

The Island of River Bridge Homeowner's Association Inc.

c/o Tallfield Management
12765 Forest Hill Blvd, Suite 1320; Wellington, FL 33414
Tel. (561) 983-6000 Email: wellington@tallfield.com

Purchase/ Lease Application Checklist

Below is a list of items needed to process association approval to Purchase/Lease a home. All payments must be certified/cashier's check or money order ONLY (no personal checks or credit/debit cards accepted.) Please indicate with a check mark that the needed items are enclosed. Applications can be mailed or dropped off to our office address above. Failure to provide all information and payment will result in application being returned. Incomplete applications will not be accepted.

NEEDED ITEMS:

- Purchase/Lease Application
 - No sales to entities allowed, Corporations, LLC's Partnerships, etc.
 - No leases before 24 months of ownership
 - Minimum lease time is 12 months
 - Only 10% rentals allowed at any one time
- \$250 Non-refundable Processing fee (**certified check or money order only**) made payable to "Tallfield Management"
- \$100 Non-refundable Processing fee (**certified check or money order only**) made payable to "The Island of River Bridge HOA".
- Copy of the Executed Purchase/ Lease Contract
- Two-page screening and authorization forms per adult (required to run national criminal check)
- Rules & Regulations Form
- Legible copy of driver license(s) for all adults that will be living in the home
- Two Months of Paystubs
- Interview for All Applicants

***NOTE: The \$250 fee covers background screening for up to two adult applicants. Any additional residents 18+ years of age are subject to background screening, and an additional \$50 fee per adult is required.**

Application must be submitted a MINIMUM of 30 days prior to intended occupancy.
Occupancy prior to approval is strictly prohibited.

**The Island of River Bridge Homeowner's Association Inc.
Purchase/Lease Application**

Property Address: _____

Current Homeowner Name: _____

Homeowners Mailing Address: _____

Homeowners Phone Number: _____

Lease Start Date: _____ Lease End Date: _____

Are you a service member? _____ (Service member is defined to include any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard & United States Reserve Forces).

A copy of the approved/signed application approval will be forwarded to buyer, realtor, and/or agent where applicable. Please include realtor/agent information below as applicable.

Agent for Homeowner: Name _____ E-mail _____

Agent for Purchaser/Tenant: Name _____ E-mail _____

Applicant / Adult Occupant Information

| Occupants Name | Home Phone # | Cell Phone # | E-mail address |
|----------------|------------------|--------------|----------------|
| | | | |
| Employer Name | Employer Phone # | | |
| | | | |

Applicant / Adult Occupant Information

| Occupants Name | Home Phone # | Cell Phone # | E-mail address |
|----------------|------------------|--------------|----------------|
| | | | |
| Employer Name | Employer Phone # | | |
| | | | |

Applicant/ Adult Occupant Information

| Occupants Name | Home Phone # | Cell Phone # | E-mail address |
|----------------|------------------|--------------|----------------|
| | | | |
| Employer Name | Employer Phone # | | |
| | | | |

How many children 17 years and younger will be living in the home? _____

Please list their names and ages:

Personal Reference (Name & Phone Number): _____

Personal Reference (Name & Phone Number): _____

Personal Reference (Name & Phone Number): _____

Automobiles

| Year | Make | Model | Tag # | State |
|------|------|-------|-------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Proposed Applicant(s) hereby understand and agree to the following terms.

- 1) That all information in this application is true and correct.
- 2) Applicant(s) agrees to comply with all By-Laws and Rules & Regulations of The Island of River Bridge Homeowner's Association Inc.
- 3) All pets must be in compliance with the pet rules and regulations. (2 pet max)

Proposed Applicant(s) understand, agree, and authorize Tallfield Associates, The Island of River Bridge Homeowner's Association Inc., the Board of Directors and/or their committee, and their agents to investigate and verify all information submitted on the application for all occupants.

Signature of Buyer/Tenant _____

Date _____

Signature of Buyer/Tenant _____

Date _____

**The Island of River Bridge Homeowner's Association Inc.
PET REGISTRATION**

(If no pets, write "N/A" and include tenant signature(s))

Tenants (s) Name: _____ Property Address: _____

Type of Pet: (i.e.; dog, cat, etc.) _____ Breed: _____

Color: _____ Current Weight: _____

Age of Pet: _____ Name of Pet: _____

Veterinarian Name: _____ Contact# _____

Type of Pet: (i.e.; dog, cat, etc.) _____ Breed: _____

Color: _____ Current Weight: _____

Age of Pet: _____ Name of Pet: _____

Veterinarian Name: _____ Contact# _____

***Please attach pictures of pets**

Tenant (s) Signature: _____

All pets must be on a leash and under the control of a responsible person anytime the pet is outside of the dwelling.

The Island of River Bridge Homeowner's Association Inc.

RULES & REGULATIONS RECIEVER FORM

(I) (WE) _____
Please Print Name

Have read the Rules and Regulations and fully understand each of the Rules and will abide by them so long as I reside at:

(The Island of River Bridge HOA Address)

And further understand that a violation of the Rules and Regulations could result in a violation letter and/or a fine.

SIGNED THIS _____ DAY OF _____, 2 _____

X _____
Purchaser/Tenant

X _____
Purchaser/Tenant

THE REALTOR NEEDS TO SIGN THAT HE/SHE HAS PROVIDED THE NEW TENANT WITH THE RULES AND REGULATIONS.

x _____
(Realtor – Signature)

_____ (Realtor – Signature)

RESIDENTIAL SCREENING REQUEST

**NOTE: EACH ADULT MUST FILL OUT THE FOLLOWING TWO-PAGE FORM FOR SCREENING*

FOR MANAGEMENT USE ONLY

Tallfield Associates Ref #/Unit #:

PERSONAL DETAILS

Please check one:

- Individual (*Individual or one of multiple roommates that appear on the lease agreement and are responsible for the property.*)
- Spouse (*Couples that jointly occupy the unit and assume joint responsibility for the property.*)
- Occupant (*Occupants are adults who will live in the unit, but are not financially responsible for the property.*)

Name: First: _____ MI: _____ Last: _____

SSN#: _____ **DOB (MM/DD/YYYY):** _____

CURRENT ADDRESS

Street Address:

Number: _____

Name: _____

City: _____

State: _____ ZIP: _____

Print Name

Signature

Date

RESIDENTIAL SCREENING REQUEST

**NOTE: EACH ADULT MUST FILL OUT THE FOLLOWING TWO-PAGE FORM FOR SCREENING*

DISCLOSURE AND AUTHORIZATION AGREEMENT REGARDING CONSUMER REPORTS

DISCLOSURE

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for residence.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish any third party company used by Tallfield Associates, LLC on behalf of the Association for which you are applying with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. 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

Signature

Date

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- Occupant *(Occupants are adults who will live in the unit, but are not financially responsible for the property.)*

Name: First: _____ MI: _____ Last: _____

SSN#: _____ **DOB (MM/DD/YYYY):** _____

CURRENT ADDRESS

Street Address:

Number: _____

Name: _____

City: _____

State: _____ ZIP: _____

Print Name

Signature

Date

RESIDENTIAL SCREENING REQUEST

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AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish any third party company used by Tallfield Associates, LLC on behalf of the Association for which you are applying with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. 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

Signature

