



Thank you for your interest in the Marina At The Bluffs. Please find attached a copy of the Lease Occupancy Application and the Lease Addendum.

Please submit all items at one time –

1. A fully executed lease. Leases must be a minimum of 4 months and a maximum of 12 months.
2. The attached Lease Addendum signed by Unit Owner and tenant.
3. A Lease Addendum deposit check of \$250.00 for a seasonal lease (4 to 8 months) or \$500.00 for an annual lease, (8 to 12 months.) This check must be from the Unit Owner, and is returned to them, upon their written request, at the end of the lease.
4. The Lease Occupancy Application filled out in its entirety by Tenant.
  - a. Each adult 18 or over must fill out separate applications only married couples may be on one application.
  - b. The pet form must be signed and submitted by every applicant. Since tenants are not allowed pets, just fill in N/A and sign on owner line.
5. A color copy of the driver's licenses for each adult 18 or over that will be occupying the unit.
6. A Background Check/Application Fee check(s) of \$100.00 per married couple, and/or \$100.00 for each adult 18 or over that will be occupying the unit, made payable to Marina at the Bluffs.

Once all required documents have been submitted, the average turnaround time is about 3-4 weeks. If the application needs to be rushed for a turnaround time 1-2 weeks, there is an additional fee of \$25 per person.

Orientation is a requirement and must be completed by all applicants prior to moving into the unit. Orientations are by appointment only, are held Tuesday's at 10:30am and Thursday's at 1:30pm and take approximately one hour. An exception for seasonal lease tenants can be made if the unit is furnished. Then Orientation must be scheduled prior and completed within the first few days of occupancy. A letter by the tenant must be submitted must state to following: "I/we understand Orientation is a requirement of Marina At The Bluffs, I/ we agree to attend the first available Orientation after move in." Please be ready to advise which date is convenient for you once your application is approved.





The  
**Marina**  
At The Bluffs





## **ATTENTION**

***OUR AMENDED ARTICLES OF INCORPORATION, BY-LAWS AND DECLARATION OF CONDOMINIUM DOCUMENTS HAVE BEEN APPROVED BY THE STATE AND RECORDED IN PALM BEACH COUNTY. ALL BUILDINGS BECAUSE OF THE 62% APPROVAL VOTE WILL BE GOVERNED BY THE NEW BY-LAWS AND ARTICLES. THIS MEANS ALL BUILDINGS WILL NOW HAVE STAGGERED TERM ELECTIONS.***

***BUILDINGS 501, 601, 701, 801, 901, 1001, 1101, 1201, 1301, 1401, 1501, 1701, 1801, 1901, 2001, 2101, 2201, 2301, 2401 AND 2501 WILL BE GOVERNED BY THE NEW DECLARATION OF CONDOMINIUM.***

***PLEASE MAKE NOTE OF THE MAJOR CHANGES:  
NO MORE THAN TWO UNITS OWNED BY ONE OWNER***

- ***NO CORPORATE OWNERSHIP***
- ***ONE YEAR WAITING PERIOD FOR RENTING ON NEW OWNERS AS OF FEBRUARY 14, 2014 AND RENTERS ARE NOT ALLOWED PETS***
- ***SPECIFIC RULES ON INSTALLATION OF HARDWOOD OR TILE FLOORING***

***MARINA AT THE BLUFFS BOARD OF DIRECTORS***



## **NOTICE TO ALL REALTORS AND OWNERS**

ALL PROSPECTIVE PURCHASERS, LESSEES AND ADDITIONAL OCCUPANTS MUST HAVE A BACKGROUND CHECK, ORIENTATION AND ASSOCIATION BOARD APPROVAL **PRIOR TO OCCUPANCY**.

### **THERE WILL BE NO EXCEPTIONS TO THIS RULE**

THE BACKGROUND PROCESS WILL TAKE APPROXIMATELY 4 - 5 BUSINESS DAYS TO COMPLETE. THE ASSOCIATION HAS THIRTY (30) DAYS TO ISSUE A CERTIFICATE OF APPROVAL OR A LETTER OF DENIAL.

A COMPLETED APPLICATION MUST BE RECEIVED IN THE OFFICE ALONG WITH A CLEAR COPY OF THE PERSON(S) DRIVER'S LICENSE OR OTHER PICTURE ID, PROCESSING CHECK, PET RECORDS FOR OWNERS ONLY, **TENANTS ARE NOT ALLOWED PETS**, HANDICAP PARKING PERMIT AND FULLY EXECUTED LEASE OR COPY OF SALES CONTRACT, **BEFORE PROCESSING WILL BEGIN**.

**\*\*\*\*\*NO TRUCKS ARE ALLOWED\*\*\*\*\***

ORIENTATIONS ARE CONDUCTED ON TUESDAY AND THURSDAY. NEW OWNERS MUST ATTEND WITHIN 30 DAYS OF PURCHASE. PARKING DECALS WILL NOT BE GIVEN UNTIL ORIENTATION IS COMPLETED.

NO APARTMENT MAY BE RENTED MORE THAN TWICE IN ANY TWELVE (12) MONTH PERIOD, FOR A TERM OF LESS THAN FOUR (4) MONTHS OR FOR A MAXIMUM OF 12 MONTHS AT ONE TIME. **MONTH BY MONTH IS NOT ALLOWED**.

THE OFFICE MUST BE CONTACTED BEFORE PLACING A LOCK BOX AT A UNIT. WE MUST BE GIVEN A KEY/PASSCODE OR IT WILL BE REMOVED AT YOUR EXPENSE.

**PLEASE KEEP THIS INFORMATION IN MIND WHEN SCHEDULING CLOSINGS,  
ORIENTATIONS, ETC...**

WE THANK YOU IN ADVANCE FOR YOUR COOPERATION.

COMMUNITY ASSOCIATION MANAGEMENT  
1550 Marina Isle Way  
Jupiter, FL 33477  
(561) 627-6497 Office  
(561) 627 3225 Fax



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

## APPLICATION FOR OCCUPANCY

Association Name: Marina at the Bluffs

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 Association 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

Phone: 754-216-0025  
Toll Free: 800-676-7640  
Fax: 954-635-2157  
Toll Free Fax: 800-235-7185

## \*\*\*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)





## INFORMATION FORM

PLEASE PRINT

### OWNER INFORMATION

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

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

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

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

AWAY ADDRESS: \_\_\_\_\_

AWAY PHONE: \_\_\_\_\_

PET INFORMATION: OWNER: \_\_\_\_\_ TENANT: \_\_\_\_\_ TYPE OF PET: \_\_\_\_\_

### TENANT INFORMATION

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

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

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

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

E-MAIL ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

SEASONAL TENANT \_\_\_\_\_ YES \_\_\_\_\_ NO (PLEASE CHECK ONE)

### VEHICLE INFORMATION

1. YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

LICENSE PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_ DECAL: \_\_\_\_\_

2. YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

LICENSE PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_ DECAL: \_\_\_\_\_

HANDICAP PARKING PERMIT \_\_\_\_\_ YES \_\_\_\_\_ NO PERMIT# \_\_\_\_\_

\_\_\_\_\_  
OWNER OR TENANT SIGNATURE:

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

\_\_\_\_\_  
OFFICE STAFF SIGNATURE:

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



**THE MARINA AT THE BLUFFS CONDOMINTUM ASSOCIATION, INC.**

**PET REGISTRATION FORM**

**BUILDING:** \_\_\_\_\_ **UNIT:** \_\_\_\_\_

**TYPE OF PET:** \_\_\_\_\_ **BREED:** \_\_\_\_\_ **COLOR:** \_\_\_\_\_

**WEIGHT (CURRENT):** \_\_\_\_\_ **AT MATURITY:** \_\_\_\_\_ **PET'S NAME:** \_\_\_\_\_

Our Declaration of Condominium Articles XII, OCCUPANCY AND USE RESTRICTIONS, Page 8D (for Mainland) E. (for Island) states: "Except as provided under the Rules and Regulations promulgated by the Association from time to time, an Apartment Owner shall not keep any pet in his Apartment, nor keep any other animals, livestock or poultry nor may any of the same be raised, bred or kept upon any portion of the Condominium Property."

The following Rule No. 19 applies to All Residents who have registered their pets with the Association Office:

**PETS**

19. A **Unit Owner** may keep in his/her Unit a single small pet weighing no more than twenty (20) pounds at maturity. Lessees MAY NOT keep an animal/small pet. **Lessees** who had a pet prior to the Board of Directors' approval of these Rules and Regulations (2015) may keep their pet, but upon the loss of the pet, whether by death, permanent disappearance or relinquishing of the pet for any reason, the Lessee may not replace the deceased, lost or relinquished pet.

If any question arises as to the weight of an animal, the pet Owner must have the animal weighed Veterinarian of the Association's choice at the cost of the pet Owner. The Veterinarian must issue a certificate to reflect the pet's weight and must indicate that the pet is not reasonably expected to reach over (20) pounds at any point in the pet's expected lifespan.

All Owners and authorized Lessees (those who had a pet prior to the Board of Directors approval of the 2015 Rules and Regulations) **MUST** register their pet a the Office and provide a photo of their pet which will be kept on file in the Association's office.

All dogs and cats permitted on the premises shall be **CARRIED** while in the elevator. If any occupant cannot carry his/her pet in the elevator due to a Doctor certified disability, permission must be received from the Association to do otherwise. Pet Owners must sign an assumption of liability for any and all "accidents" which occur in the elevator.

**No pets are permitted within the pool enclosures or in tennis courts.**

All pet Owners must have their pets under leash when the pets are walked or exercised on Condominium grounds. **Pet Owners shall be responsible to clean up any waste made by his/her pet.** The CLEAN-UP

is a requirement of the Town of Jupiter as well as a Condominium Rule and Regulation. Owners who do not CLEAN-UP after their pets shall be asked to have the pet removed from the premises.

Owners shall immediately remove from the premises his/her pet when such pet emits excessive noise, such as in the case of barking or howling or when the pet becomes a nuisance.

Owners shall immediately remove from the premises any pet that has been deemed to be vicious by Animal Control.

Permission of the Board of Directors is necessary for any 'Service Dogs' to reside on property. The paperwork necessary for applying for permission for a Service Dog to reside on property is available at the Association Office. Any pet claimed to be a Service Dog must have the appropriate paperwork to support this designation. If a pet already permitted to reside as a Service Dog should expire or no longer resides with the resident who applied for permission for the Service Dog to reside on property, the Resident must make a **new application and receive prior approval** before replacing the Service Dog who has expired or no longer resides on property and BEFORE bringing a new Service Dog on property.

Every Owner who owns or harbors a dog or cat over the age of four (4) months within the Town of Jupiter shall comply with Jupiter Code "Sections 4-17 Rabies Shots" (i.e., shall have such dog or cat vaccinated annually against rabies with a vaccine as approved by the Department of Agriculture and produced or manufactured by authority licensed by the Department of Agriculture and shall comply with regulations of Section 1 of Chapter 69-1432 Law of Florida). The Owner of the pet must submit up-to-date vaccination records to the Association Office on an annual basis.

**NO VISITOR, GUEST, LICENSEEE OR INVITEES ARE PERMITTED TO BRING PETS ON THE PREMISES EXCEPT FOR THE ABOVE-MENTIONED CERTIFIED SERVICE DOGS.**

**PLEASE REFER TO PETS, PAGE 8 OF OUR AMENDED AND REVISED 2015  
RULES AND REGULATIONS**

OWNER/TENANT SIGNATURE(S) (1) \_\_\_\_\_ (2) \_\_\_\_\_

ASSOCIATION REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_





**CERTIFICATE OF APPROVAL**

**THE MARINA AT THE BLUFFS CONDOMINIUM ASSOCIATION, INC.**

**BOARD OF DIRECTOR S RESALE/LEASE APPROVAL**

Application for Resale/Lease has been requested by the owner(s) verified agent for UNIT \_\_\_\_\_ BUILDING \_\_\_\_\_. The Board of Directors does hereby accept the Association Orientation Committee recommendation for approval of said request. With respect to approval of a tenant lease, the Board will grant residency to the applicant(s), as named lessee(s) of the above stated apartment once Orientation is completed and only then will parking privileges be given for the lease beginning on \_\_\_\_\_ and ending \_\_\_\_\_. Residency approval is limited to the named lessee(s) or party or parties named on the contract to purchase presented with the application and their/her/his minor children as listed below on the contract to purchase presented with the application as listed below.

This approval does not extend to the keeping of any pet by a lessee within the subject(s) premises.

**TENANTS ARE NOT ALLOWED PETS.**

With respect to a resale approval, it is the responsibility of the purchaser(s) to forward a copy of the warranty deed to the Board of Directors, who will then cause the Association s records to reflect the purchaser s name(s) to appear as owner(s) of subject unit.

Name Lessee(s) or Purchaser(s):

\_\_\_\_\_

Remarks: Children/Pets

\_\_\_\_\_

\_\_\_\_\_

Director for the Board

CORPORATE SEAL (required)

\_\_\_\_\_

Director for the Board

\_\_\_\_\_

Witness

\_\_\_\_\_

Date