



Permanent Occupancy Application Package

This application is to be used for the following purpose:

(a) Owner who wishes to use their apartment as a permanent residence for an immediate member(s).

OR

(b) Owner/resident who wishes to have an immediate family member or one non related person reside with them in the unit living as a single family. (*Assn Docs 12.1 (a)*)

- **PLEASE PRINT OR TYPE ALL INFORMATION.**
- **INCOMPLETE APPLICATIONS AND/OR MISSING DOCUMENTS WILL NOT BE ACCEPTED.**
- **ALLOW THE ASSOCIATION 30 DAYS FOR PROCESSING YOUR APPLICATION.**

TO ALL PROSPECTIVE PARK PLACE OCCUPANTS:

We are pleased that you have chosen Park Place as your prospective residence. We hope after reading this information, we will have helped answer some questions you may have regarding our community.

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.

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 are at least 55 years of age or older. No children under the age of 19 may occupy an apartment.

NOTE: After you obtain occupancy, 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.

■ **MAXIMUM OCCUPANCY:**

In no event may more than three (3) people occupy a 1-bedroom apartment; no more than four (4) people occupy a 2-bedroom apartment; and no more than six (6) people occupy a three-bedroom apartment.

■ **PET RESTRICTIONS:**

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

■ **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. A panel truck or panel van (a van that has no back seats or rear passenger windows) is defined as 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. – 5 p.m. and are scheduled based on availability. At least two (2) days advance notice should be provided to the Association Office.

■ **MEDECO KEYS:**

Upon approval, a Medeco key will be provided to facilitate entry to the building. In the event this key is lost, there will be a \$25 charge for a replacement.

Please refer to our current Rules & Regulations for more detailed information.

GUIDELINES FOR COMPLETING APPLICATION FOR PERMANENT OCCUPANCY

- IF ANY QUESTION IS NOT ANSWERED, THIS APPLICATION WILL BE RETURNED AND NOT PROCESSED OR APPROVED.
- **COMPLETED APPLICATION MUST BE SUBMITTED TO THE ASSOCIATION AT LEAST 30 DAYS PRIOR TO THE DESIRED DATE OF OCCUPANCY.**
- ALL MAINTENANCE PAYMENTS AND SPECIAL ASSESSMENTS MUST BE PAID UP TO DATE BEFORE MOVE IN.
- ALL APPLICATIONS MUST BE **ORIGINALS**; FAXED OR EMAIL COPIES WILL NOT BE ACCEPTED.
- **ALL DOCUMENTS INCLUDED WITH THIS APPLICATION WHICH ARE WRITTEN IN A FOREIGN LANGUAGE MUST BE TRANSLATED TO ENGLISH. APPLICATION PACKAGES WHICH DO NOT ADHERE TO THESE REQUIREMENTS WILL NOT BE ACCEPTED BY THE OFFICE.**
- **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.**
- **OCCUPANCY PRIOR TO APPROVAL FROM THE BOARD IS PROHIBITED.**
- A SEPARATE APPLICATION FOR PERMANENT OCCUPANCY MUST BE FILLED OUT BY EACH APPLICANT, EXCEPT IN THE FOLLOWING CASES; HUSBAND/ WIFE AND PARENT/DEPENDENT CHILD, WHERE ONE APPLICATION WILL SUFFICE FOR BOTH PARTIES.
- ATTACH A **NON-REFUNDABLE** PROCESSING FEE OF \$150.00 TO EACH APPLICATION, (MADE PAYABLE TO PARK PLACE OWNERS ASSOCIATION). ACCEPTANCE OF THE PROCESSING FEE DOES NOT IN ANY WAY CONSTITUTE APPROVAL OF THIS TRANSITION.
NOTE: IF MARRIED AND NOT USING THE SAME LAST NAME A COPY OF THE MARRIAGE LICENSE IS REQUIRED WITH AN ADDITIONAL \$35.00.

FOREIGN APPLICANTS WITH NO US SOCIAL SECURITY NUMBER MUST PROVIDE THE ASSOCIATION WITH A RECENT CRIMINAL BACKGROUND REPORT FROM THEIR COUNTRY OF RECENT RESIDENCY.

- COPY OF PHOTOGRAPHIC IDENTIFICATION (I.E., DRIVER LICENSE, VISA, ETC.) FOR EACH APPLICANT.

ACKNOWLEDGMENT

I hereby agree, for myself and on behalf of all persons who may use the apartment that I seek to occupy, 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 the acceptance for occupancy of an apartment at PARK PLACE is conditioned upon the truth and accuracy of this application 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 my 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.
- **Use of this apartment is as a single-family residence only.** "Single family" for the purpose of this paragraph is defined as one or more persons in an owner or lessee's immediate family related by blood, marriage or adoption, and living and cooking together as a single housekeeping unit who form one household under one head, or no more than two unrelated persons living together as a single housekeeping unit. No apartment unit may be divided or sub-divided into a smaller unit.
- 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 protections 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.

Owner's Signature

Date

Applicant's Signature

Date

Application for Permanent Occupancy 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 Applicant(s): PLEASE NOTE: NO CHILDREN UNDER 19 YEARS OF AGE.

a. _____ b. _____
(Spouse)

Please list best telephone number to contact you: _____

Desired Date of Occupancy: _____

Relationship to Unit Owner/Tenant: _____

Owner of Unit: _____

Owner's Address: _____

Owner's Telephone Number: _____

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

DISAPPROVED BY: _____	DATE: _____

 PET RESTRICTIONS:

PLEASE BE ADVISED THAT THIS IS A NO PET COMMUNITY. ALL PROSPECTIVE RESIDENTS ARE REQUIRED TO SIGN BELOW INDICATING YOUR UNDERSTANDING THAT – IF YOU INTEND TO BRING A SERVICE OR EMOTIONAL SUPPORT ANIMAL INTO PARK PLACE – YOUR APPLICATION FOR PURCHASE OR RESIDENCE WILL BE ON HOLD UNTIL YOUR SERVICE OR EMOTIONAL SUPPORT ANIMAL’S APPLICATION IS VETTED AND APPROVED BY OUR LEGAL COUNSEL.

PLEASE NOTE: ANIMALS ARE NOT ALLOWED ON PROPERTY UNTIL APPROVED BY THE PPOA.

_____	_____
Applicant’s Signature	Date

Print Name	
_____	_____
Applicant’s Signature	Date

Print Name	

APPLICANT'S NAME _____

SPOUSE'S NAME _____

(If applicable)

Single Married Widow(er) Divorced

I have received and read a copy of the Rules & Regulations

Yes **No**

Number of persons who will reside in the apartment:

PLEASE NOTE: NO CHILDREN UNDER 19 YEARS OF AGE.

Adults: _____ Children (19 or older) _____

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: _____

CHARACTER REFERENCES

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

1. _____ Phone: _____ Office Phone: _____
Print Name

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

2. _____ Phone: _____ Office Phone: _____
Print Name

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

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)

(Second)

Employed by: _____ Phone: _____

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

SECTION B — RETIREMENT

Retired from: _____ Retirement Income: _____
(Monthly)

Date Retired: _____ Position held: _____ Income: _____

(Second)

Retired from: _____ Retirement Income: _____
(Monthly)

Date Retired: _____ Position held: _____ Income: _____

AGE VERIFICATION

BUILDING _____

UNIT NO. _____

Please supply independent photographic evidence indicating date of birth (**such as driver's licenses or current passports**) of each applicant:

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

Owner's Signature

Date

Print Name

Applicant's Signature

Date

Print Name

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 identity 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