

APPLICATION FOR APPROVAL FOR PURCHASE  
BOCA MAR  
c/o CAMPBELL PROPERTY MANAGEMENT  
1215 EAST HILLSBORO BOULEVARD  
DEERFIELD BEACH, FL 33441  
(954) 427-8770

UNIT OWNER'S NAME \_\_\_\_\_

UNIT NUMBER \_\_\_\_\_

PURCHASER'S NAME \_\_\_\_\_

PURCHASER'S PHONE NUMBER \_\_\_\_\_

CLOSING DATE \_\_\_\_\_

REALTOR'S NAME (IF ANY) \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_

UNIT OWNER'S SIGNATURE(S) \_\_\_\_\_ DATE \_\_\_\_\_

For Board Use Only:

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**BOCA MAR  
C/O CAMPBELL PROPERTY MANAGEMENT  
1215 EAST HILLSBORO BOULEVARD  
DEERFIELD BEACH, FL 334431**

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**ATTACHED IS AN APPLICATION FOR CERTIFICATE OF APPROVAL FOR THE SALE  
OF UNIT# \_\_\_\_\_ LOCATED AT:**

**310 South Ocean Blvd.  
Boca Raton, FL 33432**

- 1. ALL QUESTIONS MUST BE ANSWERED FULLY. INCOMPLETE APPLICATIONS  
WILL NOT BE PROCESSED.**
- 2. A COPY OF THE SALES CONTRACT MUST ACCOMPANY THIS APPLICATION.**  
If the purchaser is a Trust Corporation or any other entity other than individual(s), the purchaser must provide a copy of the Trust Agreement and/or other document showing the individual authorized to act on behalf of the purchaser.
- 3. THIS APPLICATION MUST BE RETURNED WITH A CHECK IN THE AMOUNT OF  
ONE HUNDRED DOLLARS (\$100), MADE PAYABLE TO BOCA MAR.**
- 4. REQUESTS WILL NOT BE CONSIDERED IF MAINTENANCE PAYMENTS ARE IN  
ARREARS.**
- 5. ONLY ONE CAR PER UNIT IS ALLOWED.**
- 6. THE APPLICATION WILL BE PROCESSED AFTER NOTIFICATION BY THE  
OWNER OF A PENDING SALE AND AN INTERVIEW OF THE PROSPECTIVE  
OWNERS BY THE BOARD APPOINTED INTERVIEW COMMITTEE.**
- 7. ALL COMPLETED APPLICATIONS SHOULD BE SENT TO CAMPBELL AT:**

**1215 EAST HILLSBORO BOULEVARD  
DEERFIELD BEACH, FL 33441 (954-427-8770)**

BOGA MAR CONDOMINIUM ASSOCIATION

APPLICATION FOR PURCHASE

DATE \_\_\_\_\_

UNIT OWNER'S NAME(S) \_\_\_\_\_

I/WE SUBMIT THE FOLLOWING INFORMATION TO THE BOARD OF DIRECTORS REGARDING THE PURCHASE OF MY/OUR UNIT # \_\_\_\_\_

APPLICANT NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

PRIOR ADDRESS \_\_\_\_\_

Rent \_\_\_ Own \_\_\_ Length of Time \_\_\_\_\_ Phone \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_

CLOSING DATE \_\_\_\_\_

NAME, AGE, RELATIONSHIP OF PERSONS OTHER THAN THE ABOVE WHO WILL NORMALLY OCCUPY THIS RESIDENCE

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

FINANCIAL

EMPLOYER/  
RETIRED \_\_\_\_\_ Phone \_\_\_\_\_

ADDRESS \_\_\_\_\_

Position \_\_\_\_\_ HowLong \_\_\_\_\_ YearlyIncome \_\_\_\_\_

Applicants will be required to provide evidence of income adequate to show they will be able to afford maintenance obligations, taxes, insurance, special assessments and other expenses of ownership. Such documentation must be provided before the mandatory interview and Board Approval.

SPOUSE EMPLOYED BY \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

How long \_\_\_\_\_ Position \_\_\_\_\_ Yearly Income \_\_\_\_\_

**BANK AND CREDIT REFERENCES**

BANK \_\_\_\_\_ ACCT. # \_\_\_\_\_ Ck or Sav \_\_\_\_\_

ADDRESS \_\_\_\_\_ Zip \_\_\_\_\_

HOW LONG \_\_\_\_\_

BANK \_\_\_\_\_ ACCT. # \_\_\_\_\_ Ck or Sav \_\_\_\_\_

ADDRESS \_\_\_\_\_ Zip \_\_\_\_\_

HOW LONG \_\_\_\_\_

CREDIT REFERENCES (LIST 3 with Phone # and Complete Address, plus Account Number)

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES**

**PLEASE NOTE: AT LEAST THREE (3) REFERENCES ARE REQUIRED.  
Please print clearly as inquiries will be made.**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

**AUTO INFORMATION**

PLEASE NOTE: ONLY ONE (1) VEHICLE PER UNIT IS ALLOWED. NO TRUCKS, PICK-UP TRUCKS, VANS, MOTORCYCLES, TRAILERS, COMMERCIAL VEHICLES, BOATS OR VEHICLES INOPERABLE OR UNREGISTERED.

MAKE \_\_\_\_\_ TYPE \_\_\_\_\_ YEAR \_\_\_\_\_  
LICENSE PLATE # \_\_\_\_\_

**NO PETS ARE ALLOWED**

**EMERGENCIES**

In Case of Emergency, please notify \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_

**CRIMINAL HISTORY**

IF THE PURCHASER(S) HAVE A CRIMINAL HISTORY INVOLVING INJURY OR DAMAGE TO A PERSON OR PROPERTY, OR ANY CRIME WITHIN THE PAST FIVE (5) YEARS:

| Jurisdiction of Conviction | General Description of Conviction | Date(s) of Conviction |
|----------------------------|-----------------------------------|-----------------------|
|----------------------------|-----------------------------------|-----------------------|

**CLOSING OR SELLING AGENT**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
COMPANY \_\_\_\_\_

I / WE UNDERSTAND THAT ACCEPTANCE FOR PURCHASE AT BOCA MAR IS CONDITIONED UPON THE APPROVAL OF THE BOARD OF DIRECTORS.

YES \_\_\_\_\_ NO \_\_\_\_\_

I / WE HAVE RECEIVED A COPY OF THE CONDOMINIUM RULES AND REGULATIONS AND HAVE RECEIVED A COPY OF THE GOVERNING DOCUMENTS AS WELL. I / WE AGREE TO ABIDE BY THESE RULES AND ALL FUTURE RULES AND RESTRICTIONS WHICH MAY BE IMPOSED IN THE FUTURE.

YES \_\_\_\_\_ NO \_\_\_\_\_

I / WE UNDERSTAND THAT SUB-LEASING IS NOT PERMITTED AT ANY TIME. OCCUPANCY OF THIS UNIT IN OWNER'S / LESSEE'S ABSENCE IS NOT PERMITTED WITHOUT PRIOR APPROVAL OF THE BOARD OF DIRECTORS.

YES \_\_\_\_\_ NO \_\_\_\_\_

BY SIGNING, THE APPLICANT(S) RECOGNIZE THAT THE ASSOCIATION OR THEIR AGENT MAY INVESTIGATE THE INFORMATION SUPPLIED AND A FULL DISCLOSURE OF PERFORMED FACTS MAY BE MADE TO THE ASSOCIATION. THE INVESTIGATION MAY BE MADE OF THE APPLICANT(S) CHARACTER, GENERAL REPUTATION AND MODE OF LIVING AS APPLICABLE.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

IN MAKING THE FOREGOING APPLICATION, I / WE ARE AWARE THAT THE DECISION OF THE BOARD OF DIRECTORS OF BOCA MAR WILL BE FINAL AND THAT NO REASON WILL BE GIVEN FOR ANY ACTION TAKEN BY THE SAID BOARD OF DIRECTORS. I/WE AGREE TO BE GOVERNED BY THE DETERMINATION OF THE BOARD OF DIRECTORS.

\_\_\_\_\_  
Witnessed

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witnessed

\_\_\_\_\_  
Applicant Signature

Authorization and Application for Occupancy

Landlord: \_\_\_\_\_

APPLICANTS: Most banks, financial institutions, mortgage companies and employers require your signature and name printed to verify information. Please complete the form below:

**\*\*AUTHORIZATION FORM\*\***

You are hereby authorized to release information to Tenant Patrol any and all information they request with regards to verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references. This information is to be used for my/our credit report for my/our Application for Occupancy.

I/We hereby waive any privileges I/we may have with respect to the said information in references to its release to the aforesaid party. Information obtained for this report is to be released to Tenant Patrol for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE and SOCIAL SECURITY CARD TO CONFIRM IDENTITY. If you do not have a Social Security Card, please include a copy of your Passport or current identification card.

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 signature(s).

I/We certify under penalty of perjury that the foregoing is true and correct.

|                                     |                                      |
|-------------------------------------|--------------------------------------|
| _____<br>(Applicant's Name Printed) | _____<br>(Applicant's Signature)     |
| _____<br>(Applicant's SSN)          | _____<br>(Applicant's Date of Birth) |
| _____<br>(Applicant's Address)      | _____<br>(Date Signed)               |
| _____<br>(Spouse's Name Printed)    | _____<br>(Spouse's Signature)        |
| _____<br>(Spouse's SSN)             | _____<br>(Spouse's Date of Birth)    |
| _____<br>(Spouse's Address)         | _____<br>(Date Signed)               |

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escriba a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

### **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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- 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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **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 1-888-567-8688.
- **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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

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. For information about your federal rights, contact:

**TYPE OF BUSINESS:**

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and Insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

**CONTACT:**

a. Consumer Financial Protection Bureau  
1700 G Street NW  
Washington, DC 20552

b. Federal Trade Commission: Consumer Response Center -- FCRA  
Washington, DC 20580  
(877) 382-4357

a. Office of the Comptroller of the Currency  
Customer Assistance Group  
1301 McKinney Street, Suite 3450  
Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center  
P.O. Box 1200  
Minneapolis, MN 55480

c. FDIC Consumer Response Center  
1100 Walnut Street, Box #11  
Kansas City, MO 64108

d. National Credit Union Administration  
Office of Consumer Protection (OCP)  
Division of Consumer Compliance and Outreach (DCCO)  
1775 Duke Street  
Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings  
Aviation Consumer Protection Division  
Department of Transportation  
1200 New Jersey Avenue, SE  
Washington, DC 20580  
Office of Proceedings, Surface Transportation Board  
Department of Transportation  
395 E Street S.W.  
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access  
United States Small Business Administration  
409 Third Street, SW, 8th Floor  
Washington, DC 20416

Securities and Exchange Commission  
100 F St NE  
Washington, DC 20549

Farm Credit Administration  
1501 Farm Credit Drive  
McLean, VA 22102-5080

FTC Regional Office for region in which the creditor operates or  
Federal Trade Commission: Consumer Response Center -- FCRA  
Washington, DC 20580  
(877) 382-4357

TO THE SECRETARY OF BOCA MAR CONDOMINIUM ASSOCIATION  
("THE ASSOCIATION")

THIS IS TO CERTIFY that the undersigned, constituting an authorized representative of a TRUST FUND, or other entity other than individual, having title to Unit \_\_\_\_\_ has designated:

\_\_\_\_\_  
Name of Voting Representative.

as its representative to cast all votes and to express all approvals that such owners may be entitled to cast or express at meeting or voting of the membership of the Association and for other purposes provided by the Association's governing documents.

This Certificate is made pursuant to the Declaration and the By-Laws and shall revoke all prior Certificates and be valid until revoked by a subsequent Certificate.

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 20

\_\_\_\_\_  
Name of Trust or Entity

\_\_\_\_\_  
Signature of Authorized Trustee or Other Representative

TO THE SECRETARY OF BOCA MAR CONDOMINIUM ASSOCIATION  
("THE ASSOCIATION")

THIS IS TO CERTIFY that the undersigned, constituting an authorized representative of a TRUST FUND, or other entity other than individual, having title to Unit \_\_\_\_\_ has designated:

\_\_\_\_\_  
Name of Voting Representative.

as its representative to cast all votes and to express all approvals that such owners may be entitled to cast or express at meeting or voting of the membership of the Association and for other purposes provided by the Association's governing documents.

This Certificate is made pursuant to the Declaration and the By-Laws and shall revoke all prior Certificates and be valid until revoked by a subsequent Certificate.

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 20

\_\_\_\_\_  
Name of Trust or Entity

\_\_\_\_\_  
Signature of Authorized Trustee or Other Representative

TO THE SECRETARY OF BOCA MAR CONDOMINIUM ASSOCIATION  
("THE ASSOCIATION")

THIS IS TO CERTIFY that the undersigned, constituting an authorized representative of a TRUST FUND, or other entity other than individual, having title to Unit \_\_\_\_\_ has designated:

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This Certificate is made pursuant to the Declaration and the By-Laws and shall revoke all prior Certificates and be valid until revoked by a subsequent Certificate.

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 20

\_\_\_\_\_  
Name of Trust or Entity

\_\_\_\_\_  
Signature of Authorized Trustee or Other Representative