c/o Seacrest Services, Inc.
Sales & Leasing Department
Return Application to:
6601 Lyons Road - Suite A7
Coconut Creek, FL 33073

APPLICATION FOR (select one):

- OCCLIDANCY

DIDCHACE

| ☐ PURCHASE ☐ OCCUPANCI |
|--|
| Applicant Name(s): |
| Total Number of applicant(s): |
| Building: Unit: |
| Applicant Phone Number: |
| Applicant Email Address: |
| Realtor Name and Phone Number: |
| Date of Closing/Occupancy (if applicable):// |
| |

Contact by email: CVESNL@seacrestservices.com

WEEKLY SALES & LEASING HOURS
Monday-Friday from 1:00pm – 4:00pm

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APPLICATION CHECKLIST & PROCEDURES

Important: <u>COMPLETE</u> applications take up to 30 DAYS for processing and decision rendering. Please ensure all necessary items are included, as incomplete applications will NOT be accepted. Updates are not provided – the potential buyer/tenant will be notified within 30 days of the decision.

Please do not schedule your closing/move-in date outside of this standard processing time frame.

Applicants may NOT occupy the unit before a formal written decision is rendered.

All applications must be dropped off in-person during SALES & LEASING HOURS or mailed to the Coconut Creek office, unless special arrangements are made by request and have been communicated prior to sending.

As of 12/5/22, application payments are only accepted via <u>Cashier's Check or Money Order in U.S. Funds.</u>

NO personal or business checks.

PLEASE <u>DO NOT</u> OMIT ANY REQUESTED INFORMATION WITHIN THE APPLICATION. <u>READ CAREFULLY AND FOLLOW</u> <u>THE INSTRUCTIONS</u> TO AVOID HAVING THE APPLICATION REJECTED DUE TO INCOMPLETENESS.

Please include the following, along with your application:

- Two (2) valid forms of Identification (one **must** be a photo ID) (example: Driver's License or Passport)
- One of the following:
 - Copy of entire Sale Contract (if purchasing)
 - Copy of entire Lease Agreement (if rental)
 - Copy of Deed (for additional owners or occupants applying for ID)
- International Applicants (outside of the U.S. or Canada) requiring a background check are responsible
 for obtaining and providing their own documentation at the time the application is turned in. You must
 provide an official sealed letter per international applicant, translated to English, from their country's
 embassy to authorize their valid records.

APPLICATION FEES:

All Sales & Leasing payments are made via Cashier's Check or Money Order in U.S. funds ONLY – Payable to "Seacrest Services, Inc."

- New Applicants (sale/rental/occupancy):
 - Standard \$150.00 non-refundable application fee per applicant or married couple
- Lease Renewals:
 - \$65.00 non-refundable fee per applicant or married couple
 - (<u>A Lease Renewal must be the same tenant residing in the same unit</u>. **IF** an additional tenant is added, it is no longer a renewal. **IF** the unit number changes, it is no longer a renewal. In either of these circumstances, a new application would be required with the appropriate fee of \$150.00 per adult applicant or married couple.
- Waivers:

If the background/financial check is $\underline{\text{waived}}$ (with official waiver form and approval from the building's Board), the fee is $\underline{\$65.00}$

APPLICANT ACKNOWLEDGEMENT

- THE SELLER/CURRENT OWNER IS RESPONSIBLE FOR PROVIDING CURRENT COPIES OF ALL ASSOCIATION
 DOCUMENTS TO THE PURCHASER/LESSEE AS THE PURCHASER/LESSEE IS REQUIRED TO ADHERE TO THE RULES
 AND REGULATIONS OF THE ASSOCATION AND THE CENTURY VILLAGE EAST COMMUNITY INCLUDING THOSE
 NOTED IN THIS DOCUMENT.
- ID CARD(S) AND AUTO DECAL(S) MUST BE RETURNED TO THE CENTURY VILLAGE ID OFFICE BY THE CURRENT OWNER.
- THE CURRENT OWNER MUST HAVE A **ZERO** (\$0.00) BALANCE WITH THE ASSOCIATION BEFORE AN APPLICATION WILL BE ACCEPTED/PROCESSED FOR CONSIDERATION.
- PETS ARE NOT PERMITTED IN THE CENTURY VILLAGE EAST COMMUNITY. THIS INCLUDES VISITOR'S PETS. IF YOU
 HAVE A SERVICE ANIMAL/EMOTIONAL SUPPORT ANIMAL (ESA), YOU MUST COMPLETE A CENTURY VILLAGE
 ANIMAL APPLICATION.
- IF THE ASSOCIATION YOU SEEK TO PURCHASE/LEASE WITHIN HAS A CREDIT SCORE REQUIREMENT YOU ARE RESPONSIBLE FOR KNOWING YOUR SCORE TO ENSURE YOU MEET THE MINIMUM.
- ELECTRONIC SIGNATURES ON THE APPLICATION ARE <u>NOT</u> PERMITTED. APPLICATIONS MAY <u>NOT</u> BE FAXED OR SUBMITTED ELETRONICALLY (via email). SUBMIT ORIGINAL APPLICATION WITH PROPER SIGNATURES/INITIALS WHERE REQUIRED.
- THE BOARD OFFICERS/BOARD OF DIRECTORS IS RESPONSIBLE FOR THE APPROVAL OR DISAPPROVAL OF AN APPLICATION. THE ASSOCIATION'S AGENT, SEACREST SERVICES, INC., IS RESPONSIBLE FOR PROCESSING THIS APPLICATION. STATUS UPDATES ON THE PROCESS IS NOT PROVIDED BY SEACREST PERSONNEL THE **PROCESS WILL TAKE THIRTY DAYS.**

Falsification and/or intentional omission/addition of any data within this application may result in disapproval of your purchase/lease/occupancy application – at the discretion of the Board Officer(s) or Board of Director(s). My signature(s) below confirms my acknowledgement and consent to adhere to of the above-mentioned data and all Governing Rules and Regulations for the association I am purchasing/leasing.

| Buyer/Lessee/Occupant Signature | Buyer/Lessee/Occupant Signature | |
|----------------------------------|----------------------------------|--|
| Buyer/Lessee/Occupant Print Name | Buyer/Lessee/Occupant Print Name | |
| | | |
| | | |

c/o Seacrest Services, Inc.

| Building: | | Unit #: | |
|---|---|--|--|
| Name(s) of Current Owner(s |): | | |
| Present Address: | | | |
| City: | State: | Country: | Phone: |
| , | | · | |
| | APPLICANT IN | IFORMATION . | |
| APPLICANT PHONE NUMBER | · · | | |
| Name (s) of Applicant(s): | | | |
| Address: | | | |
| City: | State: | | Country: |
| Social Security (#1): | Soc | cial Security (#2): | |
| Number of Months Applican | t(s) will occupy unit: | | |
| Names & Ages of ALL Occupa | | | |
| | | | |
| Have you ever been convicte | ed of a felony? 🛮 YES 🗀 NO | O If yes, give details o | n conviction: |
| , | • | , , , | |
| | - mricano D VEC DNO I | fues sive details of of | fance |
| Have you ever served time ir | i prison? 🗆 YES 🗀 NO I | it yes, give details of of | tense: |
| | | | VEC D NO |
| Are you on parole? \square YES $[$ | 」NO Ar€ | e you on probation? \Box | YES LI NO |
| Social References: Provide co | amplete addresses with zin | codes apartment #'s | and phone #'s (No Polatives) |
| | | • • | and phone #'s. (No Relatives) |
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| 2 | | | |
| 3 | | | |
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| APPLICANT(S) MAY NOT MOVE IN | TO THE CONDOMINIUM UNIT U | INTII CONDOMINIUM ASS | OCIATION APPROVAL HAS BEEN |
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| OBTAINED. | | | |
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| OBTAINED. SUBMISSION OF THIS FORM IS NO ALSO INCLUDE A NON-REFUNDAE | OT TO BE CONSIDERED APPROVA BLE \$150.00 (PER APPLICANT OR | AL BY THE BOARD OF DIREC | CTORS. |
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| OBTAINED. SUBMISSION OF THIS FORM IS NO ALSO INCLUDE A NON-REFUNDAE 'SEACREST SERVICES, INC" FOR A | OT TO BE CONSIDERED APPROVA BLE \$150.00 (PER APPLICANT OR | AL BY THE BOARD OF DIREC | CTORS. S. FUNDS CHECK MADE PAYABLE TO: |
| OBTAINED. SUBMISSION OF THIS FORM IS NO ALSO INCLUDE A NON-REFUNDAE "SEACREST SERVICES, INC" FOR A | OT TO BE CONSIDERED APPROVA BLE \$150.00 (PER APPLICANT OR | AL BY THE BOARD OF DIRECT PER MARRIED COUPLE) U. | CTORS. S. FUNDS CHECK MADE PAYABLE TO: |
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c/o Seacrest Services, Inc.

6601 Lyons Road - Suite A7 Coconut Creek, Fl. 33073

APPLICANT CONSENT FORM FOR CONSUMER CREDIT REPORT & BACKGROUND INVESTIGATION

| APPLICANT: | | |
|--|---|--|
| (Last Name) | (First Name) | (Middle Name) |
| APPLICANT SOCIAL SECURITY | / SIN#: | DATE OF BIRTH: |
| JOINT APPLICANT: (Last Name) | (First Name) | (Middle Name) |
| (Last Name) | (1 ii st Ivaine) | (Minute Paint) |
| JOINT APPLICANT SOCIAL SEC | URITY / SIN#: | DATE OF BIRTH: |
| CURRENT ADDRESS: | | |
| (Street # | and Name) | (City, State, Zip Code) |
| ADDRESS IF LESS THAN 2 YEAR | SS: (Street # and Name) | (City, State, Zip Code) |
| APPLICANT CONTACT NUMBER | .(3): | |
| AUTHORIZAT By completing and signing this form process and obtain a credit report ar information I have provided on this names in this application may freel rights of action that I may have for hereby authorize any employer, law consumer reporting agency, or inst to waive all rights of recourse and | you are authorization extended to conduct a background application is true, correctly give any information contains any consequences resulting wenforcement agency, adrittution to release informat | ding your consent to Seacrest Services, Inc. to dinvestigation report. I am stating that the t, and complete. All persons and firms (entities) cerning me that is requested, and I waive all g from such information. By signing below. I ministration, federal, state or city agency, ion to Seacrest Services, Inc. I voluntarily agree any and all liability for compliance in this |
| By completing and signing this form process and obtain a credit report are information I have provided on this names in this application may freely rights of action that I may have for hereby authorize any employer, law consumer reporting agency, or inst | you are authorization extended to conduct a background a application is true, correctly give any information contains any consequences resulting wenforcement agency, adrittution to release informat | ding your consent to Seacrest Services, Inc. to dinvestigation report. I am stating that the t, and complete. All persons and firms (entities) cerning me that is requested, and I waive all g from such information. By signing below. I ministration, federal, state or city agency, ion to Seacrest Services, Inc. I voluntarily agree |

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c/o Seacrest Services, Inc.

6601 Lyons Road - Suite A7 Coconut Creek, Fl. 33073

| | Coı | ndominium <i>A</i> | Associa | tion, Inc. | Unit Number: |
|-------------|-------------------|--------------------|---------|----------------------------|-----------------------|
| | (To be executed b | | | S FORM d owner(s) named | in the Recorded Deed) |
| Print Name: | (Last Name) | | | (First Name) | |
| | DESIGNATION: | () Owner | (|) Occupant | () Renter/ Lessee |
| | Age: | | Date o | of Birth: | |
| | Date | of Occupanc | y: | | |
| Print Name: | (Last Name) | | | (First Name) | |
| | DESIGNATION: | () Owner | (|) Occupant | () Renter/ Lessee |
| | Age: | | Date o | of Birth: | |
| | Date | of Occupanc | y: | | |

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c/o Seacrest Services, Inc.

6601 Lyons Road - Suite A7 Coconut Creek, Fl. 33073

| CONDOMINIUM ASSOCIATION, INC. UNIT# | |
|-------------------------------------|--|
|-------------------------------------|--|

INTERROGATORIES TO BE ANSWERED BY PROSPECTIVE PURCHASER(S) / LESSEE(S) / OCCUPANT(S)

NO sho pui fals disa

| oulc | The following questions must be answered truthfully and completely. No information be withheld. The decision (approval or disapproval) of the |
|-------|--|
| sific | ase/rental/occupancy will be determined in part based on your replies to the questions. Any ation, deception, or withholding of pertinent information or misleading answers will justify proval. If question does not apply, mark N/A. |
| 1. | What is/are your full names(s) and present address (es)? |
| 2. | Are the foregoing the same person(s) named in the original purchase/rental application? |
| 3. | Will you be a permanent and full-time resident and occupant of the apartment you seek to purchase/rent/occupy? If "no" please explain. |
| 4. | Do you own any other real property (i.e., house, condominium etc.) in Florida or elsewhere? If so, please list the locations and state and if you presently reside in any of these locations. |
| 5. | Do you lease or rent any of these properties? Yes No |
| 6. | Are you aware that under our amended documents, the rental of units as a business or for investment is prohibited except in cases of undue hardship or difficulty, and that the units are supposed to be used as places of residence? Yes No |
| 7. | Are you aware that Article 9.1 Residential Use reads as follows: "Each unit is hereby restricted to <u>residential</u> <u>use</u> as a single family residence by the owner(s) thereof, their immediate families, guests and invitees" Yes No |
| 8. | Are you aware of the restrictions contained in the Amendments, etc., requiring occupancy by at least one (1) person, fifty-five (55) years or older is required under the Fair Housing Amendments Act of 1988, and of Association's rule that should the occupant(s) under the age of fifty-five (55) years residing in the unit will not be permitted to remain? Yes No |

| 9. | Are you aware that Article 12.1 (b) Lease reads as follows: "No unit owner may dispose of a Unit or any interest in a unit by lease or allow the occupancy thereof without approval of the Lessee or occupant by the |
|-----|---|
| | Association. No lease may be made for less than a three-month consecutive period, <u>but only one (1) such</u> <u>lease may be made within any 12 month consecutive period</u> , nor shall any transient accommodations be |
| | provided. Leasing of units as a regular practice for business, investments, speculative or such purpose is |
| | prohibited" Yes No |
| 10. | Do you agree that, if approved, you will abide by and comply with our Condominium documents, including the Declaration of Condominium, the By Laws, and the Articles of Incorporation, as amended, which require, regulate and control the use of and conduct in the condominium property? Yes No |
| 11. | Are you aware that, in view of the foregoing amendments, many, if not most, of our Associations have been prohibiting leasing or renting of units, and have refused approval of any purchaser who intends to use the unit for such purposes, except in special situations to avoid undue hardship or difficulty? Yes No |
| 12. | If you plan to have anyone occupy your apartment in your absence, are you aware of resolutions adopted by most Board of Directors, which requires the consent of the Board, except in cases of specified immediate family members? Yes No |
| 13. | Do you have any children? If so, set forth their names, ages, and addresses. |
| 14. | Are you aware that our documents prohibit the permanent residence of any children under the age of eighteen (18) years in a unit, though they may visit for no more than two (2) consecutive weeks, with a total of not more than thirty (30) days in the year? Yes No |
| 15. | How many persons will reside in the unit permanently? Only three (3) adults may reside in a one-bedroom unit and four (4) ID's in a two bedroom. |
| 16. | Are you aware of the fact that the approval, if given, is based upon reliance of the truth of the statements made herein, especially with respect to the occupancy and purposed use of this unit? Yes No |
| 17. | Are you aware of the fact that if the unit you intend to purchase is to be occupied by a parent(s) or other relative(s), you must sign an affidavit that you waive the right to obtain an ID card or auto decal for as long as the unit is still occupied? Yes No |
| 18. | Are you aware Florida Law requires that the purchase of any articles of furniture or other personal property be handled separately and apart from the purchase of the unit; that the purchase price set forth in the contract must not include any consideration for such items and that the documentary stamps to be placed on the deed submitted for recording will be based only on the value of the unit, excluding furniture or other personal property? |
| | Yes No |
| 19. | Please supply the following breakdown information: |
| | Sale Price of Unit: \$ |
| | |

| 21. Have you ever served time in prison? Yes No If yes, give details of offense: 22. Are you on parole? Yes No Are you on probation? Yes No 23. Do you or a member of your household have a Service Animal or Emotional Support Animal? Yes No INTERROGATORIES TO BE SIGNED BY PROSPECTIVE PURCHASER(S)/LESSEE(S)/OCCUPANTS(S) Date: Applicant Signature: Date: Applicant Signature: Witnesses: State of County of 20, before me personally appeared. to me known and known to me to be the individual(s) described are true and they forth acknowledged that they executed same. y Commission Expires: Notary Public Signature (SEAL) | • | ever been convicted of a felony? Yes No e details of conviction: |
|--|--------------|---|
| 22. Are you on parole? Yes No Are you on probation? Yes No 23. Do you or a member of your household have a Service Animal or Emotional Support Animal? Yes No INTERROGATORIES TO BE SIGNED BY PROSPECTIVE PURCHASER(S)/LESSEE(S)/OCCUPANTS(S) Date: Applicant Signature: Date: Applicant Signature: Witnesses: State of County of to me known and known to me to be the individual(s) described are true and they forth acknowledged that they executed same. y Commission Expires: No Notary Public Signature | 21. Have you | ever served time in prison? Yes No |
| 23. Do you or a member of your household have a Service Animal or Emotional Support Animal? Yes No INTERROGATORIES TO BE SIGNED BY PROSPECTIVE PURCHASER(S)/LESSEE(S)/OCCUPANTS(S) Date: Applicant Signature: Date: Applicant Signature: Witnesses: State of County of to me known and known to me to be the individual(s) described rein and who executed the foregoing Questionnaire and duly acknowledged to me that the answers give are true and they forth acknowledged that they executed same. y Commission Expires: Notary Public Signature | If yes, give | e details of offense: |
| INTERROGATORIES TO BE SIGNED BY PROSPECTIVE PURCHASER(S)/LESSEE(S)/OCCUPANTS(S) Date: Applicant Signature: Date: Applicant Signature: Witnesses: State of County of In this day of, 20, before me personally appeared. to me known and known to me to be the individual(s) described are true and they forth acknowledged that they executed same. y Commission Expires: Notary Public Signature | 22. Are you | on parole? Yes No Are you on probation? Yes No |
| INTERROGATORIES TO BE SIGNED BY PROSPECTIVE PURCHASER(S)/LESSEE(S)/OCCUPANTS(S) Date: Applicant Signature: Date: Applicant Signature: Witnesses: State of County of In this day of, 20, before me personally appeared. to me known and known to me to be the individual(s) described retin and who executed the foregoing Questionnaire and duly acknowledged to me that the answers give are true and they forth acknowledged that they executed same. Y Commission Expires: Notary Public Signature | - | |
| PURCHASER(S)/LESSEE(S)/OCCUPANTS(S) Date: Applicant Signature: Date: Applicant Signature: Witnesses: State of County of In this day of, 20, before me personally appeared. to me known and known to me to be the individual(s) described and who executed the foregoing Questionnaire and duly acknowledged to me that the answers give ere true and they forth acknowledged that they executed same. y Commission Expires: Notary Public Signature | res | NO |
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| Date: Applicant Signature: Witnesses: State of County of In this day of, 20, before me personally appeared. to me known and known to me to be the individual(s) described arein and who executed the foregoing Questionnaire and duly acknowledged to me that the answers give ere true and they forth acknowledged that they executed same. y Commission Expires: | | |
| Witnesses: State of County of this day of, 20, before me personally appeared. to me known and known to me to be the individual(s) described arein and who executed the foregoing Questionnaire and duly acknowledged to me that the answers give ere true and they forth acknowledged that they executed same. y Commission Expires: Notary Public Signature | Date: | Applicant Signature: |
| State of County of In this day of, 20, before me personally appeared. to me known and known to me to be the individual(s) described arein and who executed the foregoing Questionnaire and duly acknowledged to me that the answers give ere true and they forth acknowledged that they executed same. y Commission Expires: Notary Public Signature | Date: | Applicant Signature: |
| State of | Witnesses: | |
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| rein and who executed the foregoing Questionnaire and duly acknowledged to me that the answers give ere true and they forth acknowledged that they executed same. y Commission Expires: Notary Public Signature | n this | day of, 20, before me personally appeared. |
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| Notary Public Signature | | , , |
| Notary Public Signature | | |
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| (SFAL) | | |
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UNIT OWNER PERSONAL DATA SHEET

In the event of emergency (either medical or to your apartment) and to carry out business, your Building Association officials require the following information in order to effectuate the necessary actions to take care of the problem. Please fill in all relevant fields below and return form immediately to the President.

| . Unit Owner Name(s) on De | ed: Unit #: |
|-------------------------------|---|
| Out of Town Address: | City: |
| State: | _ Zip Code |
| Local Phone: | Out of Town Phone: |
| Cell Phone: | Email: |
| . Mailing Address for ALL Ass | sociation and Fee Mailings: |
| Street: | City: |
| State: | _ Zip Code: |
| Holder(s) of Duplicate Unit | Keys (include Relatives, Cleaning Service, Aids, etc.) |
| Name: | Relationship: |
| Address: | Phone: () |
| Name: | Relationship: |
| Address: | Phone: () |
| Next of Kin or Other Person | s to Be Notified in Event of Emergency: |
| Name: | Relationship: |
| Address: | Phone: () |
| Email Address: | Cell Phone: () |
| Name: | Relationship: |
| Address: | Phone: () |
| Email Address: | Cell Phone: () |
| When you are away, you ar | re responsible for having your unit checked and cared for at least monthly. |
| Condo Sitter Name: | Email: |
| Phone: | Cell: |
| . Condominium Insurance Re | equired by Law: (A Certificate of proof may be required) |
| Company: | Policy #: Local Phone |
| | |
| Service Company (i.e., ECM | Century etc.) |

| Reference Building: | Unit: |
|---------------------|-------|
| | |

(FOR APPLICANT TO KEEP FOR THEIR RECORDS)

PARTIAL LIST OF CVE RULES & REGULATIONS

- A non-refundable statute-authorized investigation fee of \$150 must be paid by any applicant wishing to purchase or rent an apartment or obtain Identification documentation.
- All applicants for purchase and rental must complete either a Purchase or Rental Application. The Unit Owner must obtain such form from the Seacrest Services Sales & Leasing Department. In the event of a sale, a set of sworn interrogatories must also be completed.
- A personal appearance/interview by such applicant(s) before the Building Association Board of Directors is required but may be waived by the Association Board of Directors.
- The Association is required to keep copies of all relevant documents, which will be supplied to the Seller/Owner of the unit upon payment of the cost of obtaining or reproducing such documents.
- The Seller MUST turn over to the Buyer a copy of the recorded Condominium Documents and all Amendments enacted by the Building Association attached thereto; also, copies of all rules and regulations of the Association must be given to the Buyer; in addition, ID Card(s) and auto decal(s) must be returned to the ID Department.
- Each of the 253 Building Associations is a separate corporate entity: most of these Building Associations have amended their documents and no longer permit rentals. The amendments themselves will reflect other changes.
- No walking pets, other animals or pets creating a nuisance are permitted. Residents also may not cause unreasonable disturbances.
- No boarders are permitted, No sub-leasing, or time-sharing is permitted.
- Nothing is to be draped over the catwalk railings or thrown down from any catwalks for the obvious aesthetic and safety reasons.
- All empty boxes/ cartons must be collapsed and folded flat before being placed in dumpsters. Nothing is to be
 placed outside the dumpsters unless arrangements have been made for the pick-up or removal thereof.
- No children under the age of (18) years of age are allowed as permanent residents.
- If the Association has adopted the amendments under the Fair Housing Act, at least one of the permanent residents must be 55 years of age or older unless exempted by the Association directors.

OCCUPANCY LIMITS:

One Bedroom Apartments = maximum of three (3) adults, but only Three (3) I.D. Cards. Two Bedroom Apartments = maximum of four (4) adults, but only Four (4) I.D. Cards.

Normally, one or two persons occupy CVE apartments. Should any additional persons want to live in the apartment, and then written request must be made to the Building Association Board of Directors. The Board of Directors in turn is to write an approval letter affixing their corporate seal thereto. Both to receive valid I.D. Cards/auto decals.

Occupancy by others while Owners are away is limited to the <u>immediate family</u> (i.e., spouse, parents, children and grandchildren) <u>for a short time only</u>. No other persons are permitted to occupy the Unit in the absence of the Owner except upon written application to, and the approval of, the Association's Board of Directors.

Permission for occupancy must be obtained from the Building Association's Board of Directors, in writing, with the Building Association's corporate seal affixed thereto, before admittance to the Village via the Main Gate on West Hillsboro will be permitted.

In the event title to the apartment has been placed in the name of a son, daughter, niece, etc., either alone or in conjunction with the parent/relative, such title shall not entitle the son/daughter, etc. (who is not a bona fide resident of the apartment) to any I.D. Card(s) or auto decal(s). Such joint owners must sign the required affidavits to that effect.

(FOR APPLICANT TO KEEP FOR THEIR RECORDS)

Those residing within (50) miles of Century Village East, Deerfield Beach, may obtain a three-month gate pass upon payment of the required minimal fee. Others coming from greater distances must obtain a gate pass within the time limits set forth in the Condominium Documents for the length of their stay.

- One (1) set of apartment keys must be left with the Board of Directors, pursuant to the Association Documents.
- The required three (3) monthly fees are payable to:
- 1. CVE Master Management Company, Inc.
- 2. The Association
- 3. CEN Club

Payments must be made by guideline set by association, after which date late charges will be assessed. Annual Service Contracts are offered by various independent companies on appliances within each unit (i.e., refrigerator, stove, garbage disposal, dishwasher, electrical, plumbing, etc.) providing replacement if appliance is not repairable. It is suggested that you check with other residents in your building or your Board of Directors for recommendations of companies who provide such services with Century Village East.

Replacement is not applicable to window air conditioners.

- An annual assessment is made by the Building Association to take care of the cost of administration and other required building maintenance. Also, the Association maintains reserve funds for capital expenditures and deferred maintenance, etc.
- Each apartment has a numbered vehicle space. Owners must use the space assigned to his/her apartment and not any Guest spaces.
- Children are NOT permitted to ride unattended on the Village "Lolly Trolly," buses, or the Broward County buses; they must also be accompanied by an adult when using building elevators.
- Purchaser must obtain mailbox key from the Seller.
- I.D. Card/Guest Pass is required for visitors in order to gain entrance into the CVE Clubhouse and a minimal fee must be paid for such Guest Passes. Children under eighteen (18) years of age are not permitted in the Clubhouse under any condition.
- The Main Clubhouse I.D. Office is to obtain proper documentation for Unit Owner(s) to receive valid I.D. Cards/Auto Decals. This is subject to the surrender of all IDs by the former Owner(s) or Occupant(s).
- Should new owners have any questions or require additional information, they are requested to call the COOCVE Office at 954-596-0775.

NOTE: The forgoing constitutes only a portion of the rules and regulations set forth in the Condominium Documents, Building Association's Bylaws, and other pertinent documents.

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(FOR APPLICANT TO KEEP FOR THEIR RECORDS)

YOUR THREE MANDATORY MONTHLY PAYMENTS

CVE MASTER MANAGEMENT COMPANY, INC.

This corporation is made up of unpaid resident volunteers who are elected by the representatives of the 253 Associations. They offer their expertise and time for the benefit of all owners. Originally operated by Cen-Deer Communities, Inc. One of the developer's subsidiary corporations and assigned to CVE Master Management Company in 1983. This fee is the same amount for all residents. Checks for your Master Management monthly payment should be made payable to CVE Master Management.

Services covered: Security Systems, internal transportation and transportation by Broward Mass Transit buses; roadway lighting systems; irrigation of community swales; roads and traffic ways; bicycle paths and walkways; canal systems and waterways; supply of potable water; sewage disposal and garbage collection in accordance with either contracts or municipal law; to each condominium unit; guardhouses, parks and other community areas located within Century Village East.

In addition to the above, CVEMMC is empowered to do all things deemed necessary, in the sole discretion of the Master Management Company, to provide facilities and services which will or may not benefit the CVE community.

Cen Club

Originally, this was the company owned by the developer for our village. CEN Club operates the Long-Term Recreation Lease, signed or assumed by all Unit Owners, and covers the main clubhouse, all pools, shuffleboard courts, tennis courts, and all other items installed for the recreational use of all CVE residents. The monthly payment values depend on the apartment type and model owned. Computer printed payment coupons are mailed to all unit owners by Seacrest Services, Inc.

Services covered: As stated above, the Long-Term Recreation Lease included the Clubhouse, social programs, tennis courts, swimming pools, and shuffleboard courts.

Your Association (Building) in c/o Seacrest Services

This monthly fee varies depending on the association. Seacrest Services, Inc. mails a coupon booklet to all Unit Owners each year. For additional information regarding any of your Village services, feel free to call the Seacrest Services, Inc. office at 1-888-828-6464.