, Inc.

RESIDENTIAL SCREENING REQUEST

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

SSN: _____

DOB (MM/DD/YYYY): _____

Home Phone Tel#: _____

Mobile Phone Cel#: _____

Have you ever been arrested before? _____

I have read and signed the Disclosure & Authorization Agreement.

SIGNATURE: _____ DATE: _____

----- OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE -----

Carolina Mgmt – Bristol Lakes

Reference _____

Ordered By _____

Bristol Lakes Homeowners Association, Inc.

barbie@carolinapm.com

ELECTRONIC EMAIL WAIVER

Dear Homeowner:

In order for your Board of Directors and your management company to manage and operate the association properly, we need to update our current information. Please complete the form and mail/email or submit with your application. It would be greatly appreciated. The collected information will only be used for community communication – no emails will be shared.

Thank you in advance for your cooperation.

Owner Name: _____

Owner Address: _____

Phone # _____

Email (s) _____

Signature: _____

Carolina Management Services, Inc.
For the Board of Directors