

ISLES OF ABERDEEN HOMEOWNERS ASSOCIATION, INC.

C/o Campbell Property Management, 9897 Lake Worth Rd, Ste 304, Lake Worth, FL 33467
(T) 561-432-2703 (F) 561-432-2181

Application for Purchase ___ OR Lease ___

Desired Date of Occupancy/Closing: _____ Unit Address: _____

Applicant Name(s): _____ Phone: _____
Last First MI Jr/Sr

_____ Phone: _____
Last First MI Jr/Sr

Email Address: _____

ALL APPLICANTS FOR PURCHASE OR LEASE ARE SUBJECT TO ASSOCIATION APPROVAL

APPLICATION FEE: \$100.00 ***NON-REFUNDABLE***

Separate \$100.00 Application Fee required for unmarried co-applicants

Make the check for the application fee payable to **Isles of Aberdeen**

PROCESSING FEE: \$35.00 ***NON-REFUNDABLE***

Make check for processing fee payable to **Campbell Property Management**

CAPITAL CONTRIBUTION FEE: \$2,000.00 – Collected at Closing/Settlement

This is a one-time fee charged to all new owners

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED – PLEASE KEEP ALL PAGES INTACT
PLEASE ALLOW A MINIMUM OF TWO WEEKS FOR PROCESSING

Copies of the following must be attached:

- **Copy of your Driver's License(s)**
- **Copy of Vehicle registration(s)**
- **Copy of purchase or rental contract**

Please Note: Under the State of Florida's Fair Housing Law, this Community is designated as an Adult community, and therefore, the potential resident must be at least 55 years of age or older.

FOR PURCHASE: TITLE COMPANY OR CLOSING ATTORNEY MUST REQUEST AN ESTOPPEL BEFORE CLOSING TO DETERMINE MONIES OWED TO THE ASSOCIATION BY THE OWNER OF THE PROPERTY. IF THIS PROCESS IS NEGLECTED, THE NEW OWNER MAY END UP BEING LIABLE FOR DELINQUENCY.

A Certificate of Approval, which is required to close, will be provided to the purchaser after interview.

You must supply the Management Company with a copy of your warranty deed and the mailing address after closing. Purchaser is also required to inform the management company of any changes in mailing address.

Owner Maintenance Fees are due monthly.

Lisa Teets, LCAM
Property Manager

ISLES OF ABERDEEN HOMEOWNERS ASSOCIATION, INC.
UNMARRIED CO-APPLICANTS USE SEPARATE APPLICATIONS

Purchase ___ or Lease ___
Address at Isles of Aberdeen: _____

Date: _____ Home Phone: _____ Cell: _____ Desired Date of Occupancy: _____

Name: _____ SS#: _____ - _____ - _____ DOB: ____/____/____
Last First MI Jr/Sr

Spouse: _____ SS#: _____ - _____ - _____ DOB: ____/____/____
Last First MI Jr/Sr

Other: _____ SS#: _____ - _____ - _____ DOB: ____/____/____
Last First MI Jr/Sr

Occupants: _____ SS#: _____ - _____ - _____ DOB: ____/____/____
Last First MI Jr/Sr

Present Address: _____
Street Apt # City State Zip Code

Present Landlord/Mortg: _____ Phone: (____) _____

Length of Residence: ____/____/____ TO ____/____/____ Mortg/rent/mo \$ _____ # Pets: _____ Type: _____ Weight: _____

Present Employer: _____ City & St.: _____ PH: (____) _____

Position: _____ Dates Employed: ____/____/____ TO ____/____/____ Income: \$ _____ Per _____

Previous Employer: _____ City & St.: _____ PH: (____) _____

Position: _____ Dates Employed: ____/____/____ TO ____/____/____ Income: \$ _____ Per _____

Spouse Present Employer: _____ City & St.: _____ PH: (____) _____

Position: _____ Dates Employed: ____/____/____ TO ____/____/____ Income: \$ _____ Per _____

In Case of Emergency Notify: _____
Name Relationship Address Phone Number

Vehicle #1: _____ #2: _____
Year Make Model Tag# State Year Make Model Tag# State

Have you ever left owing money to an owner or landlord? Applicant: Yes ___ No ___ Spouse: Yes: ___ No ___
Have you ever been arrested for a felony? Applicant: Yes ___ No ___ Spouse: Yes ___ No ___
Have you ever been convicted of a felony? Applicant: Yes ___ No ___ Spouse: Yes ___ No ___

If you answered 'Yes' to any of the above questions, please explain the circumstances regarding the situation on the back of this sheet.

AUTHORIZATION OF RELEASE OF INFORMATION: Applicant(s) represents that all of the above information and statements on this application for purchase or rental are true and complete, and hereby authorizes verification of any and all information relating to residential history (rental or mortgage), employment history, criminal history records, court records, and credit record. This application must be signed before it can be processed by management. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this state. NON-REFUNDABLE APPLICATION FEE – Applicant(s) agree to pay \$100.00 for a non-refundable application fee.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____

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9897 Lake Worth Rd, Ste 304
Lake Worth, FL 33467

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Affirmation of Rules and Regulations

All purchasers, renters and approved occupants of units in the Isles of Aberdeen HOA, Inc. are subject to all the rules of the Governing Documents, it's By-Laws, Restrictions, Rules and Regulations. I have either been given a copy of the Association's Governing Documents or have been advised of where to download them from the internet. I have also read and understand the Restrictions and Rules of this Association, and promise to abide by them.

Signature of Applicant

Signature of Co-Applicant

Signature of Witness

Date

VEHICLE & GATE REGISTRATION

DATE: _____

ADDRESS: _____

NAME: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

VEHICLE OWNER NAME: _____

VEHICLE #1

TAG #: _____

YEAR/MAKE/MODEL: _____

COLOR: _____

VEHICLE OWNER NAME: _____

VEHICLE #2

TAG #: _____

YEAR/MAKE/MODEL: _____

COLOR: _____

PHONE NUMBER INTO GATE: _____

CLICKER #: _____

CLICKER #: _____

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CERTIFICATE OF APPROVAL FOR PURCHASE ___ OR RENTAL ___

Pursuant to the Governing Documents of the Isles of Aberdeen Homeowners Association, Inc., the association, by and through its president, secretary or their designee, certifies approval of the following transaction between _____ as

Seller(s) or Lessor(s) and _____ as Buyer(s) or Lessee(s).

For the purchase or rental of the following property which is located in Palm Beach County, Florida:

Address at the Isles of Aberdeen: _____ Boynton Beach, FL

In Witness Thereof, executed this _____ day of _____, 20_____.

Approved by: _____

Print Name

Signature

Position

Board of Directors

Isles of Aberdeen Homeowners Association, Inc.

Witness: _____

Print Name

Signature

Position

ISLES OF ABERDEEN HOMEOWNERS ASSOCIATION, INC.

C/o Campbell Property Management, 9897 Lake Worth Dr, Ste 304, Lake Worth, FL 33467
(T) 561-432-2703 (F) 561-432-2181

Application for Approved Occupancy

Starting Date of Occupancy: _____ Unit Address: _____

Applicant Name: _____ Phone: _____
Last First MI Jr/Sr
_____ Phone: _____
Last First MI Jr/Sr

Applicant #1 Age: _____ Applicant #2 Age: _____

Email Address: _____

In Case of _____ : _____
Emergency Notify Name Relationship Address Phone Number

Have you ever been arrested for a felony?: Yes: ___ No: ___

Have you ever been convicted of a felony?: Yes: ___ No: ___

If you have answered 'Yes' to either of the previous two questions, please explain the circumstances regarding the situation on the back of this sheet.

AUTHORIZATION: Applicant(s) represents that all of the above information and statements on this application for Approved Occupancy are true and complete, and hereby authorizes verification of any and all information. This application must be signed before it can be processed by management. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application and termination of right of occupancy and may constitute a criminal offense under the laws of this state.

Applicant's Signature Date Additional Signature Date

ALL APPLICANTS FOR APPROVED OCCUPANCY ARE SUBJECT TO ASSOCIATION APPROVAL

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED – PLEASE KEEP ALL PAGES INTACT
PLEASE ALLOW A MINIMUM OF TWO WEEKS FOR PROCESSING

Copies of the following must be attached:

- **Copy of your Driver's License(s)**

Please Note: Under the State of Florida's Fair Housing Law, This Community is designated as an Adult community, and therefore, the potential resident must be at least 55 years of age or older.

Lisa Teets, LCAM
Property Manager

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Campbell Property Management ("the Company") may obtain information about you from a consumer reporting agency for tenant screening purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records ("driving records"), and verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for residency is an investigation into your education and/or employment history conducted by Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Lake Worth, Florida 33461, (888) 605-4265, www.scottrobertsassociates.com ("Agency"), or another outside organization. One person per application. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. By signing this document you agree you have read and understand this disclosure.

Consumer's Signature

Print Consumer's Name



ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my tenancy, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or other party to furnish any and all background information requested by Scott-Roberts and Associates, LLC, 2290 10 Ave, N., Lake Worth, Florida 33461, (888)605-4265, www.scottrobertsassociates.com, another outside organization acting on behalf of Campbell Property Management, and/or Campbell Property Management itself. I agree that a facsimile ("fax") or electronic or photographic copy of this Authorization shall be as valid as the original.

State of Washington applicants and/or residents only: You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.

New York applicants and/or residents only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

California applicants and/or residents only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.



Signature: _____ Date: _____

Last Name: _____ First Name: _____ Middle: _____

Other Names used (alias, maiden, nickname): _____

Email Address: _____

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

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

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

Current Employer: _____
Company Name City State Zip Code

Hire Date Supervisor Name/phone# Salary

Former Employer: _____
Company Name City State Zip Code

Hire Date End Date Salary Supervisor Name/phone #

Education Information: _____
Institution Name City State

Highest Degree Achieved Major Date Degree Awarded

Driver's License #: _____ State: _____ Gender _____ Daytime Phone: _____

Social Security Number: _____ * Date of Birth: _____ *

*This information will be used for background screening purposes only.

Have you ever been convicted of a crime? _____ Yes or _____ No (if yes please provide details)

Details: _____

**NOTICE REGARDING BACKGROUND INVESTIGATION
PURSUANT TO CALIFORNIA LAW**

Campbell Property Management ("the Company") intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for tenant screening purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for tenant screening purposes. Such reports may include information about your character, general reputation, personal characteristics, and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your tenant application and other background information about you, including but not limited to, obtaining a criminal record report, verifying references, work history, your educational achievements, licensure, and certifications, obtaining your driving record and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making tenant application decisions. The source of any investigative consumer report (as that term is defined under California law) will be Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Lake Worth, Florida 33461, (888)605-4265, www.scottrobertsassociates.com. The source of any credit report will be Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Lake Worth, Florida 33461, (888)605-4265, www.scottrobertsassociates.com, Information regarding Scott-Roberts and Associates, LLC's privacy practices (including information about whether any consumer personal information will be sent outside the U.S. or its territories) may be found at <http://scottrobertsassociates.com>.

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

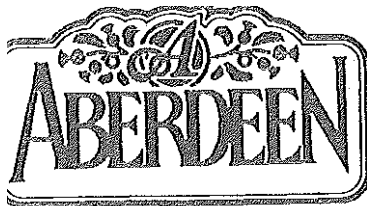
Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and upon reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you which is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request with proper identification for telephone disclosure and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.



**PROPERTY OWNERS ASSOCIATION
COMCAST REQUEST FOR SERVICE CHANGE**

INSTRUCTIONS

HOA- Use this form and procedure to request change in service or new service under the COMCAST BULK CONTRACT FOR ABERDEEN POA.

NEW HOMEOWNERS - Must fill out and return this form to CAMPBELL PROPERTY MANAGEMENT within 60 days of closing date.

CURRENT HOMEOWNERS-

Downgrade In service Is NOT permitted.

Upgrades permitted once a year-forms must be turned in by November 1st on any year.

TENANTS- No changes permitted by tenants. Only homeowners can request upgrade of service.

A tenant may order retail services from providers (Comcast, AT&T, etc.) at their own expense, outside of the Aberdeen Bulk Comcast Contract.

INSTALLATION- To have equipment installed or to receive a local phone number, you should personally contact Comcast Bulk Contract Department at 1-800-934-6489. Comcast may charge an Installation fee which is the homeowner's responsibility to pay.

PLEASE NOTE: Current homeowners are only permitted to upgrade once a year. No down grading is permitted. New homeowners can choose either video only or triple play.

REQUEST FOR CHANGE OF SERVICE

This form must be submitted to Campbell Property Management by October 15th for upgrades

NEW HOMEOWNERS- VIDEO ONLY _____ TRIPLE PLAY _____ CLOSING DATE _____
new homeowners must include closing date

CURRENT HOMEOWNER UPGRADE - ONLY UPGRADE TO TRIPLE PLAY PERMITTED _____

Name of Homeowner: _____

Address: _____

Phone #: _____ Village: _____

Signature: _____ Date: _____

CAMPBELL PROPERTY MANAGEMENT

9897 Lake Worth Road, STE 304, Lake Worth, FL 33467 * Office (561) 432-2703 *Fax (561) 432-2181

Isles of Aberdeen Homeowners Association, Inc.

Emergency Contact Form

Unfortunately, sometimes a situation happens where it is necessary for the HOA to contact a resident's next of kin, friend or relative. We collect Emergency Contact information on the original application for ownership or rental but that information may be out-of date and unreliable.

At their May 2023 meeting, the Isles HOA Board of Directors directed the collection of updated Emergency Contact Information for our residents.

The following form collects this information. It will only be used when necessary and when we cannot contact the resident directly or when intervention by a family member is necessary. It would be helpful if the emergency contact person lived locally, had a key to your home and knew your alarm code (if you use your alarm). No one on the board nor anyone with Campbell Property Management will have your key or know your alarm code; only your emergency contact person would.

After collection, the forms will be kept by our property management company, Campbell Property Management.

PLEASE PRINT:

Resident's Name: _____ Date: _____

Resident's Isles Address: _____

Emergency Contact #1 Name: _____

Email Address: _____

Emergency Contact's Phone Number: _____ Landline ___ or Cell ___

Alternate Phone Number: _____ Landline ___ or Cell ___

Emergency Contact #2 Name: _____

Email Address: _____

Emergency Contact's Phone Number: _____ Landline ___ or Cell ___

Alternate Phone Number: _____ Landline ___ or Cell ___