



1300 NW 17<sup>th</sup> Ave. Suite 270  
Delray Beach, FL 33445  
(561)637-3402 Office (561)637-3407 Fax

**Instructions for Rental Application – NORMANDY G ASSOCIATION, INC.**

- 1) APPLICATION MUST BE SUBMITTED AT LEAST THIRTY (30) DAYS PRIOR TO LEASE BEGINNING DATE.
- 2) **TWO (2) COMPLETE, SEPARATED SETS OF EVERYTHING LISTED BELOW MUST BE SUBMITTED.** (APPLICATION AND THE LEASE AGREEMENT CONSTITUTES ONE SET.)  
**ONE SET OF THESE MUST BE THE ORIGINAL PAPERWORK.**
- 3) EACH PAGE MUST BE PROPERLY COMPLETED.
- 4) EACH APPLICATION MUST INCLUDE A PHOTO ID (ON 8 ½ X 11 PAPER) SHOWING DATE OF BIRTH OF EACH OCCUPANT.
- 5) A \$150.00 NON-REFUNDABLE APPLICATION FEE PER PERSON OR MARRIED COUPLE IS REQUIRED ON ALL NEW LEASES. THE \$150.00 APPLICATION FEE MUST BE **MADE PAYABLE TO THE NORMANDY G ASSOCIATION, INC.**
- 6) THE VESTA PROPERTY SERVICES INFORMATION PAGE AT THE END OF THIS APPLICATION MUST BE SIGNED.
- 7) ALL THREE PERSONAL REFERENCE SHEETS **MUST BE COMPLETE, SIGNED,** AND PART OF THIS APPLICATION.
- 8) **NORMANDY G ASSOCIATION IS A NO PET ASSOCIATION.**
- 9) **NO NEW OWNER MAY LEASE HIS/HER UNIT DURING THE INITIAL TWO (2) YEARS OF OWNERSHIP. NO EXCEPTIONS WILL BE MADE.**
- 10) **COPIES OF 2 YEARS OF TAX RETURNS AND 2 MONTHS OF BANK STATEMENTS (CHECKING AND SAVINGS) MUST BE SUBMITTED WITH THE APPLICATION.**
- 11) **ON ALL FORMS, ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED. NO FORMS WILL BE ACCEPTED WITH AN ELECTRONIC SIGNATURE – NO EXCEPTIONS.**
- 12) **AN INCOMPLETE APPLICATION CANNOT BE CONSIDERED FOR APPROVAL AND WILL, THEREFORE BE AUTOMATICALLY REJECTED.**

**ALL MATERIALS MUST BE PROPERLY COMPLETED AND SUBMITTED TOGETHER OR THIS APPLICATION PACKET MAY NOT BE PROCESSED. OUR OFFICE WILL DO ITS BEST TO EXPEDITE ALL PAPERWORK IN A TIMELY FASHION. WE WOULD LIKE TO CONVEY TO YOU THAT MOST DELAYS ARE CAUSED BY INCOMPLETE PAPERWORK. PLEASE LOOK OVER THESE INSTRUCTIONS CAREFULLY. PLEASE CALL OUR OFFICE (561) 637-3402 WITH ANY QUESTIONS BEFORE SENDING COMPLETED PACKETS IN.**

**NOTE: IF YOU WOULD LIKE A COPY OF THE CERTIFICATE OF APPROVAL, PLEASE PROVIDE OUR OFFICE WITH YOUR CURRENT INFORMATION ON THE BOTTOM OF PAGE 2 OF THE APPLICATION**

# Wilson Landscaping & Management Corp.

1300 NW 17<sup>th</sup> Ave. Suite 270

Delray Beach, Florida 33445

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## RENTAL INFORMATION SHEET

**Association:** NORMANDY G ASSOCIATION, INC. **Unit:** \_\_\_\_\_

Name of Owner (s): \_\_\_\_\_

Owner (s) Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Owner(s) Phone Number: \_\_\_\_\_ Owner(s) Cell: \_\_\_\_\_

Owner's E-Mail Address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ SS#: \_\_\_\_\_ Age: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_ SS#: \_\_\_\_\_ Age: \_\_\_\_\_

Applicant(s) Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Applicant(s) Phone Number: \_\_\_\_\_ Applicant(s) Cell: \_\_\_\_\_

### **Vehicle Information:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate#: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Plate#: \_\_\_\_\_

### **PLEASE LIST ALL OCCUPANT(S) WHO WILL RESIDE AT UNIT IF APPROVED:**

<b>Name</b>	<b>Relationship to Applicant</b>	<b>Date of Birth</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

### **PLEASE PROVIDE NAME AND ADDRESS OF WHERE TO SEND APPROVED CERTIFICATE OF APPROVAL:**

\_\_\_\_\_  
\_\_\_\_\_

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## LESSEE AGREEMENT

In making this application to lease the unit noted on page one of this application; I/we understand that acceptance of the application is conditioned on the approval of the Board of Directors and that the decision they make is final.

- Agree that if the application is approved, to abide by all the Rules and Regulations, By-Laws and any and all restrictions of the the Association and any changes that may be imposed in the future.
- Agree that the unit may not be occupied in my absence without the prior knowledge of the Board.
- LESSEE(S), acknowledge receipt of the Rules and Regulations and understand that the unit may not be sub-leased.
- Have enclosed a check in the amount of \$150.00 **PER PERSON OR MARRIED COUPLE** payable to **NORMANDY G** Association as provided by Florida Statutes and by the Condominium Documents.
- Understand that if any check paid by the Owner(s), and/or Lessee(s) is returned unpaid; any approval granted will be voided.
- The Normandy G Board has the right to decline approval, at their discretion, of any negative reporting on background check.
- **NORMANDY G ASSOCIATION IS A NO PET ASSOCIATION.**
- **AS A REMINDER, ALL OWNER(S) MUST OWN THEIR UNIT FOR A MINIMUM OF TWO (2) YEARS BEFORE THEY WILL BE ALLOWED TO RENT THEIR UNITS. THERE WILL BE NO EXCEPTIONS MADE TO THIS RULE.**

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Applicant's Signature

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Date

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Applicant's Signature

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Date

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## AGE VERIFICATION QUESTIONNAIRE

**Association:** NORMANDY G ASSOCIATION, INC. **Unit:** \_\_\_\_\_

Please list every person who will be residing at this address during the lease period. Please supply independent photographic evidence indicating date of birth (*such as Driver's License or Passport*) of each occupant.

LESSEE(S) NAME	AGE	TYPE OF ID	DOB	RELATIONSHIP

Signature(s) of Lessee(s)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

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## **REQUEST FOR PERSONAL REFERENCE**

**Association:** NORMANDY G ASSOCIATION, INC. **Unit:** \_\_\_\_\_

Dear Sir/Madam:

\_\_\_\_\_ has listed you as a character reference in an application to lease an apartment in the above referenced Condominium Association.

As part of the application process, we respectfully request any information you can give use regarding their character and integrity. Please respond by providing brief comments in the space provided below, as quickly as possible.

Failure to return immediately could result in unnecessary delays to the Applicant's closing and/or move in date. The Association requires a minimum of thirty (30) days to properly review, approve and submit approval prior to the actual move in and/or closing date.

Thank you in advance for your valuable assistance, and we assure you that your reply will be kept confidential.

CHARACTER:

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INTEGRITY:

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OTHER COMMENTS:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone/Cell Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

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CHARACTER:

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INTEGRITY:

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OTHER COMMENTS:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone/Cell Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

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Thank you in advance for your valuable assistance, and we assure you that your reply will be kept confidential.

CHARACTER:

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INTEGRITY:

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OTHER COMMENTS:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone/Cell Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

**Normandy G Association, Inc.**  
**Emergency Contact and Mailing Information Form**

In an effort to update our records, it is important that you complete and return this Emergency Contact and Mailing Information form. Occasionally, there is maintenance, security, or other problems that occur and it is imperative to contact an out of town owner or a local representative. Repair work can be hampered when unit owners/renters are away on vacation or living in another state. All information contained in this form will remain confidential and for use in Association emergencies only.

Unit Number: \_\_\_\_\_  
Name of Renter(s): \_\_\_\_\_  
Local Telephone Number: \_\_\_\_\_  
Alternate Mailing Address: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Alternate Telephone Number: \_\_\_\_\_  
Business Telephone Number: \_\_\_\_\_  
Cell Telephone Number: \_\_\_\_\_

Vehicle Information: \_\_\_\_\_  
Color Make/Model Year License Plate Number

Real Estate Agency Name, if applicable? \_\_\_\_\_

Does a Board Member have a key to your unit? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, which Board Member: \_\_\_\_\_

In case of emergency, please notify:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Submitted By: \_\_\_\_\_

Please return this form with application to:

Wilson Landscaping & Management Corp.  
1300 NW 17<sup>th</sup> Ave. Suite 270  
Delray Beach, FL 33445



**NORMANDY G ASSOCIATION, INC.  
LEASE ENFORCEMENT AGREEMENT**

THIS AGREEMENT made this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between  
\_\_\_\_\_, (“Landlord”), \_\_\_\_\_ (“Tenant(s)”) and the  
**NORMANDY G ASSOCIATION, INC.** (“Association”).

1. Landlord is the owner of the following Unit within the **NORMANDY G ASSOCIATION**, unit # \_\_\_\_\_, located in Delray Beach, FL.
2. Tenant(s) is the lessee of the Unit pursuant to that certain residential lease dated \_\_\_\_\_, 20\_\_\_\_, a true copy of such residential lease being attached hereto as Exhibit “A”.
3. Association is the condominium association operating the **NORMANDY G ASSOCIATION** in which the unit is located.
4. Landlord and Tenant(s) have requested that the Association approve Landlord’s leasing of the Unit to Tenant(s), pursuant to the written lease attached hereto. The Association desires to grant approval for Landlord to lease the Unit if the Association and the other residents of the **NORMANDY G ASSOCIATION** are adequately protected.
5. Tenant(s) agrees to obey and occupy the Unit in accordance with all use restrictions applicable to the **NORMANDY G ASSOCIATION**, including the Declaration of Covenants; Articles of Incorporation and Bylaws of the Association; Rules and Regulations; and any policies of the Association or master association, all as amended (collectively “Use Restrictions”).
6. If Landlord defaults in payment of Association’s assessments, then Landlord and Tenant(s) agree that Tenant(s) shall, upon written demand by Association, pay the rent to the Association to satisfy the assessment obligation, including any interest, costs, and attorney’s fees. In such event, Tenant(s) shall commence paying the rent within ten (10) days of written demand from Association until Association notifies Tenant(s) that the delinquent assessments, including any interest, costs and attorneys fees, are paid in full.
7. If the Tenant(s) should violate any of the Use Restrictions, or violate this Agreement, Tenant(s) and Landlord agree that the Association may itself bring an action against the Tenant(s) to evict the Tenant(s) and/or to enforce the Use Restrictions or this Agreement. The Association may, but is not obligated, to name the Landlord also as Defendant. In any eviction action, the Association may utilize the summary procedure provided in Chapter 51, Fla. Stat. The Association’s remedy of bringing an eviction action is in addition to and not in substitution of any other remedy available to the Association pursuant to the governing documents and Florida Statutes.
8. In any action filed by the Association, the Association may recover its attorney’s fees and costs against the Tenant(s), and/or against the Landlord, or of both are joined a Defendants, against both jointly and severally.
9. The Association is not responsible as to the condition and usability of the Unit. The Association makes no representations, express or implied, about the condition or habitability of the Unit or about the common areas. The Tenant(s) shall look solely to the Landlord as to the condition and usability of same.

IT WITNESS WHEREOF, the parties hereby execute this Agreement.

\_\_\_\_\_  
First Witness as to Both

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Second Witness as to Both

\_\_\_\_\_  
Landlord

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

\_\_\_\_\_  
First Witness as to Both

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Second Witness as to Both

\_\_\_\_\_  
Tenant

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

**NORMANDY G ASSOCIATION, INC.**

\_\_\_\_\_  
First Witness

\_\_\_\_\_  
By: \_\_\_\_\_

Its: \_\_\_\_\_

\_\_\_\_\_  
Second Witness

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

**READ FIRST:** Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014

**\*\* THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! \*\***

## **APPLICATION FOR OCCUPANCY**

Association Name: Normandy G

Circle one: Purchase - Lease - Occupant - Unit.# \_\_\_\_\_ Bldg.# \_\_\_\_\_ Address applied for: \_\_\_\_\_

**Full Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

Circle One: Single - Married - Separated - Divorced - How Long? \_\_\_\_\_ Other legal or maiden name \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Date (s) \_\_\_\_\_ County/State Convicted in \_\_\_\_\_

Charge (s) \_\_\_\_\_

Applicant's Cell Number(s) \_\_\_\_\_ Applicant's Email Address \_\_\_\_\_

**Spouse** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

Other legal or maiden name \_\_\_\_\_ Have you ever been convicted of a crime? \_\_\_\_\_ Date (s) \_\_\_\_\_

County/State Convicted in \_\_\_\_\_ Charge (s) \_\_\_\_\_

Spouse's Cell Number(s) \_\_\_\_\_ Spouse's Email Address \_\_\_\_\_

No. of people who will occupy unit – Adults (over age 18) \_\_\_\_\_ Description of Pets \_\_\_\_\_

Names and ages of others who will occupy unit \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### **PART I – RESIDENCE HISTORY**

A. Present address \_\_\_\_\_ Phone \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Are you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Are you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other \_\_\_\_\_

B. Previous address \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Were you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Were you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other \_\_\_\_\_

C. Previous address \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Were you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Were you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other \_\_\_\_\_

## PART II – EMPLOYMENT REFERENCES

\*Include a recent copy of an earnings statement to expedite processing\*

- A. Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_ Fax \_\_\_\_\_  
Monthly Gross Income \_\_\_\_\_ Address \_\_\_\_\_
- B. Spouse Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_ Fax \_\_\_\_\_  
Monthly Gross Income \_\_\_\_\_ Address \_\_\_\_\_

## PART III – BANK REFERENCES

\*Include a recent copy of a bank statement to expedite processing\*

- A. Bank Name \_\_\_\_\_ Checking Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_
- B. Bank Name \_\_\_\_\_ Savings Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_

## PART IV – CHARACTER REFERENCES (No Family Members)

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
4. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Are you using a realtor? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Realtor's name \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Driver's License Number (Primary Applicant). \_\_\_\_\_ State Issued \_\_\_\_\_

Driver's License Number (Secondary Applicant) \_\_\_\_\_ State Issued \_\_\_\_\_

Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_

Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

# ***ASSOCIATED CREDIT REPORTING, INC.***

Established 1985

4690 NW 103rd Avenue, Sunrise, Florida 33351

www.associatedcreditreporting.com

## **\*\*\*AUTHORIZATION FORM\*\*\***

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY. If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

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(Applicant's Signature)

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(Spouse's Signature)

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(Applicant's Name Printed)

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(Spouse's Name Printed)

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(Date Signed)

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(Date Signed)

Our building follows the rules appearing in our Declaration of Condominium and our By-Laws, as well as the Florida Condominium Act. Up to date copies of these documents can be found through our website.

VISIT OUR OWNERS WEBSITE: <http://normandygassoc.weebly.com/> Here are some of the more common issues:

1. All requests for unit sales/leases must be presented to our current management company in writing. The request will be presented to the Board of Normandy G for review and approval. The approval will follow the guidelines set out in our Declaration of Condominium. A resident is somebody inhabiting a unit for more than 1 month and, if no owner is present, is considered a tenant (NEEDING BOARD AUTHORIZATION). Inhabited units must have at least one resident 55 years or older.
2. Our policy is strictly "NO PETS". All requests for Service Animals/Emotional Support Animals must be presented to our current management company in writing. The request will be presented to the Board of Normandy G for review and approval. All Condo rules regarding Service Animals/Emotional Support Animals must be followed. Special care should be made as to where the animal is walked, cleaned up after, and the animal must be leashed. We have a specific area designated for animal use, at the end of Piedmont Way by the hedges. All nuisances must be avoided.
3. Any approvals of visitors/family members staying in owners units for more than one week and up to one month are automatic, provided the owner signs this rule page and notifies the board in writing. It's the owner's responsibility to make sure these rules are followed. The notification should include the unit #, the names of the people staying, and the dates. The notification can be emailed to our website. **For visits any longer than one month**, application must be presented in writing to our current management company, and may require a background check. The request will be presented to the Board of Normandy G for review and approval. Family and friends are welcome, but please remember that all article and by-law requirements must be followed during their stay.
4. All garbage must be placed in the large dumpsters that are at each end of the building. We also have recyclable containers in each area for paper and glass or plastic bottles. Please remember to break down your boxes so that other residents have room to place their garbage in the containers.
5. LARGE DEBRIS must be placed out on MONDAY NIGHTS ONLY and placed on the roadside area of the dumpster. This is so the truck that comes on Tuesday ONLY can see the debris and get workable access to pick it up.  
  
PLEASE REMEMBER: Unit owners have the right to modify the inside of their apartments (from paint to paint). All else is probably a material alteration to the common element, and requires approvals. All renovations must conform to State and Local building codes. The board must be notified prior to any renovation. Contractors must remove their debris and not leave it in or at our container area. The owner may be charged for any extra pick up charges given to the building. All contractors and delivery men are strictly forbidden to use the lift/elevator.
6. Owners are required to provide working keys to Normandy G for routine and emergency maintenance (where access is needed to avoid damage to other units). Additionally, the access may be used for emergency unit access by the Police, Fire Dept. or Ambulance. We strongly recommend you leave an extra key with a neighbor or install a lockbox at your door for any other purposes.
7. No items may be placed on the walkways or staircases. This includes door mats, holiday decorations, bikes, walkers, etc. This could cause a trip/fall situation for our neighbors.
- 8." Backed in Parking" and motorcycles/scooters are allowed in our parking lot, along with passenger cars (including mini-vans). No commercial vehicles, RV's or vans should be left overnight on our property
9. The lift/elevator is designed for the use of no more than 2 persons, with a total weight of no more than 650 lbs. Excessive weight can result in costly repairs, which may be passed along to the unit owner along with a fine.
10. No personal property can be left on the common elements overnight without prior approval of the Board of Directors.
11. All inquiries regarding the above rules should be mailed or emailed to our current management company:

**WILSON MANAGEMENT**

1300 NW 17<sup>TH</sup> AVE. SUITE 270 DELRAY BEACH, FL 33445

[www.wilsonmanagement.net](http://www.wilsonmanagement.net)

[tammy@wilsonmanagement.net](mailto:tammy@wilsonmanagement.net)

Signature \_\_\_\_\_

Unit \_\_\_\_\_

Date \_\_\_\_\_



**ID OFFICE** 561-499-3335 Ext. 136 & 135  
Monday – Friday 9:00 AM – 4:00 PM  
Sat. & Sun. 10:00 AM – 3:00 PM (*November - May*)  
Closed Saturday & Sunday (*June – October*)

- Capital Contribution & Processing Fee - Includes one (1) Resident ID Card & one (1) Barcode  
\$1,500.00 Applicable to all resales and transfers.
- Resident ID \$60.00
- Single Resident ID \$60.00
- Lessee ID \$60.00
- Guest ID \$10.00 *(See procedural guide for further details)*
- Health Aide ID \$50.00 *(Three months)*
- Barcode \$10.00
- Saxony RFID Tag \$10.00

Before issuing **Resident ID cards**, we must receive the following:

- A copy of the Certificate of Approval from the association's management company approved by an association officer with the association seal.
- The previous owner's ID card(s) must be turned in to Kings Point's ID office. If the ID card(s) cannot be located, a \$60 fee for each outstanding ID card must be paid before new ID cards will be issued. *Checks payable to: **Kings Point Recreation Corp., Inc.***
- **Note:** Maximum of two (2) resident ID cards per unit. The first ID card purchased for a resident/lessee must be issued to an individual fifty-five (55) years of age or older.

Before we can issue **Lessee ID cards**, the ID office must receive the following:

- A copy of the Certificate of Approval from the association's management company approved by an association officer with the association seal, along with a lease.
- Any outstanding ID cards issued for that unit must be turned in.
- As of August 6, 2015, any unit that is SOLD, if there is an existing lease on the unit AND the lessee turns in their ID cards, ID Cards can be purchased by the new owner, even if the lease has not expired.
- Any Owner or Tenant that breaks the lease, the existing rule below still follows:

**Resident ID card(s) will not be issued or another Lessee ID card(s) will not be issued until the expiration of the current lease. No Exceptions!**

### **Kings Point Recreation Area Amenities**

The recreation amenities consist of three (3) clubhouses, five (5) outdoor swimming pools, Natatorium, two (2) golf courses, tennis, shuffleboard, pickleball, bocce ball, racquetball and basketball courts, canals, entry gates and roads of the community and other common facilities. Kings Point is a "**NO PET**" community. The recreation area does not include condominium property and its parking areas or common grounds. Our residents also have use of the Kings Point buses. The buses serve the community, the immediate surrounding areas and shopping centers. To assure that residents and their guests have exclusive access to all recreation facilities, a Kings Point ID is necessary. The ID cards are issued in the ID Office located in the Administration Building.

**PLEASE READ CAREFULLY BEFORE SIGNING!!!!**

Signature: \_\_\_\_\_  
*Seller/ Owner*

Signature: \_\_\_\_\_  
*Buyer/ Tenant*

Note: **Capital Contribution & Processing Fee** of \$1,500.00 *payable to Kings Point Recreation Corporation, Inc.*, the Not For Profit Corporation organized under Florida Statute 617 authorized to manage the Recreation Facilities, **must be submitted** with application for purchase.



## KINGS POINT USER ACCOUNT REGISTRATION

**SIGN IN or CREATE AN ACCOUNT at the [kingspointdelray.com](http://kingspointdelray.com) website**

The enhanced access control system is ready to launch and will be linked to the Kings Point ID system so that you can start developing your list of friends and family for your Permanent/ Temporary/ Vendor gate access.

1. Every resident that has a Community ID are already in the ID system. Those of you that have purchased theater tickets using the internet have already activated their accounts.
2. For each resident, there will only be ONE account. It will allow you to maintain a Permanent/ Temporary/Vendor Guest list, purchase tickets to our theater and register for "T Times" at the golf course. It will also link purchased theater tickets into the data base so that security will know who is on our property. Remember – persons who do not have ID cards will not be able to activate an account.
3. Activate your account by going to the [kingspointdelray.com](http://kingspointdelray.com) website.
  - a. On the "Home Page" click on the "Gate Access/Visitor Management" link in order to sign in or create an account.
  - b. Click on "Create Account" and a new screen will appear. The badge number and name you fill in must match the name as it appears on your ID. When creating your account you select a user name and the password. Note the password restrictions listed at the bottom of the page. Make sure that you keep your user name and password in a safe place, as you will need it every time you access your account. When completed, click on "Create User" at the bottom of the page. You have now completed your part of the activation process.
  - c. You will be notified when your account has been activated (within 72 hours).
4. If two persons living in a unit have different last names, it is advisable for each to activate his/her own account. The two accounts will be linked by unit address so that when purchasing tickets during the restricted period, a unit can still only purchase two tickets.
5. Populate your account by going to the [kingspointdelray.com](http://kingspointdelray.com) website and click on the "Gate Access/Visitor Management" link.
  - a. Click on "Sign In" and enter your user name and password.
  - b. Click on "Sign Me In" and fill in the data requested. Permanent Visitors do not need a visit date. Temporary Visitors will need to fill in the dates for each visitor. Names on the "Temporary" list are automatically deleted at the end of their authorized access time.
  - c. The "Permanent" list will be updated on an annual basis.
  - d. Vendors that issue their employees identification cards, i.e. the Post Office and FedEx do not need to be added to your list.
6. **Do not have a computer?** Call the Staff Office at 561-499-3335/ 561-499-7751 Ext. 225 for an appointment. The Staff will help you activate your account and enter the data.
7. Target date to activate the system at the Normandy Gate is on Monday, May 4th. Once the system is running smoothly at the Normandy Gate, the other manned gates at Kings Point will be implemented.

Like any new major change, this will require your patience as it is a massive programming effort with links to several existing systems. However, you can help in the implementation if you are a resident by obtaining your Kings Point ID. All Residents and Lessees with a vehicle should purchase a barcode for easy access thru the gates.