

Bear Island Homeowner's Association, Inc.
11770 US Hwy 1, Suite 501E
Palm Beach Gardens, FL 33408

Instruction for Occupant Application Forms

1. Complete the various documents contained in the package as appropriate. Incomplete packages will be returned for completion and could delay the Board's review and decision.
2. Include the non-refundable screening fee in the amount of \$100.00 made payable to Bear Island H.O.A., Inc. for each person over 18 years of age. Each person over 18 years old should fill out a separate background check form.
3. Include the non-refundable processing fee in the amount of \$100.00 made payable to MMI of the Palm Beaches.
4. All information and materials requested there in must be completed, executed, and submitted to the Association, at the address below at least fourteen (14) days prior to the expected date of occupancy. A lease or sale is not effective, nor may the unit be occupied by the respective lessee(s) or buyer(s), without the prior written approval by the Board of Directors of the Association.
5. For a copy of the Rules and Regulations, contact MMI of the Palm Beaches. You can email Elay@miamimanagement.com to request copy.

Submit the entire package to:

MMI of the Palm Beaches, Inc.
11770 US Highway 1, Suite 501E
Palm Beach Gardens, FL 233408

Or you can drop it off in the "Green Box" at the gatehouse exit lane at the entrance to Bear Island.

Thank you,
The Board of Directors
Bear Island Homeowner's Association, Inc.

BEAR ISLAND HOMEOWNER'S ASSOCIATION, INC.

NOTICE OF INTENT TO LEASE

Name of Owner: _____

Bear Island Address: _____

Contact Address of Owner(s): _____

Telephone **Home:** _____ **Cell:** _____ **Other:** _____

Place **for preferred method of communication**

E-mail address: _____

I hereby authorize the following realtor or property manager (“Agent”) for the following period: (From _____ to _____) to have “Resident Right of Access” and to grant access to others as “Guests” under the current Gate House Rules (“Post Orders”).

Each Agent, along with each Resident registered at the Gate House, has authority to admit licensed realtors, service vendors and “Temporary” Guests to Bear Island (or to place them on the “Admit List” for not more than thirty (30) days). Reentry beyond specified period must be renewed.

Owner takes full responsibility for any and all personal injury or property damage resulting from action or failure to act pursuant to delegation of authority to or by Agent.

Name of Agent: _____

Company Name: _____

Company Address: _____

Agent’s contact telephone or cell: _____

“Call in” phone number: _____

Note: Calls to Gate House must be from this number for Caller ID match.

Agent’s e-mail Address: _____

Date: _____ **Signature of Owner:** _____

Date: _____ **Signature of Agent or Realtor:** _____

Place this Form in the Green Box on North Side of Gatehouse or mail to Bear Island Homeowners Association, Inc., c/o MMI of the Palm Beaches, 11770 Highway One, Suite E501, Palm Beach Gardens, FL 33408. Questions? Call MMI at 686-7818.

LEASE APPROVAL APPLICATION ("APPLICATION")

Owner's Name: Telephone:
Bear Island Address: E-mail:
Owner's Mailing Address:
Tenant's Name: Telephone:
Tenant's Current Address:

Names/Ages/Relationship of each Occupant over Eighteen (18) Years old other than Tenant:

Occupant #1:
Occupant #2:
Occupant #3:

INSTRUCTIONS:

I. Required Attachments (Application will be automatically rejected without them)

- 1. True copy of fully executed lease agreement and Addendum to Residential Lease Agreement (collectively the "Lease").
2. Resident Information Sheet.
3. Properly filled out and executed Background Check form for each Occupant of eighteen (18) years of age or older.
4. A \$100.00 nonrefundable check payable to Bear Island HOA ("Association") for the screening fee for each Occupant of eighteen (18) years old or older.
5. A \$150.00 nonrefundable check payable to MMI of the Palm Beaches for its processing fee.
6. Occupant who wants a Gate Transponder (allows entrance through Residents' Gate), must attach a properly filled out and executed Application for Gate Transponder along with check(s) payable to Bear Island HOA for the current cost of a Gate Transponder for each vehicle.

II. Actions by The Board

[] The Application is APPROVED.
[] The Application is DISAPPROVED for the following reasons:

Date:
Authorized Board Member

Note: No prospective Tenant or Occupant may occupy the Lot without prior Association approval.

III. Required Actions by Tenant Subsequent to Board Approval

1. Upon approval, Tenant must notify the Gatehouse (561 6S4-1347) of (a) scheduled "Move-in Date" and (b) name of moving company (or that Tenant is moving in without moving company).
2. Entry Call-in:
 - (a) Gatehouse personnel must announce each visitor by telephone to Occupant.
 - (b) Tenant should add "Call Waiting" to telephone in Gatehouse contact system to expedite entry.
 - (c) Tenant must notify Gatehouse personnel to remove all previous Occupants, Guests and Agents from Gatehouse contact system.
3. Alarm System: Within 15 days of approval, Tenant must fill out and deliver to ADT the ADT Activation Form (available on website BearIsland.us). Even if Tenant does not intend to activate the ADT alarm system, Tenant *must nevertheless contact ADT and have the name and contact number changed over*. When billed by the City of West Palm Beach, Tenant must pay its annual \$25.00 alarm fee.

Note: Definitions and terms used but not defined in this Application are from the Declaration.

SPACE FOR ADDITIONAL INFORMATION: _____

Leave Lease Approval Application (with required checks and attachments) in the Green Box on North Side of Gatehouse or mail to Bear Island Homeowners Association, Inc., C/O MMI of the Palm Beaches, 11770 U.S. Highway One, Suite E-501, Palm Beach Gardens, FL 33408. Questions? Call MMI at 686-7818.

END

APPLICATION FOR PURCHASING GATE RFID TAG(S)
OR NOTICE TO REMOVE OLD TAGS(S) (OR BOTH)

Bear Island Address: _____

#1 Resident Name: _____ Owner Tenant

Contact: Telephone: _____ Cell: _____ E-mail: _____

#2 Resident Name: _____ Owner Tenant

Contact: Telephone: _____ Cell: _____ E-mail: _____

Place for preferred method of communication

I. APPLICATION FOR NEW RFID TAGS(S) – Maximum of 3 tags

Number of interior windshield tags requested: @ \$10.00 per tags

Number of clear front headlamp tags requested: 10.00 per tags

For most vehicles an interior windshield tag is used. If your vehicle cannot use a windshield tag, a clear front headlamp tag can be installed. Owners may contact their car dealer to ask about the appropriate tag and location for installation. Tags must be installed on one of your vehicles.

Make checks payable to "Bear Island HOA." Place application in Green Box at Gate House or mail to: Bear Island HOA c/o MMI, 11770 US Highway One, Suite E-501, Palm Beach Gardens, FL 33408. Questions? Call MMI at 561-686-7818. Please provide vehicle information where the tags will be installed.

VEHICLE #1 Make: _____ Model: _____ Color: _____ Year: _____

License #: _____ State: _____ If different than above: Registered to (name, address, contact information): _____

VEHICLE #2 Make: _____ Model: _____ Color: _____ Year: _____

License #: _____ State: _____ If different than above: Registered to (name, address, contact information): _____

VEHICLE #3 Make: _____ Model: _____ Color: _____ Year: _____

License #: _____ State: _____ If different than above: Registered to (name, address, contact information): _____

II. NOTICE TO DELETE RFID TAGS(S) FROM GATE SYSTEM

VEHICLE #1 Make: _____ Model: _____ Color: _____ Year: _____

License #: _____ State: _____ If different than above: Registered to (name, address, contact information): _____

VEHICLE #2 Make: _____ Model: _____ Color: _____ Year: _____

License #: _____ State: _____ If different than above: Registered to (name, address, contact information): _____

I/we certify that I am a resident of Bear Island HOA and that if I stop being a resident for any reason, or the vehicle is no longer operated in Bear Island, I will notify MMI, so the transponder(s) can be deleted from the Gate House system.

Date: _____ **Applicant's Signature:** _____

Date: _____ **Received with proper check(s) attached: Bear Island HOA**

By _____ **for Property Manager**

END

RESIDENT INFORMATION SHEET

COMMUNITY NAME: Bear Island HOA

Select One:

OWNER

TENANT

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

MOVE IN DATE: _____

NEW OWNER
CLOSING DATE: _____

LEASE TERM
DATE: _____ TO _____

LEASE: \$ _____ SECURITY DEPOSIT

LEASE: \$ _____ MONTHLY

DEPOSIT PROVIDED BY: OWNER
 TENANT

Resident Name: (Last Name) _____ (First Name): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email Address: _____

Resident Name: (Last Name) _____ (First Name): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email Address: _____

Phone Number to be programed in call box (if applicable): _____

Mailing Address (if different than Above Address): _____ City: _____ State: _____ Zip: _____ Country: _____

LIST ALL OCCUPANTS LIVING IN THIS HOME
All Occupants 18 Years of Age or Older MUST Complete a Separate Background Check Consent Form.

Occupant Name	Date of Birth	Relationship (child, nanny, in-laws, etc.)

PET INFORMATION (IF APPLICABLE)

Type/Breed:	Color:	Weight:	Name:	Tag #:	Tag Exp. Date:

VEHICLE INFORMATION

Make	Model	Year	Color	Tag#	State	Bar Code/Decal #

EMERGENCY CONTACT

Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Email Address: _____

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

APPROVED VISITORS

Name: _____	Name: _____	Name: _____
Name: _____	Name: _____	Name: _____
Name: _____	Name: _____	Name: _____

I/We certify that the information provided for the above listed unit/residence is true and correct.

Signature: _____	Signature: _____
Print Name: _____	Print Name: _____
Date: _____	Date: _____

Please be advised that submittal of this form does not constitute an approval or authorization of registration. Thank you from the Miami Management Team!

PLEASE NOTE: THIS IS A SAMPLE TEMPLATE DISCLOSURE/AUTHORIZATION PROCESS ONLY, AND IT SHOULD NOT BE CONSTRUED AS LEGAL ADVICE. ALL CLIENTS SHOULD CONSULT WITH COUNSEL TO CONFIRM THAT THEIR DISCLOSURE AND AUTHORIZATION PROCESS COMPLIES WITH APPLICABLE FEDERAL, STATE, AND LOCAL LAWS.

DISCLOSURE REGARDING
BACKGROUND INVESTIGATION ON YOU

Miami Management, Inc. (“the Company”) may obtain a “consumer report” about you from a consumer reporting agency for tenant purposes. A “consumer” report is a background screening report that may contain information regarding your criminal history, sex offender registry status, credit history, employment history, education history, driving history, professional licenses, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

The consumer reporting agency that may prepare an “consumer report” on you for the Company is Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Suite 500, Lake Worth, Florida 33461, (888) 605-4265 (P), (888) 605-4305 (F), www.scottrobertsassociates.com, info@scottrobertsassociates.com.

PLEASE NOTE: THIS IS A SAMPLE TEMPLATE DISCLOSURE/AUTHORIZATION PROCESS ONLY, AND IT SHOULD NOT BE CONSTRUED AS LEGAL ADVICE. ALL CLIENTS SHOULD CONSULT WITH COUNSEL TO CONFIRM THAT THEIR DISCLOSURE AND AUTHORIZATION PROCESS COMPLIES WITH APPLICABLE FEDERAL, STATE, AND LOCAL LAWS.

ADDITIONAL NOTICE REGARDING
INVESTIGATIVE CONSUMER REPORTS ON YOU

Miami Management, Inc. (“the Company”) may also request an “investigative consumer report” on you from a consumer reporting agency.

An “investigative consumer report” is a background screening report generated through personal interviews with sources such as your neighbors, friends or associates.

The consumer reporting agency that may prepare an “investigative consumer report” on you for the Company is Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Suite 500, Lake Worth, Florida 33461, (888) 605-4265 (P), (888) 605-4305 (F), www.scottrobertsassociates.com, info@scottrobertsassociates.com. The information contained in an “investigative consumer report” may bear upon your character, general reputation, personal characteristics, and/or mode of living.

Please be advised that the nature and scope of the most common form of “investigative consumer report” that may be ordered by the Company is an investigation into your employment history. During such an investigation, Scott-Roberts and Associates may ask questions about your employment history to certain knowledgeable individuals and provide response information to the Company.

Note: You have the right to request disclosure of the exact nature and scope of any “investigative consumer report” ordered by the Company on you. You may do so by contacting the Company.

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 also authorize **Miami Management, Inc.** to obtain “consumer reports” and “investigative consumer reports,” about me for tenant purposes.

Signature: _____ Date: _____

Print Name (First, Middle, Last Name)

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: _____
Street/P.O. Box City State Zip Code County Dates

Former Address: _____
Street/P.O. Box City State Zip Code Country Dates

Current Employer Address City/State Start Date Salary

Supervisors name Employer Telephone Number

OFFICE USE ONLY:

PLEASE SELECT SEARCH(ES) BELOW:

- Tenant A-La-Carte (Credit/National Criminal)
- Tenant Screening Package 1 (Includes: Credit/National Criminal/National Eviction)
- Tenant Screening Package 2 (Includes: Credit/National Criminal/National Eviction/Employment Verification)
- Canadian Criminal & Credit Package (Canadian Criminal History/Canadian Credit)