

GRAND ISLES MASTER HOMEOWNERS ASSOCIATION, INC.

Welcome to Grand Isles!

We are honored by your desire to join our community, and that you appreciate the efforts of the owners to help ensure that Grand Isles is a successful community. To help ensure that Grand Isles remains a successful community owners and occupants have recognized the need to understand and comply with the community's use restrictions.

To help, prospective buyers and tenants are to attend an orientation meeting to discuss the use restrictions. This meeting will take place at the office of Davenport Professional Property Management, LLC. and is part of the new owner/tenant review process and is necessary before the Association can issue an application certificate. Failure to comply with the Rules and Regulations of Grand Isles will result in legal action by the Association's attorneys.

Whether a buyer or a tenant, submit the following documents to management (Initial your confirmation):

_____ **Association Application**, all parts completed and signed by all adult applicants.

_____ *Valid driver's license or government issued photo identification for each resident 18 years of age or older.

_____ ***Vehicle Registration** for each vehicle owned or leased by a buyer, tenant and/or occupant, and any other vehicle to be parked within the Grand Isles community.

_____ ***Purchase Contract or Lease Agreement** with signatures and all addenda and amendments.

_____ **Processing Fees** (see below)

*Notes:

- Duplicates shall be legible and currently valid.
- Rental Applications: Attach a duplicate of the owner's Village of Wellington Rental Business Tax Receipt.
- **An Application WILL BE RETURNED if any requested document is missing or is incomplete, including not filling in each blank! Attach a separate page, if additional space is required for any question.**

A CRIMINAL BACKGROUND REPORT WILL BE SOUGHT FOR EACH ADULT APPLICANT. Owners/Sellers/Landlords, this is for the Association's use and such statement and Association conduct cannot be relied upon in any manner for any purpose. You should obtain your own report and act accordingly!

2 SEPARATE PROCESSING FEES: Only money orders or cashier's checks are acceptable.

ALL APPLICANTS, PAYABLE TO DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT, LLC.: \$185.00 non-refundable fee for each buyer/tenant/occupant 18 years or older. A married couple and a domestic partnership shall be considered one applicant.

PAYABLE TO GRAND ISLES MASTER HOMEOWNERS ASSOCIATION, INC.:

BUYER: \$150.00 non-refundable fee for each Application for new owner processing.

RENTERS: New resident processing fees:

Lease term in excess of 6 months: **\$150.00 non-refundable.**

Lease term of 120 days to 6 months: **\$300.00 non-refundable.**

OWNERS/LANDLORDS PLEASE NOTE: The Village of Wellington requires owners to secure a Business Tax Receipt (BTR) to rent their home. The BTR application form is attached to this application. Please contact the Village of Wellington at 561-791-4000 or btr@wellingtonfl.gov regarding the BTR form.

MAIL OR DROP OFF THE ORIGINAL APPLICATION TO:

**Davenport Professional Property Management, LLC
6620 Lake Worth Road, Suite F, Lake Worth, FL 33467**

Email : info@davenportpro.net Website: www.davenportpro.net

(Located on the southwest corner of Lake Worth Road & Jog Road, behind Red Lobster)

GRAND ISLES MASTER HOMEOWNERS ASSOCIATION, INC.

Compete all questions. Fill in all blanks. If Application is incomplete or illegible, this may result in your Application not being processed. If the question does not apply, answer "N/A." PRINT LEGIBLY or TYPE all information.

Street Address of Grand Isles Property _____

Anticipated Closing/Lease Start (No earlier than 21 days from Application receipt by Management): _____

CONTACT NUMBERS

Owner Name(s) _____ Phone _____

Owner Name(s) _____ Phone _____

Buyer/Renter Broker Name _____ Phone _____

Buyer/Renter Name(s) _____ Phone _____

Buyer/Renter Name(s) _____ Phone _____

Print email address(es) _____

Is an applicant a service member? ____ YES ____ NO

What is a "service-member"? Florida Statutes Section 83.201 defines as "any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces."

Office Use Only: Date of Receipt: _____

Date of Owner Notification: _____

____ Fully completed Application

____ Ledger (Davenport provides)

____ Purchase Contract or Lease (Fully Executed)

____ Background Report

____ Driver's License/Identification

____ BTR for Rentals

PROCESSING FEES: Money order or cashier's check

ALL APPLICANTS PAYABLE TO DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT, LLC.:

____ **\$185.00 non-refundable** fee for each buyer/tenant/occupant 18 years or older. A married couple and a domestic partnership shall be considered one applicant.

Cashier's Check or Money Order Number: _____ Date: _____

PAYABLE TO GRAND ISLES MASTER HOMEOWNERS ASSOCIATION, INC.:

____ **BUYER: \$150.00 non-refundable** fee for each Application for new owner processing.

____ **RENTERS:** New resident processing fees:

Lease term in excess of 6 months: **\$150.00 non-refundable.**

Lease term of 120 days to 6 months: **\$300.00 non-refundable.**

Cashier's Check or Money Order Number: _____ Date: _____

GRAND ISLES MASTER HOMEOWNERS ASSOCIATION, INC.

Compete *all* questions. Fill in *all* blanks. If application is incomplete or illegible, this may result in your application not being processed. If the question does not apply, please answer N/A. PRINT LEGIBLY or TYPE all information.

Applicant means proposed Buyers or Tenants

Street Address of Grand Isles Property _____

Anticipated Closing/Lease Start (No earlier than 21 days from Application receipt by Management): _____

Current Owner's Name(s) _____ Phone _____

Email Address: _____

Applicant's Name _____ Phone _____

Email Address: _____

Co-Applicant's Name _____ Phone _____

Co-Applicant's Email Address _____

Each Applicant's previous place of residence.

Landlord Name: _____ Phone _____

Address: _____ Monthly Rent Amount: _____

Residency Dates: From _____ to _____ Monthly Rent Amount: _____

List below, for EACH person anticipated to reside at the Grand Isles community:

Full Name	Relationship to Applicant	Date of Birth (MM/DD/YYYY)
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

GRAND ISLES MASTER HOMEOWNERS ASSOCIATION, INC.

Vehicles Applicant/Occupant Vehicles may not be parked on the street or other common area. Commercial vehicles and those with advertising, and trailers are among the prohibited vehicles. Read the Rules .Please list below the year, make, model, color, and state tag number for all vehicles that are intended to be parked at this residence

Year _____ Make _____ Model _____ Color _____ State/Tag # _____
Year _____ Make _____ Model _____ Color _____ State/Tag # _____
Year _____ Make _____ Model _____ Color _____ State/Tag # _____
Year _____ Make _____ Model _____ Color _____ State/Tag # _____
Year _____ Make _____ Model _____ Color _____ State/Tag # _____

I will provide written notification to the Property Manager of changes to vehicle tags _____ (Initial here).

List names of drivers anticipated to reside at the Grand Isles. Attach Valid Driver’s License duplicates for each.

1) _____ 5) _____
2) _____ 6) _____
3) _____ 7) _____
4) _____ 8) _____

In the last five years, has an Applicant or any anticipated occupant been convicted of a felony, or released from jail or prison? If yes, please explain below.

List employment history of each Applicant and anticipated adult occupant for the last two years.

Applicant’s current employer _____ Phone _____
Address _____
How long employed? _____ Position _____ Annual Income _____

Previous employer _____ Phone _____
Address _____
How long employed? _____ Position _____ Annual Income _____

Co-Applicant’s current employer _____ Phone _____
Address _____
How long employed? _____ Position _____ Annual Income _____

Previous employer _____ Phone _____
Address _____
How long employed? _____ Position _____ Annual Income _____

GRAND ISLES MASTER HOMEOWNERS ASSOCIATION, INC.

EMAIL/ELECTRONIC TRANSMISSION AGREEMENT

PLEASE CHOOSE ONE:

I, _____, request and consent to "FULL OPT-IN" for all Association required notices and letters to be sent and received by electronic transmission. This means I will receive all Association related correspondence, including, but not limited to, notices via email in lieu of receiving them by regular mail. I understand that, from time to time, I may receive some correspondence by regular mail due to some unforeseen circumstances, or as required per the Grand Isles Master Homeowners Association, Inc.

OR

I, _____, request and consent to "FULL OPT-OUT" of receiving all Association required notices and letters via email. I prefer to receive this type of correspondence through regular mail. I will, however, provide my email information to Davenport Professional Property Management, LLC to allow for email correspondence related to my personal matters.

Print Name _____

Signature _____

Date (MM/DD/YYYY) ____/____/_____

Street Address _____

Mailing Address _____

Primary Email Address _____

Note: We can only have one primary email address on file to receive Association related correspondence.

GRAND ISLES MASTER HOMEOWNERS ASSOCIATION, INC.

RELEASE OF INFORMATION AND AUTHORIZATION

DATE _____

TO: GRAND ISLES MASTER HOMEOWNERS ASSOCIATION, INC.
DAVENPORT PROFESSIONAL PROPERTY MANAGEMENT, LLC
6620 LAKE WORTH ROAD, SUITE F
LAKE WORTH, FL 33467

I AUTHORIZE THE ABOVE TO VERIFY INFORMATION, OBTAIN A CREDIT REPORT, CRIMINAL HISTORY REPORT, AND EMPLOYMENT INFORMATION ON MYSELF. I UNDERSTAND SCREENING MAY RESULT IN MY APPLICATION BEING APPROVED OR DENIED. THIS AUTHORIZATION IS GOOD FOR THIRTY (30) DAYS FROM THE DATE ABOVE. ANY INFORMATION OBTAINED IN A CREDIT REPORT, CRIMINAL HISTORY REPORT, AND/OR EMPLOYMENT REPORT MAY BE PROVIDED TO THE OWNER OF THE PROPERTY ON THIS APPLICATION.

APPLICANT'S SIGNATURE _____ Date ____/____/____

APPLICANT'S NAME (print) _____

DATE OF BIRTH (MM/DD/YYYY) ____/____/____

SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER _____ STATE _____

PREVIOUS ADDRESS _____

Co-Applicant's Name (print) _____

Co-Applicant's Signature _____ Date ____/____/____

DATE OF BIRTH (MM/DD/YYYY) ____/____/____

SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER _____ STATE _____

PREVIOUS ADDRESS _____

Additional Applicant's Name (print) _____

Add'l Applicant's Signature _____ Date ____/____/____

DATE OF BIRTH (MM/DD/YYYY) ____/____/____

SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER _____ STATE _____

PREVIOUS ADDRESS _____

GRAND ISLES MASTER HOMEOWNERS ASSOCIATION, INC.

In case of emergency, list a contact person below.

Name _____ Relationship _____
 Address _____ Phone _____

ANIMAL REGISTRATION INFORMATION (If no animals, please write N/A and sign below)

Attach a color photo of each animal. No more than 2 Domestic Pets are allowed per home. Pets are to be on a leash no greater than 6 feet in length and under the control of a responsible individual when outside a home unless when inside a fenced yard and may not be tied down.

Type of animal(s); please circle each that apply: Dog Cat Bird Other (specify) _____

Name _____ Breed _____ Age _____ License/ Tag# _____

Name _____ Breed _____ Age _____ License/ Tag# _____

I verify under the penalties of perjury that the above information on these 7 pages and any attachments and documents submitted with this and to supplement this Application are true and correct, and that I have received, read, and understand the Declaration of Restrictive Covenants for Grand Isles, and the Grand Isles Homeowners Association, Inc.'s Rules and Regulations, Articles of Incorporation and By-Laws, Including, but not limited to, those concerning vehicles and animals and agree to comply with each. An Owner is responsible for the owner's tenants, occupants, guests and invitees' failure to comply.

Applicant and co-applicant(s) acknowledge and agree that GRAND ISLES MASTER HOMEOWNERS ASSOCIATION, INC., and its agents and contractors may investigate the information provided by the applicant and/or co-applicant(s) and a report may be made to the Association. Grand Isles Master Homeowners Association, Inc., its officers, directors, members, employees, contractors and agents will not be liable nor responsible for any inaccurate information in the investigation and related report caused by such omission or illegibility.

_____	_____	____/____/____
Applicant's Name	Applicant's Signature	Date (MM/DD/YYYY)
_____	_____	____/____/____
Co-Applicant's Name	Co-Applicant's Signature	Date (MM/DD/YYYY)
_____	_____	____/____/____
Owner's Name	Owner's Signature	Date (MM/DD/YYYY)
_____	_____	____/____/____
Owner's Name	Owner's Signature	Date (MM/DD/YYYY)

**FAILURE TO FULLY AND TRUTHFULLY COMPLETE THIS APPLICATION
 MAY RESULT IN REVOCATION OF ANY APPROVAL
 INCLUDING REQUIRING IMMEDIATE REMOVAL OF OCCUPANTS, ANIMALS AND VEHICLES**

RENTAL PROPERTY INSTRUCTIONS & REQUIREMENTS

Welcome to the Wellington business community! We wish you good fortune in your business venture and we are ready to assist you in any way possible. For your convenience, we have provided a registration checklist. This checklist provides a list of the required documentation that must be submitted to obtain the BTR.

Wellington's Code of Ordinances requires property owners who lease or rent residential dwelling units to obtain a valid Business Tax Receipt. In addition, applicants are required to comply with Wellington's Land Development Regulations definition of "Family" when leasing or renting the property.

Family means either a single person occupying a dwelling unit and maintaining a household, including not more than one (1) boarder, roomer, or lodger as herein described; or two (2) or more persons related by blood, marriage, or adoption occupying a dwelling, living together and maintaining a common household, including not more than one (1) such boarder, roomer, or lodger; or not more than four (4) unrelated persons occupying a dwelling, living together and maintaining a non-profit housekeeping unit as distinguished from a group occupying a boarding or lodging house, hotel, club or similar dwelling for group use. A common household shall be deemed to exist if all members thereof have access to all parts of the dwelling.

Applicants shall complete the rental property application and pay the required fees prior to renting or leasing.

All Business Tax Receipts expire SEPTEMBER 30th of each year. Penalty fees are assessed on OCTOBER 1st through January 30th and a \$250 non-compliant fee is assessed to all businesses failing to renew prior to February 1st.

New Business Tax Receipts are prorated for half-year from April 1 through September 30. Business Tax is not prorated if your business is operational prior to April 1. NO REFUNDS will be made for properties sold or businesses closed during the full fiscal year or paid in error.

CHECKLIST

- ❖ Application for Wellington Rental Business Tax Receipt;
- ❖ Fictitious Name Registration and/or Articles of Incorporation, (if applicable);
- ❖ Wellington non-refundable Admin/Reg. fee, Zoning review fee, tax and unit fees;
- ❖ A copy of the Owner's Driver's License;
- ❖ Copies of each property in Palm Beach County Property Appraiser (PAPA) website

RENTAL BUSINESS TAX RECEIPT FEE SCHEDULE

****ALL NEW APPLICATIONS ARE SUBJECT TO ONE TIME \$80. ADMIN/REG & ZONING REVIEW FEE
IN ADDITION TO THE TAX AS INDICATED BELOW***

<u>Classification:</u>	<u>Tax:</u>
Residential Rental Units (Includes single family homes, duplexes, townhouses, seasonal rentals, & vacation rentals.)	\$100. + \$5. per unit
Hotels, Motels, Apartments (DPBR Dept. of Hotels required.) (This category also includes Bed & Breakfasts)	\$100. + \$5. per unit



Rental Business Tax Receipt Application (BTR)

Residential Rental Seasonal Rental Vacation Rental Hotel/Motel/Apartments

Corporation/Business Name: _____
(Division of Corporations requires registration of a fictitious name. Copy of registration must accompany this application)

Owners Name: _____

Owners Email Address*: _____

***Required**

Mailing Address: _____ City: _____ State: _____ ZIP: _____
(If different above)

Business Phone Number: _____ Cell/Emergency Number _____

Government Issued ID # _____ State/Country _____ DOB _____

FEIN or Social Security Number* _____

*** Pursuant to FS 205.0535(5) No Business Tax shall be issued unless the FEIN number or SSN number is obtained from the person to be taxed. If a FEIN is not available the applicant must complete the attached form with the Social Security number for the person being taxed pursuant to section FS 119.071(5)**

Owner's Signature: _____ Date: _____

Individual Rental Unit Addresses

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Applicant/Property Manager: _____ Phone: _____
Print name

Address: _____ City: _____ State: _____ ZIP: _____

Email address: _____ Driver's License Number: _____

Applicant/Qualifier Signature: _____ Title: _____

Staff Use Only:

CLASSIFICATION CODE _____ BTR # _____ STAFF INITIALS _____

Zoning Approval: _____ Date: _____

One Time Zoning Review Fee: \$30. **One Time Registration Fee: \$50.** **Business Tax: \$ 100 + \$5 per rental unit** _____

Misc. Fees: \$ _____ Non-Compliant Fee: _____ Total Fees: \$ _____

Please email completed application & required documents to: BTR@WellingtonFL.Gov