

**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](mailto: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 SELL**

**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.**

SALE APPROVAL APPLICATION ("APPLICATION")

Seller(s) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Bear Island Address: \_\_\_\_\_ Lot: \_\_\_\_\_ E-mail: \_\_\_\_\_ Seller's

Mailing Address: \_\_\_\_\_

Purchaser(s)' Mailing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Purchaser(s)' Current address: \_\_\_\_\_ E-mail: \_\_\_\_\_

INSTRUCTIONS:

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

- 1. True copy of fully executed purchase and sale agreement ("Agreement").
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 18 years of age or older. Note: Fee is per Occupant of 18 years of age or older. Note: Pursuant to Article I, 27 of the Amended and Restated Declaration, no more than six (6) Occupants are permitted. Note: Pursuant to Section III, Paragraph 3(b) of the Amended and Restated Rules, Regulations and Reminders of Courtesy, no more than three (3) pets are permitted.
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. Absent a Gate Transponder, vehicle must use Visitors' Gate. No more than three (3) Gate Transponders will be issued per Lot at any one time.

II. Acknowledgement of Purchaser

Purchaser acknowledges, pursuant to Article XIV, 3A(3) of the Amended and Restated Declaration, that each Purchaser and each Occupant over Eighteen (18) years old identified in this Application (1) is conclusively deemed to have been provided access to true copies of the current Governing Documents of the Association (including, without being limited to, the Declaration of Covenants and Restrictions for Bear Island, Bear Island Articles of Incorporation and By Laws; Rules and Regulations of Bear Island and Reminders of Courtesy; Architectural Standards and Procedures of Bear Island and certain resolutions by the Board of Directors), all of which may be downloaded from Bear Island's website: BearIsland.us; and (2) has read, understood and agreed to comply with the Governing Documents. Association may require each subsequent Occupant over Eighteen (18) years old to sign and file with the Association a document acknowledging that Occupant has read and understood the then current Governing Documents and agrees to comply with them.

Date: \_\_\_\_\_ Signature of Purchaser #1: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Purchaser #2: \_\_\_\_\_

**III. Actions by The Board**

The Application is APPROVED.

The Application is DISAPPROVED for the following reasons: \_\_\_\_\_

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

\_\_\_\_\_  
Authorized Board Member

*Note: No Purchaser or Occupant may occupy the Lot without prior Association approval.*

**IV. Required Actions by Purchaser Subsequent to Board Approval**

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

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

SPACE FOR ADDITIONAL INFORMATION: \_\_\_\_\_

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Leave Sale 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 \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
*(if different than Above Address):***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](http://www.scottrobertsassociates.com), [info@scottrobertsassociates.com](mailto: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](http://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)

**BEAR ISLAND HOMEOWNER'S ASSOCIATION, INC.**

**CERTIFICATE TO APPOINT VOTING REPRESENTATIVE**

**TO: The Secretary of Bear Island Homeowners Association, Inc.**

**THIS IS TO CERTIFY that the undersigned, constituting all of the record owners of the property at \_\_\_\_\_ of Bear Island Homeowners Association, Inc. have designated:**

**NAME OF AUTHORIZED VOTER \_\_\_\_\_**

As their representative to cast all votes and to express all approvals that such owners may be entitled to cast or express at all meetings of the membership of the Association and for all other purposes provided by the Declaration of Covenants and the Articles of Incorporation and By-laws of the Association.

**The following examples illustrate the proper use of this Certificate:**

1. Unit owned by John Doe and his brother, Jim Doe. Voting Certificate required designating either John or Jim as the Voting Representative (**NOT A THIRD PERSON.**)
2. Unit owned by Overseas, Inc., a Corporation. Voting Certificate must be filed designating person entitled to vote signed by President or Vice-President of Corporation and attested by Secretary or Assistant Secretary of Corporation.
3. Unit owned by John Jones. **No Voting Certificate required.**

This Certificate is made pursuant to the Declaration of Covenants and the By-laws and shall revoke all prior Certificates and be valid until revoked by subsequent Certificate.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

**\*\*\*Note: This form is not a proxy and should not be used as such. Please be sure to designate one of the joint owners of the unit as the Voting Representative, not a third person. \*\*\***

\_\_\_\_\_  
Unit Owner

\_\_\_\_\_  
Unit Owner

\_\_\_\_\_  
Unit Owner