



PPOA



Gift/Inheritance Application Package

- PLEASE PRINT OR TYPE ALL INFORMATION.
- IF ANY QUESTION IS NOT ANSWERED OR IS LEFT BLANK, THIS APPLICATION WILL NOT BE ACCEPTED.
- PLEASE DO NOT SUBMIT PARTIAL PACKAGES. APPLICATIONS ARE NOT CONSIDERED RECEIVED UNTIL ALL DOCUMENTATION IS SUBMITTED. INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT ACTION.

Park Place Owners Association, Inc
1350 St. Charles Place Pembroke Pines, FL 33026 (954) 431-4007

We hope after reading this, we will have helped answer some questions you may have. We hope after reading this, we will have helped answer some questions you may have.

Park Place is a community of 1,028 condominium units, administered by a single Board of Administration, consisting of fourteen Directors and four Officers. Condominium living is governed by rules and regulations. **Every new owner must obtain a current copy of the Documents and Rules & Regulations of Park Place.**

Following is a summary of some of our Rules & Regulations:

■ **PARK PLACE IS AN ADULT COMMUNITY:**

In accordance with our Documents and the Housing for Older Persons Act of 1995, occupancy of an apartment on a permanent basis will be permitted only if one or more of the occupants of the apartment is at least 55 years of age or older. No children under the age of 19 may occupy an apartment.

NOTE: After you obtain occupancy of your apartment, if you violate this rule, it will be considered a breach of the covenants contained in your application, and you authorize Park Place, at your expense (including legal fees, court costs and disbursements), to take any and all action necessary to compel you to comply with this rule.

■ **LEASING/SUB-LEASING APARTMENTS:**

Leases must be more than six (6) months, and leasing shall be restricted to not more than one lease during a twelve (12) month consecutive period, starting with the commencement date of the last prior lease. Sub-leasing is prohibited.

■ **PET RESTRICTIONS:**

No dog, cat or other animal (excluding birds, fish and the like) is permitted at anytime, nor may any guest or visitor bring a pet into Park Place.

■ **GUESTS:**

Requesting for a Temporary Guest (T.G.) must be made in writing and contain the resident's signature. A form is available at the office or a letter indicating name of guest, dates of visit (not to exceed 30 days), relationship, signature of resident and building and apartment must be submitted.

The only person(s) who can be guests of unit owners or lessees not in residence are parents, children, grandchildren, brothers and sisters who are considered to be authorized adults. At no time will those under the age of 19 (nineteen) be permitted to use the apartment without an authorized adult in residence.

■ **FOREIGN LANGUAGE DOCUMENTS:**

All documents included with this application which are written in a foreign language must be translated to English. All documents which contain foreign financial information must have the currency converted to U.S. dollars. **Application packages which do not adhere to these requirements will not be accepted by the office.**

■ **RESTRICTION ON COMMERCIAL VEHICLES & PICKUP TRUCKS:**

Residents or their guests who drive commercial vehicles must vacate Park Place property by 6 p.m. A pickup truck which contains tools or has a toolbox is considered a commercial vehicle. Please refer to the Rules & Regulations for a complete description of commercial trucks and information in regard to size restrictions.

■ **DELIVERIES & MOVE-IN - MOVE-OUTS:**

Deliveries and move-ins/move-outs are permitted Monday through Friday from 8 a.m. - 6 p.m. and are scheduled based on availability. At least two (2) days advance notice should be provided to the Association Office.

■ **SECURITY DEPOSIT:**

When scheduling a move-in/move-out, a deposit of \$250 will be required to be posted with the Association Office by the owner. This deposit shall cover any damages to Association property by the mover and/or the owner. Should the damages amount to more than the deposit, the said owner shall be responsible for the cost of those damages.

■ **MEDECO KEYS:**

All buildings utilize Medeco keys for their front entrance doors. It is the responsibility of the unit owner to provide these to the new lessee(s). In the event these keys are not received from the owner, there will be a \$25 charge for each replacement key.

■ **SCREENING INTERVIEW:**

All parties to be screened must appear in person. **Anyone who is screened must have an understanding of the English language or must make arrangements to have an interpreter present at the time of the screening.**

This is a summary of some of the Rules & Regulations. Please refer to Association Documents and our current Rules and Regulations for more detailed information.

All applications hereby acknowledge that they have received, read and understand the Rules & Regulations of the Association and contents of this letter.

_____ Applicant's Signature	_____ Please Print Name	_____ Date
_____ Applicant's Signature	_____ Please Print Name	_____ Date

GUIDELINES FOR COMPLETING APPLICATION FOR GIFT/INHERITANCE

"ADULT COMMUNITY"

In accordance with our Documents and the Housing for Older Persons Act of 1995, occupancy of an apartment on a permanent basis will be permitted only if one or more of the occupants of the apartment is at least 55 years of age or older.

1. An application for gift/inheritance must be filled out by **each** new owner with the exception of husband and wife and dependent children (ages 19-24) who are currently enrolled as students (proof required).
2. If any question is not answered or left blank, or required documentation is not submitted, this application will be returned, not processed and not approved.
3. The following **MUST** be submitted with this application:
 - a. **Legal Document Showing Ownership of Apartment.**
 - b. **\$150.00 Non-refundable Screening Fee, (made payable to PARK PLACE OWNERS ASSOCIATION) for each applicant, other than husband/wife or parent/dependent child (which are considered one applicant).**

NOTE: ADDITIONAL \$35.00 FOR CREDIT REPORT IF MARRIED. IF MARRIED WITH DIFFERENT LAST NAMES A COPY OF MARRIAGE LICENSE IS REQUIRED.
4. Prior to moving, a deposit of **\$250.00** must be posted by the new owner. This deposit shall cover any damages to Association property by the mover and/or the owner. Should the damages amount to more than the deposit, the new owner will be responsible for those damages and will be charged accordingly.
5. All applicants **must** make themselves available for an **in-person interview** prior to final Board of Directors' approval. **Occupancy prior to Board approval is prohibited.**
6. Use of this apartment is for single-family residence only, no business or sub-leasing shall be permitted.
7. Each apartment has one assigned parking space. Parking spaces are deeded to the apartment and **cannot** be changed.

8. All owners must have a copy of all Association Documents and Rules & Regulations. Documents may be purchased from the Association Office for \$25.00.
9. **Prior to the release of the Association's approval papers, all maintenance payments and special assessments must be paid up to date.**
10. All applications must contain original signatures. Faxed/scanned applications will not be accepted.

20% LEASING CAP AMENDMENT

The 20% Leasing Cap Amendment was recorded with Broward County on 9/24/18.

**Amendment to the Declaration of Condominium of Park Place Condominiums
Nos. One, Two, Three, Four, Five, Six.
PARK PLACE OWNERS ASSOCIATION, INC.**

Amendment to Article 12, Section 12. 7 shall be as follows *(new paragraph added)*:

- (b) Notwithstanding anything to the contrary, not more than twenty percent (20%) of units within this Condominium or twenty percent (20%) of units in the aggregate of all Condominiums operated by the Association can be leased at any time and leasing is prohibited, if the lease or proposed lease would result in the total number of units within this Condominium or in the aggregate of all Condominiums operated by the Association being leased to exceed twenty percent (20%), provided, however, this does not apply to the Association or to any units under the Association's receivership.

Guideline

1. To limit the number of units available for leasing to 20% individually in each building (condo) and in the aggregate of all buildings (condos).
2. The effective date of the amendment to be the date it is officially recorded.
3. To "grandfather" in those units that on the recording date of said amendment are considered rental or leasing unit, to continue as such until said unit is sold or conveyed to a new owner. Provided however that the owner of such voted "No" or did not vote at all for the apartment.

4. In the event that an owner-investor voted “Yes” for the amendment, upon the expiration of the current lease, that unit will not be considered to be under the “grandfather” proviso and shall be subjected to the leasing cap amendment.
5. The “grandfather” proviso only applies to the owners-investors units available for lease. It does not apply to that owner principal residence.
6. To include a disclosure statement of the new leasing cap amendment with the sales package given to potential buyers.
7. Administration to maintain a data base of all the units considered “leasing units” commencing from the amendment effective date and to maintain it updated continuously.

GIFT/INHERITANCE APPLICATION CHECKLIST

THE FOLLOWING FORMS MUST BE SUBMITTED WITH YOUR APPLICATION:

- COMPLETED APPLICATION.
- COPY OF PHOTOGRAPHIC IDENTIFICATION (I.E., DRIVER’S LICENSE, PASSPORT AND VISA, ETC.) FOR EACH APPLICANT.
- \$150.00 SCREENING FEE (CHECK OR MONEY ORDER).
NOTE: ADDITIONAL \$35.00 FOR CREDIT REPORT IF MARRIED. IF MARRIED AND DO NOT USE THE SAME LAST NAME, COPY OF MARRIAGE LICNESE IS REQUIRED.
- LEGAL DOCUMENT SHOWING CURRENT OWNERSHIP.
If applicable, death certificate of prior owner(s).

Application for Gift/Inheritance Approval

PLEASE PRINT OR TYPE ALL INFORMATION. IF ANY QUESTION IS NOT ANSWERED OR IS LEFT BLANK, THIS APPLICATION WILL NOT BE ACCEPTED.

Date: _____ Bldg. _____ Apt.# _____

Name of Prospective Owner(s) (as Title will appear):

a. _____ b. _____

c. _____ d. _____

Please list best telephone number to contact you: _____

Name of Previous Owners(s): _____

GENERAL INFORMATION

Date ownership was obtained: _____

Is there an existing mortgage on the apartment? Yes No

If mortgage exists, is there more than \$25,000 equity in apartment? Yes No

<u>FOR OFFICE USE ONLY</u>	
APPROVED BY: _____	DATE: _____

DISAPPROVED BY: _____	DATE: _____

APPLICANT'S NAME _____

APPLICANT'S NAME _____
(if applicable)

Single Married Widow(er) Divorced

I have received a copy of the Rules & Regulations Yes No

LIST ALL PERSONS who will occupy the apartment:

<u>Name</u>	<u>Age</u>	<u>Relationship/Occupation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you or anyone that will be residing with you been convicted or pled guilty to a crime?

Yes No

If Yes, complete the following:

Name: _____

Charged with: _____

Date convicted (or guilty plea): _____

Disposition: _____

Location: _____

NOTE: Any misrepresentation or falsification of the information on these forms will result in the automatic disqualification of your application.

EMERGENCY CONTACT INFORMATION

1. _____
Name

Relationship Address

Telephone Cell Phone

2. _____
Name

Relationship Address

Telephone Cell Phone

AUTOMOBILE INFORMATION

1. Make of Car: _____ Model: _____ Year: _____

License Plate No. _____ State: _____ Color: _____

2. Make of Car: _____ Model: _____ Year: _____

License Plate No. _____ State: _____ Color: _____

If currently employed, please complete Section A. If retired, please disregard Section A and complete Section B.

■ SECTION A — EMPLOYMENT

Employed by: _____ Phone: _____

Dates of Employment: _____ Position: _____ Income: _____
(Monthly)

(Spouse)

Employed by: _____ Phone: _____

Dates of Employment: _____ Position: _____ Income: _____
(Monthly)

■ SECTION B — RETIREMENT

Retired from: _____ Retirement Income: _____
(Monthly)

Date Retired: _____ Position held: _____ Income: _____

(Spouse)

Retired from: _____ Retirement Income: _____
(Monthly)

Date Retired: _____ Position held: _____ Income: _____

■ BANK REFERENCES

1. Bank Name _____

Phone: _____ How Long: _____

Checking Acct. #: _____ Savings Acct #: _____

2. Bank Name _____

Phone: _____ How Long: _____

Checking Acct. #: _____ Savings Acct #: _____

■ CHARACTER REFERENCES

List the names of three persons whom you have known at least one year.

1. _____ Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

2. _____ Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

3. _____ Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

■ AGE VERIFICATION

BUILDING _____

UNIT NO. _____

Please supply independent photographic evidence indicating date of birth (**such as driver's licenses or current passports**) of each owner/occupant.

NAMES PROSPECTIVE OWNERS/OCCUPANTS	AGE	TYPE OF PHOTOGRAPHIC EVIDENCE	DATES OF BIRTH	FAMILIAL OR OTHER RELATIONSHIP

Applicant's Signature

Date

Print Name

Applicant's Signature

Date

Print Name

ACKNOWLEDGMENT

I hereby agree, for myself and on behalf of all persons who may use the apartment that I will abide by all of the restrictions contained in the By-Laws, Rules & Regulations, Association Documents, and restrictions that are or may in the future be imposed by PARK PLACE OWNERS ASSOCIATION, INC.

- I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. **Occupancy prior to Board approval is prohibited.**
- I understand that the acceptance of this application is based upon the truth and accuracy of the information contained herein and upon the approval of the Board of Directors. **(Any misrepresentation or falsification of the information on these forms will result in the automatic disqualification of your application.)**
- I understand that the Board of Directors of PARK PLACE may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management and/or Designated Representatives to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors, Officers, Management and/or Designated Representatives of PARK PLACE shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.
- In making the foregoing application, I am aware that the decision of PARK PLACE OWNERS ASSOCIATION, INC., will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.
- This will acknowledge that I (we) have received a copy of and have been advised of the Rules & Regulations of Park Place Owners Association, Inc. I (we) understand these rules have been established in an effort to make living conditions at Park Place pleasant and enjoyable. The rules are designed to maintain a proper atmosphere and decorum, to assure the safety and protection of Park Place residents and to preserve the property values. Understanding the above, I (we) agree to abide by these rules, as well as those in the Condominium Documents, and any additional amended and augmented rules as approved by the Board of Directors.

Applicant's Signature

Date

Applicant's Signature

Date

Investigative Consumer Report Disclosure Notification and Authorization To Obtain And Disseminate A Consumer Report And An Investigative Consumer Report

An investigative Consumer Report may include information about your character, general reputation, personal characteristics, or mode of living. You have a right to request additional disclosures of the nature and scope of the investigative Consumer Report that was requested. Attached (last pages of this application) you will also find the summary of consumer rights.

Release of Information

I understand that a Consumer Report and/or an investigative Consumer Report as described above may be obtained. All corporations, companies, educational institutions, persons, law enforcement agencies, courts, former employers and military services are authorized to release all written and verbal information about me to Park Place Owners Association Inc., its officers, directors, members, agents and employees. I hereby release all individuals, companies, corporations, and agencies, public or private, connected therewith from any and all liability associated with the dissemination of such information pertaining to me and hereby release Park Place Owners Association, Inc., its officers, directors, members, agents and employees from any and all liability associated with the dissemination of such information pertaining to me. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent that such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Applicant:

Printed Name: _____ Social Sec. #: _____ - _____ - _____

Date of Birth: _____ Driver's Lic. No. _____ State: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Dates of Residency: _____ Phone: _____ Cell: _____

Applicant:

Printed Name: _____ Social Sec. #: _____ - _____ - _____

Date of Birth: _____ Driver's Lic. No. _____ State: _____

Previous Addresses: (City, State, & Zip code for previous 7 years)

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Applicant's Signature: _____ Applicant's Signature: _____

Date Signed: _____ Date Signed: _____

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.
A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”).
- You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA, Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) PO Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management, Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture, Ofc of Deputy Adm. GIPSA Washington, DC 20250 202-720-7051