

D'ESTE COURT APPLICATION CHECK-OFF LIST

Purchases

PLEASE REVIEW YOUR APPLICATION BEFORE RETURNING.

IF ANY OF THE ITEMS LISTED BELOW ARE NOT INCLUDED WITH THE APPLICATION IT WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE SUBMITTED TO THE BOARD FOR APPROVAL. THIS COULD RESULT IN YOUR APPROVAL BEING DELAYED OR DENIED.

____ 1. All pages of the application are to be completed in full and signed and initialed where indicated. 3 character references for each applicant included in the application.

____ 2. A signed and executed copy of the sales contract. Condo rider (CR) be sure that the correct boxes are checked we have the first right of refusal. Condo association approval required.

____ 3. On ***financing*** purchases a loan commitment, approval letter (no pre-approval), or DU for the property that you are purchasing must be submitted with the application. 3 notarized affidavits must be signed (included in application).

Cash purchases need the two most current year tax returns and 3 months of bank statements (exempt if retired and don't file taxes). 3 notarized affidavits must be signed.

____ 4. Application fee of \$150.00 for each adult residing in the unit (married couple considered one applicant- marriage license required) and each adult 18+ not married must submit their own separate application even if only one person's name appears on the title or contract. Cashiers check or money order may be made payable to GRS Community Management. This is a non-refundable fee.

____ 5. Color photocopy ID with date of birth for each applicant along with driver's license, auto registration and car insurance to be included with application. ***All documents must be the same name of each applicant(s).***

____ 6. Authorization form for credit and criminal background check must be signed and filled out completely.

____ 7. Reference form for personal and financial request must be signed. Have references fill in form and have bank officer complete and sign financial reference form.

____ 8. Interview required. All adults 18+ must be present at the interview.

____ 9. Complete credit report with FICO score of 700+. Experian, TransUnion or Equifax.

PLEASE ALLOW 30 DAYS FOR PROCESSING.



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463
Ph: (561) 641-8554 / Fx: (561) 641-9448
Fountains Condominium No. 5

APPLICATION FOR PURCHASE D'ESTE COURT

**ATTENTION ALL REALTORS AND APPLICANTS
(AS ALLOWED FOR IN THE DECLARATIONS)**

Please note that applications with closing date of less than **30-days** are at risk of not being approved within that time frame and can be delayed or denied.

CREDIT REPORT REQUIREMENTS

CREDIT REPORTS MUST BE INCLUDED WITH ALL APPLICATIONS.

All potential purchases must provide their credit report with their applications. The credit report must contain the FICO SCORE with first and last name. The report must be obtained directly from EXPERIAN (www.experian.com), TransUnion (www.transunion.com), or Equifax (www.equifax.com). We do not accept National Risk Score of Advantage Score.

The ONLY exception is if you are a purchaser and are taking out a mortgage in which case we will accept a copy of the FICO credit report pulled by the mortgage company. However, it must be e-mailed to us **directly** from the mortgage company- mkamen@grsmgt.com

A CHECK FOR THE APPLICATION FEES MUST BE INCLUDED WITH YOUR APLPICATION

- **\$150.00 Per applicant (husband and wife considered one applicant)**
- **Each adult 18+ not married must submit their own separate application even if only one person's name appears on the contract. This is non-refundable fee payable to GRS Community Management.**

Payable To GRS Community Management

ANY APPLICATIONS MISSING THIS INFORMTATION WILL BE CONSIDERED INCOMPLETE AND WILL BE RETURNED UNPROCESSED AND UNAPPROVED

***APPLICANT(S) SIGNATURE⇒_____DATE_____**



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463
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Fountains Condominium No. 5

APPLICATION FOR PURCHASE APPROVAL

APPLICATION WILL NOT BE ACCEPTED UNTIL 40 DAYS PRIOR TO CLOSING. ALLOW 30 DAYS FOR THE APPLICATION TO BE PROCESSED. NO EXCEPTIONS ALL 5 PAGES MUST BE INITIALED BY BOTH PARTIES.

This application and the attached forms must be completed in detail and must be signed by the appropriate parties. Please note that the arrow symbol (4) indicates where signature(s) are required. If any question is not answered or left blank, this application will be returned unprocessed and unapproved. It is of the utmost importance that all information be provided.

Please attach a copy of the sales contract to this application.

Please attach a non-refundable processing fee of \$150.00 per applicant (husband & wife are considered one applicant), made payable to GRS Community Management. These items must be submitted at least thirty (30) days prior to the expected closing date.

Each applicant must include 3-character references (The Fountains residents, if possible) knowing the person at least 3 years. Family members and your realtor are excluded. No more than two (2) persons per bedroom allowed.

Unit cannot be rented the first 12 months of ownership. Ownership is limited to 2 units at a time. There is a 15% rental cap in place, which allows for 42 rentals at any one time. After the first 12 months, if the court is at full rental capacity, you may be placed on a waiting list for an undetermined amount of time.

***Full credit report with Fico score of 700+ *Pets are not allowed *An Interview is required**

No trucks, recreational vehicles, motorcycles, non-passenger vans or unsightly or inoperable vehicles may be parked on condominium properties. The only exception is work vehicles during daytime hours when required by visiting repair men or service personnel- Monday thru Saturday 8AM to 6PM. No Sundays or holidays. Unsightly vehicles are defined as having substantial rust, peeling paint or fabric, leaky oil or broken or dented body parts. No vehicle may be parked on condominium properties that are loaded with materials for commercial purposes.

The seller shall provide the purchaser with a copy of all association documents. It is the responsibility of the purchaser(s) to read the documents and rules and regulations.

Seller Initials Buyer Initials

TO BE COMPLETED BY THE SELLER

(PLEASE PRINT CLEARLY)

DATE_____ DESTA ADDRESS_____ APT_____

APPROXIMATE CLOSING DATE_____

SELLER'S NAME_____

PHONE_____ E MAIL ADDRESS_____

PRESENT MAILING ADDRESS_____

_____ ZIP_____

IF PROPERTY IS IN ESTATE, GIVE THE NAME, ADDRESS & PHONE # OF PERSON(S)
HANDLING THE ESTATE

SELLING PRICE \$_____ FURNISHED_____ UNFURNISHED_____

IF SOLD FURNISHED, PLEASE INDICATE HOW MUCH OF THE SELLING PRICE IS FOR
FURNISHINGS AND IMPROVEMENTS.

DOES THE SELLER PAY MAINTENANCE BY DIRECT DEBIT?_____ IF SO, SELLER MUST
COMPLETE THE ATTACHED FORM AT CLOSING TO PROPERLY DISCONTINUE THIS
PROCESS. SEND IT TO THE GRS OFFICE TO THE ATTENTION OF THE ACCOUNTING
DEPARTMENT.

SIZE OF UNIT (1BR, 2BR, 2BR CONVERTIBLE, 3BR/3BATH)_____

IS SELLER PURCHASING ANOTHER UNIT AT THE FOUNTAINS? YES_____ NO_____

IF YES PLEASE INDICATE ADDRESS OF NEW UNIT_____

Seller Initials

Buyer Initials

NAME, EMAIL ADDRESS AND PHONE NUMBER OF ALL AGENT(S) INVOLVED IN THE HANDLING OF THIS SALE: (PLEASE PRINT CLEARLY)

SELLER'S REALTOR_____

EMAIL ADDRESS_____

PHONE NO._____

PURCHASER'S REALTOR_____

EMAIL ADDRESS_____

PHONE NO._____

NAME OF WHERE CLOSING WILL BE HELD_____

ADDRESS_____

EMAIL ADDRESS_____

PHONE NO._____

***SELLER(S) SIGNATURE⇒_____DATE_____**

***SELLER(S) SIGNATURE⇒_____DATE_____**

Seller Initials Buyer Initials

TO BE COMPLETED BY PURCHASER

(PLEASE PRINT CLEARLY)

IS A MORTGAGE INVOLVED WITH THE PURCHASE? IF SO, WHO IS THE MORTGAGE HOLDER AND WHAT IS THE AMOUNT TO BE MORTGAGED?

NAME OF THE MORTGAGE HOLDER: _____

AMOUNT TO BE MORTGAGED: _____

PRINT NAME OF PROSPECTIVE PURCHASER(S) AS TITLE WILL APPEAR

A. _____ B. _____

MARRIED _____ SINGLE _____ MARRIED _____ SINGLE _____

ONLY TWO (2) PERSONS PER BEDROOM ARE PERMITTED AND ONLY ONE FAMILY PER UNIT.

***ALL OTHERS** WHO WILL BE PERMANENTLY OCCUPYING THE UNIT FOR FIRST 12 MONTHS ONLY IMMEDIATE FAMILY IS PERMITTED. REFERENCE RULES AS IT WILL BE VERIFIED.

Name	Marital Status	Age	Relationship
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Name	Marital Status	Age	Relationship
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Has anyone who is going to reside in your unit ever been convicted of a crime and/or on probation?

Yes _____ No _____

IN MAKING THE FOREGOING APPLICATION, I REPRESENT TO THE BOARD DIRECTORS THAT THE PURPOSE FOR THE PURCHASE OF A UNIT AT DESTE COURT IS AS FOLLOWS: PERMANENT RESIDENCE _____ SEASONAL RESIDENCE _____ OTHER (EXPLAIN) _____

IF SEASON APPROXIMATELY HOW MANY MONTHS PER YEAR DO YOU INTEND TO OCCUPY THE UNIT? _____

HAS THE PURCHASER EVER SUBMITTED A PRIOR APPLICATION FOR PURCHASE OR LEASE AT THE FOUNTAINS? YES _____ NO _____

DATE _____ ADDRESS _____

WOULD YOU LIKE TO BE CONTACTED BY THE FOUNTAINS COUNTRY CLUB REGARDING MEMEBERSHIP PACKAGES? YES _____ NO _____

PURCHASE NOTICE & AGREEMENT

1. I hereby agree, for myself and on behalf of all persons who may use the unit which I seek to purchase, that I will abide by all the restrictions contained in the Rules and Regulations, association documents and restrictions which are in effect now or may in the future, be imposed by the association. **Buyer Initial**_____

2. I have received a copy of all Association Documents, Association Rules and Regulations, FCO Security Rules and Regulations and will comply with them in all parts: Yes____No____

3. I understand that I will be advised by The Association of either acceptance or denial of this application. In making the foregoing application, I am aware that the decision of the association will be final, and no reason must be given for any action take by the Board of Directors. I agree to be governed by the determination of the Board of Directors and to hold the Board harmless regarding its decision.

Buyer Initial_____

4. If this application is accepted, I will provide a copy of the Closing Statement and copy of the recorded Deed as soon as possible after closing. If title deed is changed after closing with Palm Beach County Property Appraiser, it must be reported to property manager and must go through the approval process and can affect future rental and sales.

5. Radon Gas — Notice to Prospective Purchaser - "Radon is naturally occurring radioactive gas that, when is has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed Federal and State guidelines have been found in buildings in Florida. Additional information regarding radon and radon testing may be obtained from your county public health unit." Pursuant to § 404.056(8), Florida Statutes.

6. I understand that no pets are allowed.

7. I understand that the acceptance for purchase of a unit at The Association is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. **Any misrepresentation of falsification of information on these forms will result in the automatic rejection of this application.**

8. Pursuant to The Declaration of Condominium, Article XI, A. Sale or Rental of Units. I understand "each owner shall use such apartment as a private dwelling for himself or herself and **his or her immediate family** and for no other purpose including business purposes. Therefore, the leasing of apartments to others as regular practice for business, speculative investment, or other similar purposes is not permitted.

"Immediate family is defined as parents of owner or spouse of owner, children, grandchildren, brothers, sisters and the spouses of family members (verification required).

9. I understand that the Board of Directors of D'Este Ct. may conduct an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors or their designated agent, 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 and Officers of The Association itself 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.

***PURCHASER(S) SIGNATURE⇒**_____ **DATE**_____

***PURCHASER(S) SIGNATURE⇒**_____ **DATE**_____

Seller Initials

Buyer Initials



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Fountains Condominium No. 5

AFFIDAVIT

I acknowledge receipt of the following:

Purchasers are prohibited from renting their unit(s) for one year from the date of purchase. Furthermore, THERE IS A 15% RENTAL CAP IN PLACE, WHICH ALLOWS FOR 42 RENTALS AT ANY ONE TIME. AFTER THE FIRST 12 MONTHS, IF THE COURT IS AT FULL RENTAL CAPACITY, YOU MAY BE PLACED ON A WAITING LIST FOR AN UNDETERMINED AMOUNT OF TIME. AFTER THE FIRST YEAR USE AND OCCUPANCY ARE RESTRICTED TO TWO PERSONS PER BEDROOM. NO RENTAL WILL BE ALLOWED TO MORE THAN ONE FAMILY AT A TIME OR TO A FAMILY WITH MORE THAN TWO PERSONS PER BEDROOM.

Under no circumstances no rental will be allowed for the first 12 months from the date of closing except for immediate family (parents, children, grandchildren, sisters, brothers and their spouses- reference rules and regulations page 9 sections C and D). Prior to immediate family arriving, pre-approval is needed from the property manager and/or board of directors.

After the first 12 months thereafter, anyone occupying the unit in your absence will be deemed a rental and will be denied access and will be subject to grievances and fines.

Until an in-person interview is conducted, and board approval is given, no persons will be allowed to occupy your unit without your presence.

Quitclaim deeds and title transfers applications must be approved by the Property Management Company and the Board of Directors. Failure to obtain approval will result in denial of sale or lease.

We accept the above conditions.

Signature/Print Name_____ **Date**_____

STATE OF_____

COUNTY OF_____

The forgoing instrument was acknowledged before me, by means of physical presence or online notarization on this day of _____, 2021, by _____
_____ who is personally known to me or produced as identification.

WITNESS my hand and official seal:

NOTARY PUBLIC, STATE OF_____

COUNTY OF_____

AFFIDAVIT OF ACKNOWLEDGMENT OF OCCUPANCY RULES

Unit applied for:_____

STATE OF FLORIDA

COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally
appeared_____

("Applicant") who swore or affirmed that:

1. Applicant hereby acknowledges that he/she has been advised and made aware of the Rules & Regulations of D'Este Court regarding the occupancy of his/her unit.
2. Applicant understands that if anyone other than the person(s) applicant has indicated on the application will occupy the unit, then those persons(s) must first go through the approval process BEFORE THEY ARE ALLOWED TO BEGIN OCCUPANCY. They are required to go through a background check and interview before permission by the association will be granted. Anyone other than immediate family is deemed a rental and not permitted within the first 12 months.
3. If applicant intends to rent the unit **after the first 12 months** thereafter any potential renter must go through the entire approval process which includes, but is not limited to a credit check, a criminal background check and an interview. Anyone occupying the unit prior to the application approval process completion will be an immediate denial.
4. Applicant agrees to abide by the above Rules and Regulations.
5. Applicant further understands that failure to comply with the above may result in a mandatory appearance before the Grievance Committee where fines (both monetary and loss of services, including barcode, cable tv and Internet) could be imposed.

The forgoing instrument was acknowledged before me, by means of_____physical presence or____online
notarization on this____day of_____, 2021, by,_____who is personally known to me or
produced_____as identification.

WITNESS my hand and official seal:

NOTARY PUBLIC, STATE OF_____

COUNTY OF_____

THE FOUNTAINS OF PALM BEACH CONDOMINIUM, INC. NO. 5



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463
Ph: (561) 641-8554 / Fx: (561) 641-9448
Fountains Condominium No. 5

AFFIDAVIT

I acknowledge receipt of the following.

I understand that as a potential renter or purchaser in The Fountains of Palm Beach Condominium, Inc. No. 5, (D'este Court) **is a no pet community** according to the condominium documents. A portion of Article XIII of the Declaration of Condominium of the Fountains of Palm Beach Condominium No. 4 ("Declaration") prohibits pets.

I have read the Rules and Regulations, Section II -- Emotional Support Animals (ESA) & Service Animals (SA), Page 5, Letters A-L, and understand their No Pet Policy. If you have a legitimate need for an SA or ESA animal, appropriate documentation must be submitted with your application and subject to approval prior to the interview.

Acceptable documentation includes but not limited to; a doctor or licensed mental health professional including an official letterhead, their license number, phone number, email address along with medical records showing the dog's breed, weight, and is current on all shots. In addition, attach the ESA application from GRS.

I accept the above conditions.

Print Name(s)

Address of Unit of Purchase

Signature

Date

STATE OF _____

COUNTY OF _____

The forgoing instrument was acknowledged before me, by means of physical presence or online notarization on this _____ day of _____, 2,021, by _____,

Who is personally known to me or produced _____, as identification.

WITNESS my hand and official seal:

NOTARY PUBLIC, STATE OF _____

COUNTY OF _____

RESIDENT INFORMATION UPDATE

(PLEASE PRINT CLEARLY)

OWNER NAME(S)_____

D'ESTE ADDRESS_____

HOME PH._____CELL PH._____WORK PH._____

OTHER ADDRESS_____

OTHER HOME PH._____

EMAIL ADDRESS_____

ADDRESS FOR MAIL TO BE SENT AFTER CLOSING_____

OTHER RELATIVES TO WHOM ENTRY SHOULD BE GRANTED AT ALL TIMES. THIS LIST IS LIMITED TO PARENTS, CHILDREN, GRANDCHILDREN, SISTERS, BROTHERS AND SPOUSES.

NAME:_____RELATIONSHIP:_____

NAME:_____RELATIONSHIP:_____

NAME:_____RELATIONSHIP:_____

NAME:_____RELATIONSHIP:_____

EMERGENCY CONTACT: GIVE THE NAME OF A FAMILY MEMBER

NAME:_____RELATIONSHIP:_____

ADDRESS_____

HOME PH._____CELL PH._____WORK PH._____

OTHER COMMENTS OR SPECIAL INSTRUCTIONS:_____

I UNDERSTAND THAT I MUST SEEK BOARD APPROVAL TO MAKE ANY CHANGE IN THE STATUS OF OWNERSHIP (TITLE DEED). IT IS MY RESPONSIBILITY TO CALL IN MY GUESTS OR SERVICE PERSONS USING THE INSTRUCTIONS GIVEN TO ME FROM THE FCO SECURITY. FURTHERMORE, I AGREE TO NOTIFY GRS OF ANY CHANGES TO MY PHONE NUMBER, MAILING ADDRESS, OR EMAIL ADDRESS.

HOMEOWNER'S SIGNATURE_____DATE_____

FOUNTAINS CONDOMINIUM OPERATIONS, INC. NO 5 D'ESTE COURT

**EACH PERSON WHO IS NAMED ON THE TITLE AND/OR OCCUPYING THE UNIT MUST
COMPLETE THIS FORM. (PLEASE PRINT CLEARLY)**

Last Name _____ **Last Name:** _____

SS#: _____ **DOB:** _____

Unit Address Applied For: _____

Present Address: _____

Years Living at Address: _____ **Past address if less than 5 years at present address:** _____

Employer: _____ **Years Employed:** _____

Employer's Address _____

Employer's Email Address _____

Employer's Phone No. _____ **Position Held:** _____

I certify that the above information is correct and complete, and hereby authorize you to make any inquiries you feel necessary to evaluate my purchase/tenancy. I further understand that a background check will be conducted, and the findings will be considered by the association issuing an approval of this application. I'm also authorizing the release of my credit report and my background check to the landlord/unit owner. If I rent the unit, I understand the information contained on this form and rental agreement may be maintained in a tenant database for up to five (5) years after I vacate the premises.

Signature: _____ **Date:** _____



3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463
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Fountains Condominium No. 5

EMPLOYMENT VERIFICATION FORM

Employer's Name_____

Street Address_____

City_____ **State**_____ **Zip Code**_____

Telephone#_____ **E Mail**_____

Applicant Name_____

Address Of Unit Applicant Is Applying For_____

I hereby authorize the release of the information below to GRS Community Management for employment verification:

Date_____ **Signature of Applicant**_____

=====

To Be Filled Out By Employer

Information Necessary for Employment Verification:

Date of Hire:_____

Permanent?_____ **Full Time?**_____

Position:_____ **Salary**_____

Likelihood of Continued Employment? Very Likely_____**Not Likely**_____**Other**_____

Name (Sign & Print Name Below) **Position**_____

Signature_____ **Print Name**_____

ATHORIZATION FILE DISCLOSURE

APPLICANT CONSENT

I. hereby consent to allow Verify Screening Solutions, Inc., through its designated agent/employee, to obtain and verify my consumer reports, including but not limited to, my credit report, criminal information, and eviction information for the purpose of determining my eligibility to lease/purchase an apartment. I further understand if I lease/purchase an apartment, I consent to allow Verify Screening Solutions, Inc. and it's designated agent/employee, for the duration of my lease, to review the following list of information to assess risk, for analytics, for process improvement, and other uses: my consumer reports, including but not limited to my credit report, criminal information, eviction information, my rental payment history, and occupancy history, and other information. The facts set forth in my application for residency are true and complete. False, fraudulent, or misleading information on an application may be grounds for denial of residency or subsequent eviction.

Signature

Date

Printed Name

Date of Birth

Social Security Number

Driver's Number

State

2nd Applicant's Signature

Date

Printed Name

Date of Birth

Social Security Number

Driver's License Number

State

ADDITIONAL OCCUPANTS OVER 18, AUTHORIZATION FORM IS REQUIRED

ADDITIONAL INFORMATION

EMPLOYMENT HISTORY

ARE YOU: Self-Employed? Yes () No () Retired? Yes () No ()

EMPLOYER	CO-APPLICANT/SPOUSE EMPLOYER
CITY-STATE-ZIP	CITY-STATE-ZIP
PHONE #	PHONE #
EMPLOYED FROM: TO:	EMPLOYED FROM: TO:
DEPARTMENT OR POSITION	DEPARTMENT OR POSITION
SUPERVISOR	SUPERVISOR
MONTHLY INCOME	MONTHLY INCOME

VEHICLE INFORMATION

If you have any recreational vehicles, (vans, boats, motorcycles) please specify.

NOTE: Certain vehicles may be prohibited.

MAKE	MODEL	COLOR	STATE	TAG #
MAKE	MODEL	COLOR	STATE	TAG #
MAKE	MODEL	COLOR	STATE	TAG #

PET INFORMATION - PET RESTRICTIONS APPLY

(Write none if no pets)

TYPE	BREED	RABIES LICENSE TAG#	COLOR	WEIGHT
TYPE	BREED	RABIES LICENSE TAG#	COLOR	WEIGHT

GATE ACCESS REQUEST

TELEPHONE # TO PROGRAM INTO THE GATE SYSTEM	OFFICE USE ONLY GATE #
---------------------------------------------	---------------------------

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3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463
Ph: (561) 641-8554 / Fx: (561) 641-9448
Fountains Condominium No. 5

ASSESSMENT PAYMENT INFORMATION

There are three (3) options to choose in making your payments:

1. **PAYMENTS BY MAIL OR BILL PAYMENT SERVICE:** if you are currently paying your assessment online through your banking institution or using an online bill payment service, **change the address to ensure your payment is posted accurately.**

The Fountains of Palm Beach Condominium #5 Association, Inc.
c/o GRS Community Management, P.O. Box 165109, Miami, FL 33116-5109

2. **ACH PAYMENTS:** if you were registered for automatic payments with the previous management company, we have requested your current ACH registrations be cancelled effective 12/30/2021.

To register for automatic payments with GRS, please complete the enclosed form and return it- to us with your voided check. Forms received on or before the 20th of the month will be effective the following month

3. **Online Payments:** On or about January 10, 2022, owners may make payments online using a credit card or eCheck via the GRS website at www.grsmgt.com. On your first visit to this website, you will need to register by clicking on "Homeowner Portal" on the top tool bar which brings you to the landing page – click on "Register" in the top right corner of the page. Owners must register with their association property address for identification purposes. Once you have your login credentials, you will be able to select from making one-time or recurring payment transactions. A small third-party convenience service fee will apply.

Should owners choose a different payment option from online payments, we encourage an owners to register at www.grs.cincwebaxis.com as this will provide additional access to your Association account. Choose to "Opt In" for emails to receive periodic Association news communications.

*** Please be aware GRS will be accepting your monthly maintenance payments in the corporate office as an added convenience to all homeowners during the transition. Payments will be accepted from January 1, 2022, through June 20, 2022. **PAYMENTS WILL NOT BE ACCEPTED AFTER JUNE 20, 2022.** ++*



CBIZ Insurance Services, Inc.
3945 W Atlantic Avenue
Delray Beach, FL 33445
www.cbiz.com

January 21, 2022

Fountains of Palm Beach Condominium Inc #5 – D’Este Court

Dear Unit Owner:

The Board of Directors have requested that our Agency provide you with a summary of the Insurance coverage provided by the Association’s Master Policy *versus* what items the individual unit owners need to insure:

ASSOCIATION MASTER POLICY:

Property: Condominium buildings and common area contents owned by the Association. Coverage is provided on a Special Form cause of loss and a replacement cost basis. In accordance with Florida Statute 71a.11 the following items within the units are EXCLUDED:

1. All personal property within the unit (furniture, clothes, etc.)
2. Floor, wall and ceiling coverings (paint, wallpaper, carpet, etc.)
3. Electrical fixtures
4. Appliances (washer dryer, stove, etc)
5. Water heaters
6. Water filters
7. Built-in cabinets, and countertops, (kitchen, bath, or any other built-In cabinets)
8. Window treatments, including curtains, drapes, blinds, hardware, and similar window treatment components, or replacements of any of the foregoing.

Each unit owner is responsible for insuring the above items on their own personal (HO6). For further reference, please review the accompanying table.

Sincerely,

Steven Fischer, CPCU – Vice President
CBIZ Insurance Services – Community Association Division



Lake Worth, FL 33463

Ph: (561) 641-8554 / Fx: (561) 641-9448

Fountains Condominium No. 5

3900 Woodlake Blvd., Suite 309,

CHARACTER REFERENCE FORM

(Each Applicant Must Provide 3 Completed Forms)

Date: _____

Re: _____ (Name)

_____ (Unit Applied)

To whom it may concern:

The above-named person is applying for residency at the above-referenced unit at The Fountains and has given your name as a personal reference. Please return this letter to the applicant. Your prompt reply will enable us to approve and process this application without further delay.

How long have you known the applicant? _____

In your opinion, will they be an asset to D'Este Court? _____

Other Comments: _____

Please print your name and address:

Signature: _____

Thank you very much for your cooperation.



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Fountains Condominium No. 5

CHARACTER REFERENCE FORM

(Each Applicant Must Provide 3 Completed Forms)

Date: _____

Re: _____ (Name)

_____ (Unit Applied)

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How long have you known the applicant? _____

In your opinion, will they be an asset to D'Este Court? _____

Other Comments: _____

Please print your name and address:

Signature: _____

Thank you very much for your cooperation.



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CHARACTER REFERENCE FORM

(Each Applicant Must Provide 3 Completed Forms)

Date: _____

Re: _____ (Name)

_____ (Unit Applied)

To whom it may concern:

The above-named person is applying for residency at the above-referenced unit at The Fountains and has given your name as a personal reference. Please return this letter to the applicant. Your prompt reply will enable us to approve and process this application without further delay.

How long have you known the applicant? _____

In your opinion, will they be an asset to D'Este Court? _____

Other Comments: _____

Please print your name and address:

Signature: _____

Thank you very much for your cooperation.

AUTHORIZATION FILE DISCLOSURE

APPLICANT/TENANT CONSENT

I hereby consent to allow Verify Screening Solutions, Inc., through its designated agent/employee, to obtain and verify my consumer reports, including but not limited to, my credit report, criminal information, and eviction information for the purpose of determining my eligibility to lease/purchase the condominium or single-family home. I further understand if I lease/purchase a condominium or single-family home, I consent to allow Verify Screening Solution, Inc., and its designated agent/employee, for the duration of my lease, to review the following list of information to assess risk, for analytics, for process improvement and other uses: my consumer reports, including but not limited to my credit report, criminal information, eviction information, my rental payment history and occupancy history, and other information. The facts set forth in my application for residency are true and complete. False, fraudulent, or misleading information on an application may be grounds for denial of residency, or subsequent eviction.

Signature

Date

Printed Name

Date of Birth

Social Security Number

Driver ' s License Number

State

2nd Applicant's Signature

Date

Printed Name

Date of Birth

Social Security Number

Driver' s License Number

State

ADDITIONAL OCCUPANTS OVER 18, AUTHORIZATION FORM IS REQUIRED