

WATERFORD AT ABERDEEN ASSOCIATION, INC.

APPLICATION FOR OCCUPANCY

The Association requires all prospective buyers and tenants to attend an interview to discuss the Rules and Regulations of the Community. This meeting will take place at the office of Davenport Professional Property Management, LLC. Failure to comply will result in your application being declined. Failure to comply with the Rules and Regulations of the Community will result in legal action by the Association's Attorneys.

All prospective buyers and tenants must complete the Association's Application for Occupancy and submit the following documents:

- Completed Association Application
- Clear copy of valid identification card and/or driver's license for ALL residents over 18 years of age
- Clear copy of vehicle registration(s) for each vehicle
- Copy of Purchase Contract or Lease Agreement
- Application Fees (see below)

ATTENTION BUYERS:

- A nonrefundable Capital Contribution Fee of \$1,000.00 payable to Waterford at Aberdeen Association, Inc. for all sales is due on or before Closing.
- All owners **must** have a HO3 Home Insurance Policy and furnish the Association with a current copy of the Declarations page showing the starting and expiration date.

Your application will be returned as "incomplete" if any of the above referenced documents are missing.

BE ADVISED A CRIMINAL BACKGROUND & CREDIT CHECK WILL BE CARRIED OUT ON ALL APPLICANTS.

There is a **\$220.00 non-refundable** application fee (only a money order or cashier's check is acceptable) per person, 18 years and older, unless a married couple with same last name. If married with different last names, a copy of the marriage certificate will be required. Money Order/Cashier's check should be made payable to Davenport Professional Property Management, LLC.

There is a \$150.00 **non-refundable** application fee payable to **Waterford at Aberdeen Association, Inc.** per application.

Please mail or drop the original application off to:

**Davenport Professional Property Management, LLC
6620 Lake Worth Road, Suite F
Lake Worth, FL 33467**

(Located on the Southwest corner of Lake Worth Road and Jog Road, behind Red Lobster Restaurant)

WATERFORD AT ABERDEEN ASSOCIATION, INC.

COVER SHEET FOR APPLICATION

Address of Property: _____ Move in Date: _____

CONTACT NUMBERS:

Owner's Name(s): _____ Phone: _____

Realtor's Name: _____ Phone: _____

Buyer/Tenant's Name(s): _____ Phone: _____

_____ Phone: _____

Print Email Address: _____

Office Use Only:

_____ Fully Completed Application

_____ Copy of Purchase Contract or Lease (Fully Executed)

_____ Clear copy of Driver's License

_____ Clear copy of Vehicle Registration

_____ Ledger (Davenport provides this)

_____ Criminal Background & Credit Check (Davenport orders this)

_____ **\$220.00 non-refundable** application fee (only a money order or cashier's check is acceptable) per person, 18 years and older, unless a married couple with same last name. If married with different last names, a copy of the marriage certificate will be required. Money Order/Cashier's check should be made payable to Davenport Professional Property Management, LLC. Money Order/Cashier's # _____.

_____ **\$150.00 non-refundable** Application Fee payable to Waterford at Aberdeen Association, Inc.

Statute 83.683: If you are a service member, the Association is required to provide you an approval or denial in writing and is required to provide a reason if your application is denied. This approval or denial must be provided within 7 days or the application is deemed to be approved if all other requirements have been met.

Service member defined as: "Service member" means 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 and United States Reserve Forces.

QUESTION: Are you an active service member? Yes or No (Circle one) and initial here: _____

WATERFORD AT ABERDEEN ASSOCIATION, INC.

APPLICATION FOR OCCUPANCY

Please complete all questions and fill in all blanks. If application is incomplete, this may result in your application not being processed and/or not approved. If the question does not apply, answer N/A. Print legibly or type all information.

Address of Property to Lease or Purchase: _____

Closing Date or Date(s) of Lease: _____

Current Owner's Name(s): _____ Phone#: _____

1. Applicant's Name: _____ Date of Birth: _____

Spouse's Name: _____ Date of Birth: _____

Print Email Addresses: _____

2. Please provide below, your place of residence for the last two years. If additional space is needed, please attach a separate page.

Present Address: _____ Phone: _____

Residency Dates: From _____ to _____ Cell: _____

Name of Landlord: _____ Rent Amt: _____

Previous Address: _____ Phone: _____

Residency Dates: From _____ to _____ Cell: _____

Name of Landlord: _____ Rent Amt: _____

3. Please list below, the full names, social security numbers and dates of birth of **all** persons who will reside at this residence. Attach a separate page, if necessary.

<u>Full Name</u>	<u>Social Security Number</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Please list below, the year, make, model, color and tag number for all automobiles that will be parked at this residence.

Year _____	Make _____	Model _____	Color _____	Tag No. _____
Year _____	Make _____	Model _____	Color _____	Tag No. _____
Year _____	Make _____	Model _____	Color _____	Tag No. _____
Year _____	Make _____	Model _____	Color _____	Tag No. _____

5. Driver's License number/Identification card number for ALL drivers in the household. Attach a copy of License(s) or ID card(s).

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____
7. _____ 8. _____

6. Has anyone in your household been convicted of a felony in the past 5 years? If yes, please explain below. Attach a separate page if additional space is required.

7. Please list employment history for the last two years. Attach a separate page if additional space is required.

Current Employer _____ Phone _____
Address _____
How Long _____ Position _____ Annual Income _____

Previous Employer _____ Phone _____
Address _____
How Long _____ Position _____ Annual Income _____

8. Spouse's Employer _____ Phone _____
Address _____
How Long _____ Position _____ Annual Income _____

9. In case of an emergency, list a contact person below.

Name _____ Relationship _____
Address _____ Phone# _____

10. Do you receive any housing assistance? _____ If yes, please explain: _____

Character References (No Family Members)

1. Name _____ Home Phone _____ Work # _____
Address _____ Occupation _____

2. Name _____ Home Phone _____ Work # _____
Address _____ Occupation _____

3. Name _____ Home Phone _____ Work # _____
Address _____ Occupation _____

If this application is NOT legible or is not completely and accurately filled out, WATERFORD AT ABERDEEN ASSOCIATION, INC. will not be liable or responsible for any inaccurate information in the investigation and related report caused by such omission or illegibility.

By signing, the applicant recognizes that WATERFORD AT ABERDEEN ASSOCIATION, INC. or their agent may investigate the information provided by the applicant and a full disclosure or pertinent facts may be made to the Association.

Applicant's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

PET REGISTRATION INFORMATION (If no pets, please write "N/A" and sign below).

Type of Pet (please circle one): Dog Cat Bird Fish - *No other animals are permitted.*

Pet's Name: _____

Pet's Age: _____

Pet's Weight: _____

Pet's License/Tag #: _____

Attach a color picture of your pet.

I/We state that this pet will not exceed the weight of _____ lbs.

I am aware of the WATERFORD AT ABERDEEN ASSOCIATION, INC. Rules and Regulations and Restrictions regarding pets on the property and agree to abide by them.

If Owner rents out his home, the Owner will be held responsible for their tenants abiding by all Rules and Regulations of the Association, as well as the pet restrictions.

Print Name

Signature

Print Name

Signature

Print Name

Signature

**FAILURE TO COMPLETE THIS FORM WILL RESULT IN THE
RESIDENT HAVING TO IMMEDIATELY REMOVE THE ILLEGAL PET**

RELEASE OF INFORMATION & AUTHORIZATION

Date: _____

TO: DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT, LLC
6620 LAKE WORTH ROAD, SUITE F
LAKE WORTH, FLORIDA 33467

CC: BOAD OF DIRECTORS

I GIVE MY AUTHORIZATION FOR THE ABOVE TO VERIFY INFORMATION, OBTAIN A CREDIT REPORT, CRIMINAL HISTORY REPORT, EMPLOYMENT INFORMATION ON MYSELF AND AGREE SCREENING MAY RESULT IN MY APPLICATION BEING APPROVED OR DISAPPROVED. THIS AUTHORIZATION IS GOOD FOR THIRTY (30) DAYS FROM THE DATE ABOVE. ANY INFORMATION OBTAINED IN A CREDIT REPORT, CRIMINAL HISTORY REPORT AND EMPLOYMENT MAY BE PROVIDED TO THE OWNER OF THE PROPERTY STATED ON THIS APPLICATION.

Signature: _____

Print Name: _____

Date of Birth: _____

Social Security #: _____

Driver's License #: _____ State: _____

Current Address: _____

Previous addresses if less than five (5) years at the above referenced address:

Please provide an email and/or physical address where the results may be sent: _____

RELEASE OF INFORMATION & AUTHORIZATION

Date: _____

TO: DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT, LLC
6620 LAKE WORTH ROAD, SUITE F
LAKE WORTH, FLORIDA 33467

CC: BOARD OF DIRECTORS

I GIVE MY AUTHORIZATION FOR THE ABOVE TO VERIFY INFORMATION, OBTAIN A CREDIT REPORT, CRIMINAL HISTORY REPORT, EMPLOYMENT INFORMATION ON MYSELF AND AGREE SCREENING MAY RESULT IN MY APPLICATION BEING APPROVED OR DISAPPROVED. THIS AUTHORIZATION IS GOOD FOR THIRTY (30) DAYS FROM THE DATE ABOVE. ANY INFORMATION OBTAINED IN A CREDIT REPORT, CRIMINAL HISTORY REPORT AND EMPLOYMENT MAY BE PROVIDED TO THE OWNER OF THE PROPERTY STATED ON THIS APPLICATION.

Signature: _____

Print Name: _____

Date of Birth: _____

Social Security #: _____

Driver's License #: _____ State: _____

Current Address: _____

Previous addresses if less than five (5) years at the above referenced address:

Please provide an email and/or physical address where the results may be sent: _____

ADDENDUM TO LEASE

(For lease applications *only*)

THIS ADDENDUM is made between _____ (Landlord) and _____ (Tenant(s)@) effective this ____ day of _____ 20__ and is intended to and shall supplement, amend and modify that certain Lease dated _____ in the following respects:

1) Tenant(s) are subject to and shall abide by all covenants and restrictions and rules and regulations set forth in the Declaration of Covenants, Conditions, and Restrictions; Bylaws and Articles of Incorporation for Waterford at Aberdeen Association, Inc. and, any rules and regulations for Waterford at Aberdeen Association, Inc.

2) Waterford at Aberdeen Association, Inc. has the right to terminate the lease in the name of and as agent for Landlord upon default by tenant(s) in observing any of the provisions of the Declaration, Bylaws, Articles of Incorporation, and any applicable rules.

3. In the event the landlord/owner becomes delinquent in payment of assessments (regular or special) or other charges to the Association, the Association may notify the tenant. Upon such notification, the tenant shall be obligated to pay the rent required under the lease to the Association, until all delinquent and other charges have been paid in full.

Witnesses:

LANDLORD

Printed Name

By: _____

Printed Name

By: _____

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

) ss

BEFORE ME personally appeared _____, the Landlord who produced _____ as identification, or who is personally known to me to be the individual who executed the foregoing instrument and acknowledged to and before me that he/she executed such instrument and that the contents of the above Agreement are true and correct to the best of his/her knowledge and belief.

WITNESS my hand and official seal this ____ day of _____, 20__.

Notary Public
State of Florida at Large
My Commission Expires:
(SEAL)

Witnesses:

TENANT(S)

By: _____

Printed Name

By: _____

Printed Name

STATE OF FLORIDA)

) ss

COUNTY OF PALM BEACH)

BEFORE ME personally appeared _____, the Tenant, who produced _____ as identification, or who is personally known to me to be the individual who executed the foregoing instrument and acknowledged to and before me that he executed such instrument as Lessee, and that the contents of the above Agreement are true and correct to the best of his knowledge and belief.

WITNESS my hand and official seal this _____ of _____, 20____.

Notary Public
State of Florida at Large
My Commission Expires:
(SEAL)

WATERFORD AT ABERDEEN ASSOCIATION, INC.
c/o Davenport Professional Property Management, LLC
6620 Lake Worth Road, Suite F
Lake Worth, FL 33467
Tel: (561) 642-5080 Fax: (561) 642-5481
Email: info@davenportpro.net

E-MAIL PERMISSION SLIP

I _____ wish to “FULL OPT-IN” for all the Association required notices and letters. This means I will receive all Association related correspondence via email in lieu of receiving them by regular mail. This does not mean that from time to time you may receive some correspondence by regular mail due to some unforeseen circumstances.

I _____ wish to “OPT-OUT” of receiving all Association required notices and letters via email. I prefer to receive this type of correspondence through regular mail. I will however, provide Davenport my email to allow for email correspondence related to my personal matters.

Date: _____

Print Name: _____

Signature: _____

Address: _____

Email: _____

Note: We can only have one (1) primary email address on file to receive Association related correspondence.

WATERFORD AT ABERDEEN ASSOCIATION, INC.
c/o Davenport Professional Property Management, LLC
6620 Lake Worth Road, Suite F
Lake Worth, FL 33467
Tel: (561) 642-5080 Fax: (561) 642-5481
Email: info@davenportpro.net

ABERDEEN ANNUAL DIRECTORY PERMISSION SLIP

Please check one.

_____ I DO wish to have my name and contact information added to the
Annual Aberdeen Directory.

_____ I DO NOT wish to have my name and contact information added to the
Annual Aberdeen Directory.

Date: _____

Print Name: _____

Signature: _____

Address: _____

Phone Number: _____

Waterford At Aberdeen Communications

The Property Management Company and Board of Directors in Waterford at Aberdeen communicate with Property Owners through postal mailings, e-mails and our website, www.waterfordataberdeen.com

PROPERTY OWNER AND/OR TENANT
(please circle one)

Property Owner(s): _____

Tenant(s): _____

If Trust or LLC, please specify name of person in charge:

Property Address: _____

Primary e-mail: _____

Secondary e-mail: _____

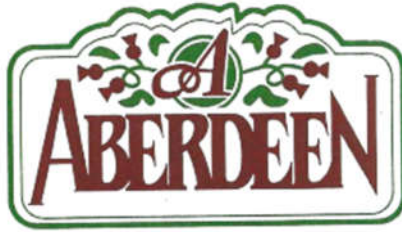
Primary Phone #: _____

Secondary Phone #: _____

Closing date of property: _____

Lease Start & End Date: _____

Emergency Contact:	_____	_____
	Name	Relationship to Owner/Tenant
	_____	(_____) _____
	Email Address	Phone Number



PROPERTY OWNERS ASSOCIATION

COMCAST REQUEST FOR SERVICE CHANGE

HOA- Use this form and procedure to request a change in service or new service under the COMCAST BULK CONTRACT FOR ABERDEEN POA.

NEW HOMEOWNERS- Must fill out and return this form to **CAMPBELL PROPERTY MANAGEMENT** prior to closing date.

CURRENT HOMEOWNERS-

Downgrade in service is **NOT** permitted.

Upgrades are permitted once a year-forms must be turned in by **November 1st** on any year.

TENANTS- No changes are permitted by tenants. Only homeowners can request upgrade of service.

A tenant may order retail services from providers (Comcast, AT&T, etc.) at their own expense, outside of the Aberdeen Bulk Comcast Contract.

INSTALLATION- To have equipment installed or receive a local phone number, you need to personally contact Comcast Bulk Contract Department at 1-800-934-6489. Comcast may charge an installation fee with is the homeowner’s responsibility to pay.

PLEASE NOTE: Current homeowners are only permitted to upgrade once a year. No downgrading is permitted. New homeowners can choose either video only or triple play.

REQUEST FOR CHANGE OF SERVICE

This form must be submitted to **Campbell Property Management** by November1st for upgrades

NEW HOMEOWNERS- VIDEO ONLY _____ TRIPLE PLAY _____ CLOSING DATE _____
new homeowners must include closing date

CURRENT HOMEOWNER UPGRADE- ONLY UPGRADE TO TRIPLE PLAY IS PERMITTED _____

Name of Homeowner: _____

Address: _____

Phone #: _____ Village: _____

Signature: _____ Date: _____