

IMPORTANT NOTE: Complete all questions and fill in all blanks. 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 not be cancelled or refunded.

PLEASE USE BLACK INK

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

APPLICATION FOR OCCUPANCY

Association Name: Barcelona Gardens

Barcelona Gardens
Condominium Association
101 E. McNab Road, Clubhouse
Pompano Beach, FL 33060

NOTE: All information supplied is subject to verification. All telephone numbers must be able to be reached between 9-5 P.M. Date _____

Purchase Lease Occupant Apt.# _____ Bldg.# _____ Address applied for: _____

Full Name _____ Date of Birth _____ Social Security # _____

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) _____

Spouse _____ Date of Birth _____ Social Security # _____

Maiden Name _____ Have you ever been convicted of a crime? _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

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

Names and ages of others who will occupy unit _____

Applicants Cell Number(s) _____ Applicants Email Address _____

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 _____

Own Home Parent/Family Member Rented Home Rented Apt Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

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

Apt. or Condo Name _____ Phone _____ Dates of Residency: Froh _____ to _____

Own Home Parent/Family Member Rented Home Rented Apt Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

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

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

Own Home Parent/Family Member Rented Home Rented Apt Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

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)

Please notify Character References that we will be contacting them to obtain a reference

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 _____

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

8795 West McNab Road, First Floor, Tamarac, Florida 33321

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.

(Applicant's Signature)

(Spouse's Signature)

(Applicant's Name Printed)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)

BARCELONA GARDENS CONDOMINIUM APTS., INC.
101 E. McNab Road – Clubhouse
Pompano Beach, FL 33060

Office (954) 943-5075
Facsimile (954) 943-1760

Applicant(s) for approval for residency as a tenant (lessee) or as an owner (purchaser), please complete the following:

The Application for Approval must be completed in full in black ink, printed clearly, with correct information for a full background investigation and report for review and approval by the Association Board of Directors. Please contact the Condominium office if you have any specific questions as to the completion of the application.

After you have reviewed the enclosed Association Rules and Regulations, return the completed application(s), along with a check in the amount of \$100 payable to Barcelona Gardens Condominium for the cost of the background check and report.

Enclose with your application, a color copy of your photo I.D. (drivers license, State I.D. Card, passport). The color copy photo I.D. transmits more clearly from the private fax to the local company licensed to do background checks on all applicants. A copy of your proposed Lease Agreement is to be enclosed with the Application. Your personal information is protected by Law, and no other individual(s) have the right to review your information, other than the Board of Directors. Information you provide, may be of public record in many States.

Upon completion of the background report, the Board of Directors will contact the applicant(s) directly and arrange a date and time to come to the Clubhouse for a private and personal interview. No realtors, or owners (landlords) may attend the interview. The interview is to go over the Rules and Regulations with the Directors and discuss or clarify any questions or concerns applicant(s) may have with regards to the Rules and Regulations and the Association facilities.

Please return the completed application(s) as soon as possible, as it may take up to a week for the background report to be completed. Please feel free to contact the Office if we may be of assistance, leave your name and phone number, and your call will be returned.

No applicant(s) may move into or take possession of the Association apartment until the interview and approval by the Board of Directors.

BARCELONA GARDENS CONDOMINIUM APTS., INC.

BOARD OF DIRECTORS

Barcelona Gardens Condominium Apts., Inc.
101 E. McNab Road, Pompano Beach, Florida 33060
Phone: (954) 943-5075 - Fax: 954-943-1760

Requirements of the Association Documents and the City of Pompano Beach Building Department for remodeling units, permits required, and GC contractors requirements:

City of Pompano Beach Building Department requires permits from unit owners for the following:

1. Removal and installation of new Air Conditioning Systems, including the air-handler located within the apt. attic or closet areas, and or the compressor (condensing unit) located on a hurricane stand on the roof.
2. Removal and replacement of new hot water heater by a licensed plumber;
3. Significant electrical wiring replacements/repairs in units including GFI sockets in kitchen and bath areas by licensed/insured electrician;
4. Removal of any walls, including partial kitchen walls and structural changes within apartments; the AT&T land lines within the kitchen wall cannot be cut or removed and the phone land line must be re-routed and jack replaced within kitchen boundary per code. Cutting of the land line will cut off phone service to the unit above or below the apartment;
5. Removal and replacement of bathtubs, appropriate waterproof wall boards, replacement of tiles and drain pans in walk in showers, and all plumbing related to bathroom fixture replacements or remodeling;
6. Major plumbing corrections or replacements, including the main water shut-off valve specific within the apartment; Assn. needs to post notice as the main building water must be shut off during this process by plumber;
7. Removal of existing kitchen cabinets, and replacement to meet code;
8. Replacement of new electrical breaker boxes by a licensed and insured electrician;
9. Replacement of bedroom windows and sliding glass door with high impact glass is required by code;
10. Hurricane metal accordion shutters on windows or sliding glass door as specified by the South Florida, Miami Dade County Building Code.

All contractors must submit to the Association in advance, a copy of their license, insurance, and sketch and plan of remodeling to the Association, and receive a letter of authorization from the Association for the remodeling-replacement, to submit to the City of Pompano Beach for application by owner and approval by the Building Department for the appropriate permit(s). The owner is to display a copy of the City Permit on the apt. unit door, and provide a copy to the Association office, including a copy showing the Final Inspection and approval by the City.

ALL SECOND FLOOR APTS. MUST HAVE
FLOORING APPROVED PRIOR TO INSTALLATION,
"Whispermat" underlayment, per City,
installed under ALL TILE-INSTALLMENTS