

## APPLICATION FOR PURCHASE, RENTAL, RENEWAL OR OCCUPANCY

Harwood B Condominium Association, Inc. | Century Village East - Deerfield Beach, Florida

### IMPORTANT APPLICATION INFORMATION

**A non-refundable \$150 application fee** applies per individual applicant or married couple for a new sale, rental, lease renewal, or occupancy application.

Payment Methods: **Cashier's Check, Zelle, ACH, eCheck, or Check. Checks must clear before processing.**

Make payments payable to **Harwood B Condominium Association, Inc.**

Contact Harwood B for electronic payment instructions.

**NO APPLICANT MAY MOVE INTO OR OCCUPY A UNIT UNTIL FORMAL WRITTEN APPROVAL HAS BEEN ISSUED BY THE ASSOCIATION.**

**IMPORTANT:** Incomplete applications will not be processed. Allow up to **30 days** for investigation and approval. Applicants may not rely on an anticipated closing, lease commencement, renewal, or occupancy date until required Association approval (Certificate of Approval for Residency) has been issued.

### PROCESSING & APPROVAL

Complete applications may take up to **thirty (30) days to process. Incomplete applications will not be accepted.**

No status updates will be provided during the review period. Applicants will be notified once a decision has been made.

**Do not schedule a closing or move-in before approval. No applicant may occupy the unit until formal written approval has been issued by the Association.**

Submission of an application does not constitute Board approval.

### APPLICATION SUBMISSION

Applications may be submitted in **person, by mail, or by email.** All applicable fees must be **received and cleared** before processing begins.

**Harwood B Condominium Association, Inc.**  
**20 Harwood B, Deerfield Beach, FL 33442**

**Email: bharwood20unites@gmail.com**

### APPLICATION CHECKLIST & SUBMISSION REQUIREMENTS

Completed and signed Harwood B application, including notarization.

- ☐ For a PURCHASE: copy of fully executed Purchase Contract and related Addendums.
- ☐ For a RENTAL / RENEWAL: copy of fully executed Lease / Renewal and related Addendums.
- ☐ For OCCUPANCY: Copy of the Deed to establish authorized occupancy.
- ☐ Two (2) government-issued forms of identification for each applicant; at least one should be a photo ID.
- ☐ Proof of marriage only if required to qualify for a married-couple screening fee.
- ☐ Proof of funds and income/revenue.
- ☐ Required screening/application payment(s): \$150 per person or married couple, as applicable.
- ☐ Completed one-page Census Form.
- ☐ Completed Unit Owner Personal Data Sheet for new ownership, or to update Association records.
- ☐ Completed Voting Member Certificate for new ownership when applicable.
- ☐ Any additional document reasonably required to complete screening or Association approval.
- ☐ Notarization of the application

### INTERNATIONAL APPLICANTS

Applicants residing outside the United States or Canada who require a background check must provide the required official documentation from their country, translated into English, confirming their valid records.

## PROPERTY & TRANSACTION

### APPLICATION TYPE

Select: ☐ PURCHASE/NEW OWNER(S) ☐ OCCUPANT(S)/NOT AN OWNER ☐ RENTAL/LEASE ☐ RENTAL RENEWAL

Property Address: **20, Harwood B, Deerfield Beach, FL 3344** Unit # \_\_\_\_\_ Purchase Price \$ \_\_\_\_\_  
or

Lease Term: From \_\_\_\_\_ To \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Closing/Occupancy Date \_\_\_\_\_ Current Owner(s) \_\_\_\_\_

Realtor/Representative (if applicable) \_\_\_\_\_ Brokerage \_\_\_\_\_

Realtor Email \_\_\_\_\_ Phone \_\_\_\_\_

## APPLICANT INFORMATION

### APPLICANT 1

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Current Address \_\_\_\_\_ Country \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation in Harwood B: ☐ Primary Residence ☐ Seasonal Residence ☐ Secondary Residence **Full-Time ?** ☐ Yes ☐ No

Status: ☐ Employed ☐ Self-Employed ☐ Retired ☐ Other: \_\_\_\_\_

Annual income in USD: \$ \_\_\_\_\_

### APPLICANT 2 / CO-OWNER (if applicable)

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Current Address \_\_\_\_\_ Country \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation in Harwood B: ☐ Primary Residence ☐ Seasonal Residence ☐ Secondary Residence **Full-Time ?** ☐ Yes ☐ No

Status: ☐ Employed ☐ Self-Employed ☐ Retired ☐ Other: \_\_\_\_\_

Annual income in USD: \$ \_\_\_\_\_

### APPLICANT 3 / CO-OWNER (if applicable)

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Current Address \_\_\_\_\_ Country \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation in Harwood B: ☐ Primary Residence ☐ Seasonal Residence ☐ Secondary Residence **Full-Time ?** ☐ Yes ☐ No

Status: ☐ Employed ☐ Self-Employed ☐ Retired ☐ Other: \_\_\_\_\_

Annual income in USD: \$ \_\_\_\_\_

### APPLICANT 4 / CO-OWNER (if applicable)

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Current Address \_\_\_\_\_ Country \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation in Harwood B: ☐ Primary Residence ☐ Seasonal Residence ☐ Secondary Residence **Full-Time ?** ☐ Yes ☐ No

Status: ☐ Employed ☐ Self-Employed ☐ Retired ☐ Other: \_\_\_\_\_

Annual income in USD: \$ \_\_\_\_\_

## APPLICANT(S) ACKNOWLEDGMENTS

**Each applicant should initial every statement.** A1 = Applicant 1 | A2 = Applicant 2 | A3 = Applicant 3 | A4 = Applicant 4

By initialing below, I/we confirm that I/we have read, understood, and acknowledge the information stated above. I/we further agree to comply with all governing documents, rules, and regulations of the Association and the Century Village East community.

| A1 | A2 | I/We Acknowledgment that ...                                                                                                                                                                                                                                  | A3 | A4 |
|----|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|
|    |    | Harwood B is a Housing for Older Persons (55+) community, and at least one permanent occupant must be 55 years of age or older, subject to the Governing Documents and applicable law.                                                                        |    |    |
|    |    | The Unit is restricted to single-family residential use and may not be used for business, transient, hotel, or time-sharing purposes.                                                                                                                         |    |    |
|    |    | Occupancy is limited as provided in the Governing Documents. Minors may not permanently reside in the Unit, and their visits are subject to applicable restrictions.                                                                                          |    |    |
|    |    | Leasing requires prior Association approval and is subject to all waiting periods, minimum lease terms, frequency limits, and other restrictions contained in the Governing Documents. Subleasing is prohibited.                                              |    |    |
|    |    | Guests, relatives, tenants, and other occupants must receive any approval required by the Association before occupying the Unit, including during an Owner's absence.                                                                                         |    |    |
|    |    | Ownership alone does not guarantee a CVE identification card, vehicle decal, or resident privileges to a nonresident Owner. An Owner whose Unit is occupied by a parent or relative may be required to waive such privileges while the Unit remains occupied. |    |    |
|    |    | Pets, including visitors' pets, are prohibited. Service animals and emotional support animals require the applicable accommodation process and Animal Application.                                                                                            |    |    |
|    |    | Applicants must comply with the Association's requirements regarding Unit keys, access, and emergency-entry arrangements.                                                                                                                                     |    |    |
|    |    | CENCLUB administers the Long-Term Recreation Lease and recreational facilities separately from Harwood B's application and approval process.                                                                                                                  |    |    |
|    |    | The Seller or current Owner must provide the Purchaser, Lessee, or Occupant with current copies of the Governing Documents.                                                                                                                                   |    |    |
|    |    | The current Owner must return all identification cards and vehicle decals to the Century Village ID Office. A \$250 fee applies for each unreturned identification card.                                                                                      |    |    |
|    |    | The current Owner must have a zero balance with the Association before the application will be accepted for processing.                                                                                                                                       |    |    |
|    |    | Furniture and other personal property must be handled separately from the purchase of the Unit when required by law.                                                                                                                                          |    |    |
|    |    | Electronic signatures must include a Certificate of Authenticity showing the applicable dates and times.                                                                                                                                                      |    |    |
|    |    | Processing will not begin until the application is complete, all required documents have been received, and all applicable fees have cleared.                                                                                                                 |    |    |

|  |  |                                                                                                                                                                                                                              |  |  |
|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|  |  | The Board may approve or deny an application within the period permitted by law after receiving a complete application, all required documents, and cleared fees.                                                            |  |  |
|  |  | If approved, I/we agree to comply with the Declaration of Condominium, Articles of Incorporation, Bylaws, Rules and Regulations, and all duly adopted amendments.                                                            |  |  |
|  |  | Approval is based on the accuracy and completeness of this application and the represented occupancy and use of the Unit. False, misleading, omitted, or altered information may result in denial or revocation of approval. |  |  |

Do you own other real estate in Florida? ☐ Yes ☐ No

If yes, provide the location(s): \_\_\_\_\_

Is any property rented? ☐ Yes ☐ No

Will anyone occupy the unit in Century Village East during your absence? ☐ Yes ☐ No

If yes, provide the person's name and relationship: \_\_\_\_\_

I/We certify that I/we have read and understood the foregoing, answered all questions truthfully and to the best of my/our knowledge, and acknowledge the information stated above.

I/we further agree to comply with all governing documents, rules, and regulations of the Association and the Century Village East community.

**Applicant 1:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant 2:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant 3:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant 4:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## NOTARY ACKNOWLEDGMENT

**State of Florida**

**County of** \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_.

☐ Personally known to me

☐ Identification presented: ☐ Driver License ☐ Passport ☐ Other: \_\_\_\_\_

(Seal)

\_\_\_\_\_  
**Notary Public Name**

\_\_\_\_\_  
**Notary Public Signature**

## CENSUS FORM

List every person who will be named on the recorded deed and every person who will occupy the Unit.

### OWNER or OCCUPANT #1

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Status: ☐ Owner on the Deed ☐ Occupant Date of Occupancy: \_\_\_\_\_

### OWNER or OCCUPANT #2

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Status: ☐ Owner on the Deed ☐ Occupant Date of Occupancy: \_\_\_\_\_

### OWNER or OCCUPANT #3

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Status: ☐ Owner on the Deed ☐ Occupant Date of Occupancy: \_\_\_\_\_

### OWNER or OCCUPANT #4

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Status: ☐ Owner on the Deed ☐ Occupant Date of Occupancy: \_\_\_\_\_

At least one permanent occupant must be 55+ years of age to satisfy Harwood B's applicable Housing for Older Persons requirements.

## APPLICANT CONSENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION & CONSUMER CREDIT REPORT

I/We authorize Harwood B Condominium Association, Inc., its management company, screening provider, and authorized agents to obtain and verify information reasonably necessary to evaluate this application, including identity, residence history, employment/income, credit or financial information, criminal history, and other lawful consumer or investigative consumer report information.

I/We authorize employers, financial institutions, law enforcement agencies, consumer reporting agencies, and other persons or entities having relevant information to release such information for this purpose, subject to applicable law.

I/We certify that the information provided in this application is true, correct, and complete. A copy or electronic version of this authorization may be treated as an original.

### APPLICANT 1

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN / SIN \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Driver License: \_\_\_\_\_ State issued \_\_\_\_\_

#### Previous Address (if current address is less than 2 years)

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Have you ever been convicted of a felony? ☐ No ☐ Yes If Yes, explain: \_\_\_\_\_

Have you ever served time in prison? ☐ No ☐ Yes If Yes, explain: \_\_\_\_\_

Currently on parole? ☐ No ☐ Yes Currently on probation? ☐ No ☐ Yes

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Social References: (No Relatives) Provide complete addresses, phone numbers and email address.

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

### APPLICANT 2

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN / SIN \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Driver License: \_\_\_\_\_ State issued \_\_\_\_\_

#### Previous Address (if current address is less than 2 years)

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Have you ever been convicted of a felony? ☐ No ☐ Yes If Yes, explain: \_\_\_\_\_

Have you ever served time in prison? ☐ No ☐ Yes If Yes, explain: \_\_\_\_\_

Currently on parole? ☐ No ☐ Yes Currently on probation? ☐ No ☐ Yes

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Social References: (No Relatives) Provide complete addresses, phone numbers and email address.

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

### APPLICANT CONSENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION & CONSUMER CREDIT REPORT

**I/We** authorize Harwood B Condominium Association, Inc., its management company, screening provider, and authorized agents to obtain and verify information reasonably necessary to evaluate this application, including identity, residence history, employment/income, credit or financial information, criminal history, and other lawful consumer or investigative consumer report information.

**I/We** authorize employers, financial institutions, law enforcement agencies, consumer reporting agencies, and other persons or entities having relevant information to release such information for this purpose, subject to applicable law.

**I/We** certify that the information provided in this application is true, correct, and complete. A copy or electronic version of this authorization may be treated as an original.

#### APPLICANT 3

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN / SIN \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Driver License: \_\_\_\_\_ State issued \_\_\_\_\_

#### Previous Address (if current address is less than 2 years)

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Have you ever been convicted of a felony? ☐ No ☐ Yes If Yes, explain: \_\_\_\_\_

Have you ever served time in prison? ☐ No ☐ Yes If Yes, explain: \_\_\_\_\_

Currently on parole? ☐ No ☐ Yes Currently on probation? ☐ No ☐ Yes

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Social References: (No Relatives) Provide complete addresses, phone numbers and email address.

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

#### APPLICANT 4

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN / SIN \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Driver License: \_\_\_\_\_ State issued \_\_\_\_\_

#### Previous Address (if current address is less than 2 years)

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Have you ever been convicted of a felony? ☐ No ☐ Yes If Yes, explain: \_\_\_\_\_

Have you ever served time in prison? ☐ No ☐ Yes If Yes, explain: \_\_\_\_\_

Currently on parole? ☐ No ☐ Yes Currently on probation? ☐ No ☐ Yes

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Social References: (No Relatives) Provide complete addresses, phone numbers and email address.

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## VOTING REPRESENTATIVE & ELECTRONIC COMMUNICATIONS (FOR OWNERS ONLY)

- Designated Voting Representative **(Required for multiple owners)**
- The Designated Voting Representative must **be a legal owner listed on the Deed.**
- Each condominium unit is entitled to **one (1) vote**. If a Unit is owned by more than one person or by a corporation, a Voting Member must be designated. The designation below will apply to all current and future votes unless changed in writing. **All Unit Owners must sign this form.**

### DESIGNATED VOTING MEMBER:

**HARWOOD B - Unit #** \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Email \_\_\_\_\_ Preferred Association communications: ☐ Email ☐ Mail ☐ Both

☐ I consent to receive Association notices and communications electronically to the extent permitted by Florida law and the Governing Documents.

Signature of Designated Owner \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner # 2 \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner # 3 \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner # 4 \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

## MAILING ADDRESS FOR ASSOCIATION COMMUNICATIONS AND FEE NOTICES

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

## OUT OF TOWN ADDRESS, IF APPLICABLE

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Local Phone \_\_\_\_\_ Out of Town Phone \_\_\_\_\_

## HOLDER(S) OF DUPLICATE UNIT KEYS (INCLUDE RELATIVES, CLEANING SERVICE, AIDS, ETC.)

### EMERGENCY ACCESS KEYS — MANDATORY

The Unit Owner must provide the Association or designated Building Captain with one complete set of Unit keys for emergency access.

### OTHER UNIT KEY HOLDERS

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

### DESIGNATED UNIT CARETAKER

When you are away, you must designate a local Unit Caretaker or Home Watch Provider to inspect and care for your Unit at least once per month.

Unit Caretaker Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### UNIT OWNER'S CONDOMINIUM INSURANCE

Required by law. A Certificate of Insurance may be required by the Association.

Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### HOME WARRANTY OR SERVICE CONTRACT, IF APPLICABLE

Company: \_\_\_\_\_ Contract No.: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### EMERGENCY CONTACT

**Emergency Contact # 1** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

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

**Emergency Contact # 2** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

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

### VOLUNTARY EMERGENCY HEALTH INFORMATION

For emergency preparedness purposes only, an Owner/Occupant may voluntarily disclose any health condition, disability, mobility limitation, allergy, medication dependency, or other medical circumstance that may be important for the Association or emergency responders to know in the event of an emergency.

Providing this information is entirely voluntary and is not a condition of approval, ownership, or occupancy.

Name Owner/Occupant: \_\_\_\_\_ Health Information: \_\_\_\_\_

Name Owner/Occupant: \_\_\_\_\_ Health Information: \_\_\_\_\_

Name Owner/Occupant: \_\_\_\_\_ Health Information: \_\_\_\_\_

Name Owner/Occupant: \_\_\_\_\_ Health Information: \_\_\_\_\_

## VEHICLE

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

License Plate \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

## SERVICE ANIMAL OR EMOTIONAL SUPPORT ANIMAL

Do you or any other occupant require a service animal or emotional support animal?

☐ Yes, a service animal ☐ Yes, an emotional support animal ☐ No

If yes, type of animal: ☐ Cat ☐ Dog ☐ Other: \_\_\_\_\_

Please complete the **Assistance Animal Reasonable Accommodation Request**, available at [www.harwoodb.com](http://www.harwoodb.com).

## CERTIFICATION & SIGNATURES

I/We certify that the information provided in this application and its attachments is true and complete to the best of my/our knowledge. I/We understand that approval may be denied or revoked if material information is false, misleading, or intentionally omitted. Association approval does not waive compliance with the Governing Documents or applicable law.

Applicant #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant #3 Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant #4 Signature \_\_\_\_\_ Date \_\_\_\_\_

## NOTARY ACKNOWLEDGMENT

**State of Florida**

**County of** \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_.

☐ Personally known to me

☐ Identification presented: ☐ Driver License ☐ Passport ☐ Other: \_\_\_\_\_

(Seal)

\_\_\_\_\_  
**Notary Public Name**

\_\_\_\_\_  
**Notary Public Signature**

## HARWOOD B - ADMINISTRATIVE USE ONLY

Date Received \_\_\_\_\_ Received By \_\_\_\_\_

55+ Verification: ☐ Complete ☐ N/A

Application: ☐ Complete ☐ Incomplete

### Missing Items:

- ☐ Copy of fully executed Purchase Contract with related Addendums
- ☐ 2 x Government-issued photo identification for each applicant (Driver License, Passport, etc)
- ☐ Proof of marriage, only if required to qualify for a married-couple screening fee
- ☐ Required screening/application payment(s) \$150 per person or married couple
- ☐ Any additional document reasonably required to complete screening or Association approval
- ☐ Service animal or emotional support animal form and required documents

### Screening:

☐ Screening Submitted Date: \_\_\_\_\_

☐ Screening Received Date: \_\_\_\_\_

### Interview:

☐ Required ☐ Waived Date: \_\_\_\_\_

### Board Decision:

☐ Approved ☐ Denied ☐ Conditional Date: \_\_\_\_\_

Reason(s): \_\_\_\_\_

Board / Association Notes: \_\_\_\_\_

☐ Certificate of Approval (COA) Submitted Date: \_\_\_\_\_

### Authorized Board Signature:

\_\_\_\_\_  
Print Name - Board Member

\_\_\_\_\_  
Signature - Board Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name - Board Member

\_\_\_\_\_  
Signature - Board Member

\_\_\_\_\_  
Date

### Association Seal:

**THE FOLLOWING PAGE IS FOR THE APPLICANT'S RECORDS ONLY  
- DO NOT RETURN WITH APPLICATION -**

**THREE MANDATORY MONTHLY PAYMENTS**

Unit owners are responsible for three separate monthly payments:

**CVE Master Management**

Covers community services, including security, transportation, roadways, lighting, irrigation, waterways, water, sewage, garbage collection, guardhouses, parks, and common areas.

**CenClub**

Covers recreational facilities and programs, including the clubhouse, pools, tennis and shuffleboard courts, and social activities.

**Harwood B Condominium Association**

Covers building operations, maintenance, insurance, reserves, and other Association expenses.

Payment amounts and instructions will be provided separately by each entity.

**SUMMARY OF CVE RULES AND REQUIREMENTS**

1. A nonrefundable **\$150 investigation fee** applies to each applicant seeking approval to purchase, lease, occupy a Unit, or obtain identification credentials.
2. All purchasers, tenants, and occupants must submit the required application and receive Association approval before occupancy. An interview may be required.
3. Harwood B is a **Housing for Older Persons (55+) community**. At least one permanent occupant must be 55 years of age or older.
4. Persons under age 18 may not permanently reside in the Unit. Visits are subject to the Governing Documents and CVE rules.
5. **Occupancy limits:**
  - One-bedroom Unit: Maximum of three adults
  - Two-bedroom Unit: Maximum of four adults
6. Guests, relatives, and other persons occupying the Unit during the Owner's absence require prior written Association approval, unless otherwise permitted by the Governing Documents.
7. Boarding, subleasing, time-sharing, and transient occupancy are prohibited.
8. Pets are prohibited, including visitors' pets. Service animals and emotional support animals are subject to the applicable reasonable accommodation process.
9. Nothing may be hung over or thrown from catwalk railings. Boxes must be flattened before being placed inside the dumpsters.
10. One set of Unit keys must be provided to the Association for emergency access, as required by the Governing Documents.
11. Each Unit has an assigned parking space. Residents must use their assigned space and may not park in guest spaces.
12. Owners are responsible for three separate payments:
  - CVE Master Management
  - Harwood B Condominium Association
  - CENCLUB
13. The Seller must provide the Purchaser with current copies of the Governing Documents and return all identification cards and vehicle decals to the CVE ID Office.
14. Ownership alone does not guarantee a CVE identification card, vehicle decal, or resident privileges to a nonresident Owner.
15. Identification cards or guest passes may be required to enter CVE facilities. Guests and minors are subject to CENCLUB's current rules and applicable fees.

**IMPORTANT:** This is only a summary. All owners, residents, occupants, and guests must comply with Harwood B's Governing Documents and all applicable CVE and CENCLUB rules.