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# Villa Rosa Homeowner's Association

SALES AGREEMENT APPLICATION



# **GWM Property Management Villa Rosa**

Send completed applications to

[info@VillaRosaHOAFL.com](mailto:info@VillaRosaHOAFL.com)



VILLA ROSA HOMEOWNERS ASSOCIATION, INC.  
Villa Rosa Website - Home page: <http://www.villarosafoaf.com>

**VILLA ROSA HOMEOWNERS ASSOCIATION INC.**  
**PURCHASE APPLICATION**  
**30 DAY REVIEW PROCESS - PURCHASE PLAN ACCORDINGLY**

*The Board of Directors has an obligation to all members of the Association to maintain the quality of life at Villa Rosa HOA. The Committee assesses the information presented. On Occasion, applications are denied.*

1. Upon completion of the Association application, submit your packet to Villa Rosa Homeowners Association for processing at the office of Complete Property Management, 601, Heritage Dr., Suite 131, Jupiter, FL 33458.  
**Be advised that application may change from time to time.**

2. Submit with your application the require, **non-refundable** \$ 100.00 application fee; payable on the Villa Rosa HOA website [www.villarosehoaf.com](http://www.villarosehoaf.com) **All occupants 18 years of age and older are required to apply.**

Submit with your application a \$ 78.00 screening fee for the first applicant and \$ 68.00 for each additional person over the age of 18 that will be residing in the home, **payable on the Villa Rosa HOA website** [www.villarosehoaf.com](http://www.villarosehoaf.com)

3. Submit with your PURCHASE application a legible copy of your PURCHASE contract, signed by all parties.
4. **Submit a legible copy of your drivers' license and social security card for each applicant.** If not a U.S. citizen, submit a legible copy of your passport and visa. This information is required to complete your background check.
5. Return all pages of the application and supporting material; do not fax unless requested to do so. **If an item does not apply, mark as N/ A.**
6. **All applicants must submit proof of income in the form of the last year' personal tax return or 4 - 6 weeks pay stub with the application. Applicants must submit Bank Statement in Purchasers name showing Funds available. Including 15% of Purchase Price and or if it's a cash Purchase.**
7. The bylaws of Villa Rosa state the occupancy shall not exceed that of the Palm Beach County Building Code. The code indicates that by bedroom size the maximum occupancy is as follows; three (3) bedroom two and a half (2 1/2) bath, max occupancy Four (4) persons, two (2) bedroom two and a half max occupancy three (3) persons, and two (2) bedroom two (2) bath maximum occupancy three (3) persons.
8. Applicant(s) are subject to and shall abide by all covenants and restrictions and rules and regulations set forth in Declaration of Covenants, Conditions, and Restrictions, conditions and Restrictions of Villa Rosa; Bylaws of Villa Rosa Homeowner's Association Inc.; Articles of Incorporation of Villa Rosa Homeowners Association Inc. an any new or future rules and regulations of Villa Rosa.
9. **As of 5/14/15, a resolution passed requiring all applicants to finance no more than 85% of the total sales price of the unit. The remaining 15% must be cash on hand, in US banks, in US Dollars.**

10. All applicants must agree to a background check by signing the release form included in the application package.



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## VILLA ROSA HOMEOWNERS ASSOCIATION INC. PURCHASE CRITERIA

### APPLICATION CONSIDERATION

Subject to the requirements of applicable federal, state and local law, it is Villa Rosa HOA's policy not to accept a PURCHASE application by any applicant who the Board of Directors reasonably believes poses a threat to the health, safety and welfare of the residents of any community. In making this decision, the Purchase Application Committee will review information provided in the application on the Addendum to the PURCHASE Application and decline all PURCHASE applications that indicate any household member has been convicted, plead guilty or no contest to a felony, common law crime or sexual offense.

**I have read and understand the above criteria in which my application will be processed. I understand the application fee is non-refundable and covers the cost incurred through Credit Reporting Agencies, faxes and paperwork.**

\_\_\_\_\_  
Applicant# 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant# 2 Signature

\_\_\_\_\_  
Applicant# 3 Signature

\_\_\_\_\_  
Applicant# 4 Signature

By email: [Info@villarosahoafi.com](mailto:Info@villarosahoafi.com)  
Provide the unit address for a timely response



**Note:** Complete all questions and fill in all blanks. If any question is not answered or left blank, this application may be returned, not processed and/or not accepted. Print legible or type all information. **Missing information will cause delays.** All information supplied is subject to verification. All phone numbers must be able to be reached between 9 AM – 5 PM.

**Property Address:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Soc. Sec. #:** \_\_\_\_\_

Single      Married      Separated      Divorced

Have you ever been arrested? \_\_\_\_\_ Date(s): \_\_\_\_\_

Charge(s): \_\_\_\_\_

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Have you ever been arrested? \_\_\_\_\_ Date(s): \_\_\_\_\_

County/State arrested in \_\_\_\_\_ Charge(s): \_\_\_\_\_

No. of people who will occupy unit - Adult (18+) \_\_\_\_\_ Name and ages of others who will occupy unit :

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Applicant(s) Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**PART I – RESIDENCE HISTORY**

A. Present Address: \_\_\_\_\_ Dates From \_\_\_\_\_ to \_\_\_\_\_

Apt or Condo Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Own Home      Parent/Family Member      Rented Home      Rented Apt.      Other

Rent/Mortgage Amount: \_\_\_\_\_ Name of Landlord: \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_ Mortgage # \_\_\_\_\_ Phone: \_\_\_\_\_

B. Previous Address: \_\_\_\_\_ Dates From \_\_\_\_\_ to \_\_\_\_\_

Apt or Condo Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Own Home      Parent/Family Member      Rented Home      Rented Apt.      Other

Rent/Mortgage Amount: \_\_\_\_\_ Name of Landlord: \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_ Mortgage # \_\_\_\_\_ Phone: \_\_\_\_\_

C. Previous Address: \_\_\_\_\_ Dates From \_\_\_\_\_ to \_\_\_\_\_

Apt or Condo Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Own Home      Parent/Family Member      Rented Home      Rented Apt.      Other

Rent/Mortgage Amount: \_\_\_\_\_ Name of Landlord: \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_ Mortgage # \_\_\_\_\_ Phone: \_\_\_\_\_

**PART II – EMPLOYMENT VERIFICATION**

A. Employed by: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Position: \_\_\_\_\_ Monthly Gross Income: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

B. Employed by: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Position: \_\_\_\_\_ Monthly Gross Income: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

**PART III – CHARACTER REFERENCES**

A. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

B. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's License Number (Primary Applicant): \_\_\_\_\_ State Issued \_\_\_\_\_  
Driver's License Number (Secondary Applicant): \_\_\_\_\_ State Issued \_\_\_\_\_

By signing the applicant recognizes that Villa Rosa Homeowner's Association or their agent may investigate the information supplied by the applicant, and a full disclosure or pertinent facts may be made to the Association. The Association may also require a credit report through a credit reporting agency. If this application is NOT legible or is not completely and accurately filled out the Association will not be liable or responsible for any inaccurate information in the investigation and related report (should there be one) caused by such omission or illegibility.

BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE THE ASSOCIATION TO VERIFY THIS INFORMATION THROUGH ANY SOURCE THAT IT DEEMS APPROPRIATE, ANY FALSE STATEMENT ON THIS APPLICATION CAN LEAD TO A DENIAL OF YOUR APPLICATION. REFUSAL TO SIGN THIS ADDENDUM WILL RESULT IN A DENIAL OF YOUR APPLICATION.

\_\_\_\_\_  
Applicant #1 Signature

\_\_\_\_\_  
Applicant #2 Signature

\_\_\_\_\_  
Applicant #3 Signature

\_\_\_\_\_  
Applicant #4 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date





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## MAILING ADDRESS

### RESIDENT NAME(S)

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

### PROPERTY ADDRESS

\_\_\_\_\_  
Address (No) Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Postal code

### CORRESPONDENCE ADDRESS (if different than the property address above)

\_\_\_\_\_  
Address (No) Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Postal code

### PHONE AND EMAIL ADDRESS

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Owner Signature

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**THIS WILL BE MY:**

PRIMARY RESIDENCE

SECOND HOME

INVESTMENT/ INCOME PROPERTY I RENTAL

**EMERGENCY CONTACT INFORMATION**

OCCUPANT NAME: \_\_\_\_\_ HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

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

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

RELATIONSHIP TO CONTACT: \_\_\_\_\_

**VEHICLE CONTACT INFORMATION**

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

YEAR \_\_\_\_\_ LICENSE PLATE \_\_\_\_\_ STATE \_\_\_\_\_

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**AUTHORIZATION REGARDING  
BACKGROUND INVESTIGATION**

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU;
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT;
- ADDITIONAL NOTICE REGARDING INVESTIGATIVE CONSUMER REPORTS ON YOU;
- ADDITIONAL STATE LAW NOTICES.

By signing below, I authorize **GWM Property Management** ("the Company") to obtain "**consumer reports**" and "**investigative consumer reports**" about me for tenant purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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**PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK**

Please supply the following information to facilitate a background check on you.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle: \_\_\_\_\_

Other Names Used (alias, maiden, nickname): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver License No.: \_\_\_\_\_

State Issued: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Address: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Street/P.O. Box City State Zip Code Country

Fomer Address: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Street/P.O. Box City State Zip Code Country