

**LATITUDE DELRAY BEACH CONDOMINIUM ASSOCIATION, INC.**

**SALES APPLICATION**

DATE RECEIVED: \_\_\_\_\_ UNIT ADDRESS: \_\_\_\_\_

DATE OF SALE: \_\_\_\_\_

**APPLICANT INFORMATION:**

NAME 1: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME 2: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

# OF ADULTS: \_\_\_\_\_ # OF CHILDREN: \_\_\_\_\_

**LIST ALL PERSONS TO OCCUPY UNIT NOT LISTED ABOVE:**

NAME	RELATIONSHIP	AGE
1) _____	_____	_____
2) _____	_____	_____



EMPLOYER: \_\_\_\_\_

TITLE: \_\_\_\_\_ YEARS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

EMPLOYER 2: \_\_\_\_\_

TITLE: \_\_\_\_\_ YEARS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

**LATITUDE DELRAY BEACH CONDOMINIUM ASSOCIATION, INC.**

**PET INFORMATION:**

**TYPE                      BREED                      COLOR                      WEIGHT                      AGE                      LICENSE NUMBER**

1. \_\_\_\_\_

2. \_\_\_\_\_

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**AUTOMOBILE INFORMATION:**

**VEHICLE #1**

**MAKE:** \_\_\_\_\_ **MODEL:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

**TAG:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**VEHICLE #2**

**MAKE:** \_\_\_\_\_ **MODEL:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_

**TAG:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**PARKING SPACE #** \_\_\_\_\_ **STORAGE SPACE #** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

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**LATITUDE DELRAY BEACH CONDOMINIUM ASSOCIATION, INC.**

**PLEASE COMPLETE APPLICATION AND RETURN WITH PROCESSING FEE TO:**

**LATITUDE DELRAY BEACH CONDOMINIUM ASSOCIATION, INC.  
c/o Carolina Management Services, Inc.  
P.O. Box 740425  
Boynton Beach, FL 33474**

- I (We) fully authorize investigation of all answers and references given on the application.
- I (We) hereby agree to abide by all Documents and Rules and Regulations of the Latitude Delray Beach Condominium Association, Inc.
- Owner acknowledges that they are responsible for Association assessments.
- Attached is the non-refundable application fee of \$50.00 per person over 18 years of age made payable to Latitude Delray Beach Condominium Association, Inc.
- Attached is the non-refundable processing fee of \$ 100.00 made payable to: Carolina Management Services, Inc.
- **Please include a check payable to Latitude Delray Beach Condominium Association, Inc. in the amount of \$1,500.00 for Capital Contribution. (This is a onetime contribution)**
- Please include a copy of a Driver's License for each applicant.
- Please include a copy of the sales contract.
- SRF for all applicants over the age of 18
- Disclosure & Authorization form for all applicants over the age of 18
- Agreement & Compliance of Rules & Regulations, signature required.
- I (We) declare that the above information to be true and correct.

**BUYER/OWNER(S):**

\_\_\_\_\_ **DATE:** \_\_\_\_\_

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**THIS SECTION FOR BOARD USE ONLY**

**BUYER BECOMES RESPONSIBLE FOR ANY AND ALL OUTSTANDING BALANCES AFTER CLOSING. PLEASE VERIFY CURRENT BALANCE AT TIME OF CLOSING.**

**OWNER CURRENTLY OWES:** \_\_\_\_\_ **AS OF** \_\_\_\_\_

**Board Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Board Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Carolina Mgmt – Latitude Delray Beach / Ref# \_\_\_\_\_

**RESIDENTIAL SCREENING REQUEST**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_\_

Tel#: \_\_\_\_\_ Cel#: \_\_\_\_\_

**Current Employer**

Company: \_\_\_\_\_ N/A \_\_\_\_\_ Tel#: \_\_\_\_\_ N/A \_\_\_\_\_

Supervisor: \_\_\_\_\_ N/A \_\_\_\_\_ Salary: \_\_\_\_\_ N/A \_\_\_\_\_

Employed From: \_\_\_\_\_ N/A \_\_\_\_\_ To: \_\_\_\_\_ N/A \_\_\_\_\_ Title: \_\_\_\_\_ N/A \_\_\_\_\_

**Current Landlord**

Company: \_\_\_\_\_ N/A \_\_\_\_\_ Tel#: \_\_\_\_\_ N/A \_\_\_\_\_

Landlord: \_\_\_\_\_ N/A \_\_\_\_\_ Rent: \_\_\_\_\_ N/A \_\_\_\_\_

Rented From: \_\_\_\_\_ N/A \_\_\_\_\_ To: \_\_\_\_\_ N/A \_\_\_\_\_

*I have read and signed the Disclosure and Authorization Agreement.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**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 AmeriCheckUSA 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

- For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check the box.