

**NOTE: This first page must be completed by the owner. Please return it along with the fully completed application signed by potential tenant.**

**BOCA TOWERS CONDOMINIUM ASSOCIATION, INC.**

PROCEDURE TO BE FOLLOWED WHEN LEASING AN APARTMENT IN BOCA TOWERS CONDOMINIUM. (ALLOW 20 DAYS FOR PROCESSING PAPERS— UNLESS ACTIVE MILITARY SERVICE MEMBER, WHICH IS 7 DAYS)

\*\*\*\*\*

TO: BOARD OF DIRECTORS – BOCA TOWERS CONDOMINIUM ASSOCIATION, INC.

We hereby request your approval to lease Apartment # \_\_\_\_\_

We have supplied the potential lessee with a copy of the House Rules & Important Information and the lessee has agreed to abide by same.

We have included the **\$100.00 APPLICATION FEE.**

The following compliances have been met:

- |   | YES   | NO    |
|---|-------|-------|
| 1. Receipt of "Letter of Intent to Rent"  | _____ | _____ |
| 2. Copy of proposed lease   | _____ | _____ |
| 3. Was lessee informed apartment cannot be occupied prior to approval?                | _____ | _____ |
| 4. Names, phone numbers and addresses of the last two lessees for reference purposes. |       |       |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Two names of relatives or friends of the owner, if possible living nearby, with their addresses and phone numbers.

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

NOTE: NO APPROVAL MAY BE GRANTED UNLESS ALL ASSESSMENTS HAVE BEEN PAID! NO RENTALS DURING FIRST 24 MONTHS OF OWNERSHIP. RENTERS MUST HAVE APPROVAL BY THE BOARD OF DIRECTORS.

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer's signature

\_\_\_\_\_  
Date

**BOCA TOWERS CONDOMINIUM ASSOCIATION, INC.**

**APARTMENT LEASE APPLICATION**

**Please Print**

Name: \_\_\_\_\_ Apt. # \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Primary Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

ARE YOU AN ACTIVE MEMBER OF THE U.S. MILITARY SERVICE? \_\_\_\_\_

Business and Personal References:

\_\_\_\_\_  
Name Street City State Zip

\_\_\_\_\_  
Name Street City State Zip

\_\_\_\_\_  
Name Street City State Zip

In the absence of the Lessee, no one may occupy the apartment.

Lessee agrees to abide by Boca Towers House Rules & Regulations and is aware of the Board of Directors' right to terminate the lease for violations after management warning.

**NO PETS ARE ALLOWED FOR ANY RENTERS.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

DATE \_\_\_\_\_

APT# \_\_\_\_\_

Dear Lessee:

Would you please fill in the following information:

NAME: \_\_\_\_\_  
          First                  Middle                  Last

SPOUSE'S NAME \_\_\_\_\_  
                          First                  Middle                  Last

NAMES OF ALL PERSONS OCCUPYING APARTMENT: \_\_\_\_\_

\_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ BUSINESS NUMBER \_\_\_\_\_

LEASE TERM \_\_\_\_\_

LESSEE'S PREVIOUS ADDRESS:

Street & Apt. #: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

VEHICLE MAKE, YEAR, COLOR & LICENSE PLATE # \_\_\_\_\_

2ND VEHICLE MAKE, YEAR, COLOR AND LICENSE PLATE # \_\_\_\_\_

PERSONS AUTHORIZED ACCESS TO APARTMENT:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

EMERGENCY CONTACT:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**APPLICANT'S STATEMENT**

The undersigned represents that the information given in his/her lease application is true and correct and the Condominium Association is authorized to rely thereon in processing this application.

Applicant understands that when verification is made, any misstatements set forth or misinformation given shall be grounds for rejection of application for leasing. The applicant agrees that truth is one of the common denominators of leasing in Boca Towers and that such is essential to this first class, well ordered condominium. Applicant agrees to make a full disclosure and to furnish such additional information as may be requested or required by the Condominium Association.

Applicant acknowledges the necessity of having House Rules for harmonious condominium living and promises to obey and observe all rules and regulations enacted by the Board of Directors in conformity with the Condominium Declaration and the bylaws of the Boca Towers Condominium Association.

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Applicant Signature

Date

IF YOU ARE IN A WHEELCHAIR OR OTHERWISE DISABLED AND NEED HELP ON A REGULAR OR FREQUENT BASIS, THE CONDOMINIUM HAS NEITHER THE FACILITIES NOR THE PERSONNEL TO PROVIDE SUCH HELP.

## LEASING OF APARTMENTS

1. Leasing an apartment is not permitted during the first 24 months of ownership.
2. Owners planning to lease their apartment must send a letter of intent to the Board.
3. A prospective lessee may neither occupy an apartment nor be a guest of the owner in the apartment to be leased, until after an interview and Board approval.
4. Approval of an apartment lease will be withheld when any assessment is unpaid.
5. No signs advertising the availability of apartments for lease are allowed on the premises.
6. The Board must approve the leasing of apartments. A Board member will interview and make recommendations to the other Board members for all prospective lessees.
7. A copy of the signed lease and other required documents must be submitted to the Board for approval at least two (2) weeks prior to the interview.
8. The lease of a condominium unit shall be for a period of not less than 60 consecutive days or more than 365 consecutive days.
9. Apartment leasing is permitted once in a twelve (12) month period which period shall commence from the first day of the lease.
10. When an apartment is leased, the owner gives up the right as an owner to use recreational and other common areas for the period of the lease.
11. Before occupancy, lessees are required to register at the front desk.
12. When lessees are not in residence, no one is permitted to occupy the apartment.

**EMERGENCY INFORMATION**

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN IT TO THE BOCA TOWERS OFFICE AS SOON AS POSSIBLE TO KEEP YOUR FILE CURRENT.

\_\_ OWNER \_\_ RENTER PARKING SPACE NO. \_\_\_\_\_ APT. NO. \_\_\_\_\_

NAME \_\_\_\_\_  
FIRST LAST

SPOUSE'S NAME \_\_\_\_\_

FIRST LAST  
PRIMARY PHONE # \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

BUSINESS PHONE # \_\_\_\_\_

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

IN RESIDENCE DATES \_\_\_\_\_

**OWNER'S ADDRESS OTHER THAN BOCA TOWERS:**

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

VEHICLE MAKE & LIC.NO. \_\_\_\_\_ YR \_\_\_\_\_ COLOR \_\_\_\_\_

VEHICLE MAKE & LIC. NO. \_\_\_\_\_ YR \_\_\_\_\_ COLOR \_\_\_\_\_

**PERSONS AUTHORIZED ACCESS TO APARTMENT:**

1) \_\_\_\_\_

2) \_\_\_\_\_

**EMERGENCY CONTACT:**

NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

ANYONE DISABLED IN THIS UNIT \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS

In connection with my application for occupancy for a dwelling and or Residential with **BOCA TOWERS CONDOMINIUM ASSOC.**, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

### **This authorization is conditioned upon the following representations of my rights:**

I understand that I have the right to make a request to the consumer reporting agency: United Screening Services, Corp. (name) ("Agency"), P.O. Box 55-9046, Miami, FL. 33255-9046 (address), telephone number (305) 774-1711 or (800) 731-2139, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: [www.unitedscreening.com](http://www.unitedscreening.com).

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_ (initials).



Apt No \_\_\_\_\_ Apt Type \_\_\_\_\_ Monthly Rent \_\_\_\_\_ Occupy Date \_\_\_\_\_ Term Date \_\_\_\_\_

Referred by \_\_\_\_\_ Reasons For Living Here \_\_\_\_\_

### Boca Towers Condominium Application for Occupancy (Rental/Lease)

Date \_\_\_\_\_

**\*\*\*\*\*IMPORTANT: Each co-resident/co-applicant must submit separate applications\*\*\*\*\***

#### PERSONAL INFORMATION

Applicant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS No \_\_\_\_\_  
First Middle Last

Marital Status \_\_\_\_\_ Driver License No \_\_\_\_\_ State \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS No \_\_\_\_\_  
First Middle Last

Driver License No \_\_\_\_\_ State \_\_\_\_\_

#### Other Occupants

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

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

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

Have you, the co-applicant(s), and/or any occupant(s) ever been arrested, charged and/or convicted of a crime? \_\_\_\_\_ If Yes, provide detailed explanation. (Use reverse side of this application)

Emergency contact (Name/Phone) \_\_\_\_\_

#### RESIDENT HISTORY

Present Street Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ From/To \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Reason for moving \_\_\_\_\_

Previous Street Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From/To \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_ Landlord's Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Reason For Moving \_\_\_\_\_

Have you and/or the co-applicant(s) ever been evicted from any property? \_\_\_\_\_ If Yes, provide detailed explanation. (Use reverse side of this application)

#### CHARACTER REFERENCE

Name \_\_\_\_\_ Phone No \_\_\_\_\_ Relation: \_\_\_\_\_

Name \_\_\_\_\_ Phone No \_\_\_\_\_ Relation: \_\_\_\_\_

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse signature \_\_\_\_\_ Date \_\_\_\_\_

Leasing agent / Interviewed by \_\_\_\_\_ Date \_\_\_\_\_



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

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

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

For identification purposes:

Social Security No.: \_\_\_\_\_; Date of Birth: \_\_\_\_\_.

Driver's License No.: \_\_\_\_\_; State of Issue: \_\_\_\_\_.

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## 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 that gather and sell information about your creditworthiness to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, which are summarized below. You may have additional rights under state law. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit), or write to: Consumer Response Center, 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 information from a consumer reporting agency to deny your application for credit, insurance, or employment – or take another adverse action against you – must tell you and give you the name, address, and phone number of the agency that provided the information.

**You can find out what is in your file.** At any time, you may request and obtain your report from a consumer reporting agency. You will be asked to provide proper identification, which may include your Social Security number. In many cases the report will be free. You are entitled to free reports if a person has taken adverse action against you because of information in a report; if you are the victim of identify theft; if you are the victim of fraud; if you are on public assistance; or if you are unemployed but expect to apply for employment within 60 days. In addition, you are entitled to one free report every twelve months from each of the nationwide credit bureaus and from some specialized consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for details about how to obtain your free report.

**You have a right to know your credit score.** Credit scores are numerical summaries of a consumer's creditworthiness based on information from consumer reports. For a fee, you may get your credit score. For more information, click on [www.ftc.gov/credit](http://www.ftc.gov/credit). In some mortgage transactions, you will get credit score information without charge.

**You can dispute inaccurate information with the consumer reporting agency.** If you tell a consumer reporting agency that your file has inaccurate information, the agency must take certain steps to investigate unless your dispute is frivolous. For an explanation of dispute procedures, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**Inaccurate information must be corrected or deleted.** A consumer reporting agency or furnisher must remove or correct information verified as inaccurate, usually within 30 days after you dispute it. However, a consumer reporting agency may continue to report negative data that it verifies as being accurate.

**Outdated negative information may not be reported.** 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 as determined by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

**Your consent is required for reports that are provided to employers. A consumer reporting agency may not give out information about you to your employer, or potential employer, without your written consent. Blanket consent may be given at the time of employment or later.**

**You may choose to remove your name from consumer reporting agency lists for unsolicited credit and insurance offers. These offers must include a toll-free phone number you can call if you choose to take your name and address off lists in the future. You may opt-out at the major credit bureaus by calling 1-800-XXXXXXX.**

**You may seek damages from violators. If a consumer reporting agency, a user of consumer reports, or, in some cases, a furnisher of information to a consumer reporting agency violates the FCRA, you may sue them in state or federal court.**

**Identity theft victims and active duty military personnel have additional rights. Victims of identity theft have new rights under the FCRA. Active-duty military personnel who are away from their regular duty station may file "active duty" alerts to help prevent identity theft. For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).**

The FCRA gives several federal agencies authority to enforce the FCRA:

<b>TO COMPLAIN AND FOR INFORMATION:</b>	<b>PLEASE CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
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 6-8 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
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 Programs 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 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
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 Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

# Boca Towers

## Condominium Association, Inc.

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2121 North Ocean Boulevard • Boca Raton, Florida 33431

Tel. 561/391-6126  
Fax 561/391-8626

May 21, 2012

Dear Unit Owner,

As you may recall, you were asked to give written consent for the Association to opt out of the installation of fire sprinklers, pursuant to Florida Statute 718.112.2.L. 1. At the Members meeting of May 3, 2012, the results were tabulated. 197 unit owners voted to opt out of the installation, far exceeding the required 137, therefore no installation of fire sprinklers will take place.

Thank you for your attention.



Howard Lincoln, President  
BTCA