

# Sales

## CMO of Hunters Run

3700 Clubhouse Lane, Boynton Beach, FL 33436

- Please submit a “CMO Sales Check Sheet” with **every** application.
- **All the paperwork must be in before the 20 day application process begins.**
- If an account has a balance the homeowner must bring the account current or a copy of the HUD statement must be submitted showing that the association will get paid at closing. **We will not process the sale unless the balance is \$0 or we have a copy of the HUD statement.**
- If the unit has a lift, an addendum must be signed and notarized with original signatures.

## CMO SALES CHECK SHEET

Please complete this Check Sheet and attach it to the application package. Make sure all necessary steps are taken and all items are accepted.

SALE OF: \_\_\_\_\_ (Unit #/ Association)

Between: \_\_\_\_\_ seller and \_\_\_\_\_ buyer

Real Estate Agent's Name: \_\_\_\_\_ or Private from Unit Owner \_\_\_\_\_

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Closing Date: \_\_\_\_\_ (must be 20 days prior)

- Application & contract are clear and legible - names, addresses, phone #'s completed on application and all pages are signed.
- Check for \$100 paperwork processing accompanies submission. Make payable to CMO.
- Unit owner information on application coincides with Property Appraiser's website. <http://www.pbcgov.com>. **If not:** Agent will provide copy of Trust Agreement or Power of Attorney if applicable. We only need the page(s) that indicate who is able to sign for the Trust to transfer the property or who is assigned Power of Attorney.
- Email information address is received, or "no email" is marked on application.
- Two references submitted with names, addresses, and phone numbers. Bank info is no longer required.
- Numbers 9 and 10 are signed on application.
- Application has been signed (& dated) by both parties at the bottom and signatures are legible.

**If the sale is in: Bristol, Cambridge I, Cambridge II, Eastgate I, Eastgate II, Essex, Estates, Glens East, Glens West, Hampshire, Northwoods I, Northwoods II, Southport, Stratford, Villas of Hampshire, Villas of Northwoods, Westgate, Windsor, or Woods background checks are required. These additional steps are required:**

- Background check authorization form completed and submitted.

### **For Upstairs Apartments with Elevators- Personal Access Lifts**

- New owner requirements have been given to agent/ ck when signed by buyer.
- Addendum has been signed & notarized. (We need original signatures, copies are not acceptable)
- \$20 check payable to CMO for recording fee



Club shall be as set forth in Country Club's governing documents, as they may be amended from time to time).

YES \_\_\_\_\_ NO \_\_\_\_\_ Purchaser's signature(s) \_\_\_\_\_

10. Do you have a pet or pets? YES \_\_\_\_\_ NO \_\_\_\_\_ Are you aware of the community association regulations regarding the number of pets allowed and that your dog or cat (current or future pet) must weigh less than 25 lbs.?

YES \_\_\_\_\_ Sign to Agree: \_\_\_\_\_

For Southport sales, a pet registration form must be completed.

11. By signing this application, all parties affirm that they have read the Declaration of Condominium, the By-Laws, the Articles of Incorporation and the Rules and Regulations concerning residency in \_\_\_\_\_ at Hunters Run Condominium Association, Inc. and agree to abide with it. Owners and their guests further agree that approval of this application is based upon the agreement of all parties to abide by these rules and regulations, now in effect or which may hereafter be made, and failure to do so will result in such action as may be deemed necessary by the Board of Directors.

Date: \_\_\_\_\_ By: \_\_\_\_\_,  
Owner (s)

Date: \_\_\_\_\_ By: \_\_\_\_\_,  
Purchaser (s)

Board Approval: \_\_\_\_\_ Date: \_\_\_\_\_

----- For internal use only -----

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

Received by: \_\_\_\_\_

Name of Associations: \_\_\_\_\_ Unit Number: \_\_\_\_\_

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.

Please check this box if you would like to receive a copy of an investigative consumer report (as defined by relevant state law) at no charge if one is obtained by 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 **Community Management Organization of Hunters Run** 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

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Current Employer	Address	City/State	Start Date	Salary
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Supervisors name	Employer Telephone Number
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