



Thank you for your interest in the Marina At The Bluffs. Please find attached a copy of the PURCHASE APPLICATION.

All items must be submitted at one time –

1. A copy of the Purchase Agreement.
2. The Occupancy Application filled out in its entirety. The pet form must be submitted by every applicant, if no pet, just fill in N/A and sign. If there is a pet, please also include a picture of the pet, and a copy of his/her current shot records.
3. A color copy of the driver's licenses for each adult 18 or over that will be occupying the unit.
4. Check(s) to process Background Check/Application Fee. \$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 must be completed by all applicants prior to the closing date to receive the required Certificate of Approval. Orientations are by appointment only and are held Tuesday's at 10:30 am or Thursday's at 1:30pm, they take approximately one hour. Once Orientation has been completed a Certificate of Approval is issued which is submitted at closing. Please be ready to advise which date is convenient for you.



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



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

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

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

BLDG: _____

UNIT: _____

VOTING CERTIFICATE

I, WE _____, the record title holder
of PARCEL _____ CONDOMINIUM _____
THE MARINA AT THE BLUFFS, hereby appoint _____
as the person to cast the vote for said unit.

This certificate may designate one of the record title holders if held by individuals, or may designate
an executive officer of the CORPORATION, if same should be a record title holder.

This certificate is executed to establish the voting rights of the apartment owners.

OWNER _____
DESIGNATED VOTER

OWNER _____

OWNER _____

OWNER _____