

POINTE MANAGEMENT GROUP, INC.  
3600 S Congress Ave Suite C Boynton Beach, FL 33426  
OMEGA IV CONDOMINIUM ASSOCIATION, INC.  
APPLICATION PACKAGE

1. A non-refundable, One Hundred (\$100.00) Dollars Application Fee is required for each non-related applicant along with the return of the completed application package. Local checks, cashier's check and money orders are the only acceptable form of payment. Checks are to be made payable to: OMEGA IV CONDOMINIUM ASSOCIATION, INC. This fee is nonrefundable whether or not the application is approved.
2. Moving times are from 10:00 a.m. to 7:00 p.m. Monday to Friday and 10:00 a.m. to 9:00 p.m. Saturday and Sunday.
3. A copy of the sale/lease contract must to accompany the completed application package.
4. Credit and Criminal Background check application must be filled out.
5. Application packages submitted incomplete will be returned and will not be processed until all required items have been provided.

PLEASE ALLOW THIRTY (30) DAYS FOR THE PROCESSING OF YOUR APPLICATION.

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Applicants Signature

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Co-Applicant Signature

**OMEGA IV CONDOMINIUM ASSOCIATION, INC. APPLICATION  
FOR OCCUPANCY**

Purchase Address: \_\_\_\_\_

Applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Names and Age of Children and/or other Permanent Residents:

\_\_\_\_\_  
\_\_\_\_\_

Present Address: \_\_\_\_\_

Length of Residency: \_\_\_\_\_ Monthly Rent/Mortgage \$ \_\_\_\_\_

Present Landlord/Mortgage Holder: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Previous Address If at Present Address for Less Than Five (5) Years:

\_\_\_\_\_

Previous Landlord/Mortgage Holder: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**EMPLOYMENT RECORD**

Present Employer: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Salary: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Salary: \_\_\_\_\_

**BANK AND CREDIT REFERENCES**

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

Creditor: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

Creditor: \_\_\_\_\_ Account Number: \_\_\_\_\_

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

**PERSONAL REFERENCES**

(DO NOT LIST RELATIVES)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**VEHICLE REGISTRATION**

PLEASE PROVIDE A COPY OF ALL VEHICLE REGISTRATIONS & DRIVER LICENSES

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag: \_\_\_\_\_ State: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Tag: \_\_\_\_\_ State: \_\_\_\_\_

Applicant's Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Applicant's Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**EMERGENCIES**

(If Case of an Emergency, Notify)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Nearest Relative NOT Living with You:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Dear Resident:

It is the policy of Omega IV Condominium Association, Inc. to have on file emergency information for all residents in Omega IV. Please be assured that this information will be kept in the strictest confidence and will only be used in an emergency situation. PLEASE PRINT:

Name(s): \_\_\_\_\_

Apartment Number: \_\_\_\_\_

Building Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE NOTIFY THE FOLLOWING NEXT OF KIN:**

1. Name \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

—— I (We) hereby represent that all the above-mentioned information is true and complete and authorizes the verification of same by reasonable means. Applicant(s) understand that false information given herein may constitute grounds for rejection of this application and/or forfeiture of any deposits.

—— I (We) acknowledge vehicles are limited to standard motor cars. No boats, no motorcycles, no trailers. no commercial vehicles. **No trucks of any kind.**

—— I (We) acknowledge that I (We) CANNOT occupy the premises without authorization from the Association. In the event that unauthorized occupancy occurs, this application WILL NOT be accepted for consideration until occupant(s) vacates completely or application may be rejected in entirety,

—— I (We) hereby acknowledge that I (We) have received and reviewed the Declaration of Condominium for the Omega IV Condominium Association, Inc. and hereby consent to' be governed and will abide by it, as well as any supportive exhibits, rules, regulations, subsequent amendments and the Florida Condominium Act.

—— I (We) understand and agree that any violation of the Declaration of Condominium and its supportive exhibits, rules, regulations, subsequent amendments and the Florida Condominium Act may result in the institution of legal proceedings. I (We) agree to reimburse the Association for any attorney's fees and costs incurred in such enforcement.

—— I (We) agree no transient occupancy is allowed and a copy of the sales contract must be provided to the Association.

—— I (We) issue authority and permissions, while holding harmless the Credit bureau, the Association and its Membership to which I (We) have applied occupancy, Pointe Management Group and its owners, officers, employees, releasing them from any losses, expenses or damages sustained, directly or indirectly, by me or others, from information disclosed in their investigative report whether made orally or in writing.

Applicant Print Name: \_\_\_\_\_

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

Co- Applicant Print Name: \_\_\_\_\_

CO-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Omega IV Building Census Please return  
this to:  
Pointe Management  
3600 S Congress Ave Suite C  
Boynton Beach, FL 33426

Name of Owner: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Intercom Number \_\_\_\_\_ Home Phone#/Landline \_\_\_\_\_

Cellphone # \_\_\_\_\_ Fax# \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact# \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Name of Tenant/Renter: \_\_\_\_\_

May the Board have a key for emergencies? \_\_\_\_\_ YES \_\_\_\_\_ NO

Number of Occupants living in Condo: \_\_\_\_\_

Name of Main Occupant: \_\_\_\_\_

Name of Occupant #2: \_\_\_\_\_ Is Occupant #2 Under 18? \_\_\_\_\_

Name of Occupant #3: \_\_\_\_\_ Is Occupant #3 Under 18? \_\_\_\_\_

Name of Occupant #4: \_\_\_\_\_ Is Occupant #4 Under 18? \_\_\_\_\_

Name of Occupant #5: \_\_\_\_\_ Is Occupant #5 Under 18? \_\_\_\_\_

Do you have Homeowner Insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name of Insurance Carrier? \_\_\_\_\_

Tenant- Do you have Renter's Insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name of Insurance Carrier? \_\_\_\_\_

Number of Vehicles: \_\_\_\_\_ Parking Space Number of main vehicles: \_\_\_\_\_  
(Additional vehicles are to be parked in Guest spaces)

Vehicle #1: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Tag# \_\_\_\_\_

Vehicle #2: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Tag# \_\_\_\_\_

## **FREQUENTLY ASKED QUESTIONS AND ANSWERS SHEET**

### Omega IV Condominium Association as of January 2021

Name of Condominium Association

**Q: What are my voting rights in the condominium association?**

A: One vote per unit.

**Q: What restrictions exist in the condominium documents on my right to use my unit?**

A: Residential Only

**Q: What restrictions exist in the condominium document on the leasing of my unit?**

A: One rental per calendar year. Leases are for a period of twelve (12) months. An application must be filled out along with a \$100.00 fee and an interview is required.

**Q: How much are my assessments to the condominium association for my unit type and when are they due?**

A: 1/1 - \$269.24 1/2 - \$367.78 2/2 - \$437.04

Fees are due at the beginning of each month.

**Q: Do I have to be a member in any other association? If so, what is the name of the association and what are my voting rights in this association? Also, how much are my assessments?**

A: No

**Q: Am I required to pay rent or land use fees for recreational or other commonly used facilities? If so, how much am I obligated to pay annually?**

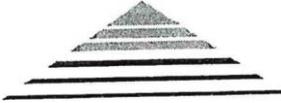
A: Maintenance for the Recreation facility is included in the monthly maintenance fees.

**Q: Is the condominium association or other mandatory membership association involved in any court cases in which it may face liability in excess of \$100,000? If so, identify each such case.**

A: No.

**Note: THE STATEMENTS CONTAINED HEREIN ARE ONLY SUMMARY IN NATURE. A PROSPECTIVE PURCHASER SHOULD REFER TO ALL REFERENCES, EXHIBITS HERETO, THE SALES CONTRACT, AND THE CONDOMINIUM DOCUMENTS.**





POINTE MANAGEMENT GROUP, INC.

3600 S Congress Ave Suite C  
Boynton Beach, FL 33426  
Office Number: 561-274-3031

CREDIT REPORT/CRIMINAL BACKGROUND CHECK  
AUTHORIZATION FORM

PLEASE PRINT

\*\* ALL UNMARRIED APPLICANTS MUST FILL OUT SEPARATE FORMS \*\*

APPLICANT: \_\_\_\_\_  
Last First Middle

APPLICANT SOCIAL SECURITY NUMBER: \_\_\_\_\_

APPLICANT BIRTH DATE: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

SPOUSE: \_\_\_\_\_  
Last First Middle

SPOUSE SOCIAL SECURITY NUMBER: \_\_\_\_\_

SPOUSE BIRTH DATE: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

PHONE: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
Number Street Apt Number

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FORMER ADDRESS: \_\_\_\_\_  
Number Street Apt Number

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

I AUTHORIZE POINTE MANAGEMENT GROUP, INC. TO ORDER MY CREDIT  
REPORT/BACKGROUND CHECK INFORMATION

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SPOUSES SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## LEASE ADDENDUM

In the event Lessor (Owner) is delinquent in the payment of any monthly assessment due to the Association, and if such delinquency continues for a period in excess of sixty (60) days, Lessee upon receiving written notice of such delinquency from the Association or Pointe Management Company, shall pay for the full amount of such delinquency as set forth in said notice. Lessee (Tenant) may deduct from the rental payment due Lessor (Owner) the amount paid to cure the delinquency. It is understood and agreed the Lessee (Tenant) shall continue to pay the monthly maintenance payment to Association or Management Company on behalf of the Lessor (Owner), until such time as Lessee (Tenant) is notified in writing by the Association or Management Company that Lessor (Owner) is current and that the delinquency and default has been cured.

The Lessor and the Lessee specifically acknowledge and agree that the Association is hereby empowered to act as agent for the Lessor, with full power and authority to take such action as may be required to compel compliance of Association, its supportive Exhibits, the Florida Condominium Act, and the Rules and Regulations of the Association. The approval of the proposed Lease Agreement by the Association is expressly conditioned upon the observance of the provisions contained in the Addendum, any breach of terms herein shall give the Association the authority to take immediate steps to terminate the Lease Agreement. The Lessor acknowledges that he remains responsible for the acts of the Lessee and Lessee's family and guests, Lessor agrees that he remains responsible for any costs incurred by the Association, including Attorney's fees and costs, pre-litigations, and/or violations of the Associations' documents.

I/We have been informed of the current Rules and Regulations and I/We agree to be bound by same

\_\_\_\_\_  
Owner/Lessor

\_\_\_\_\_  
Tenant/Lessee

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Owner/Lessor

\_\_\_\_\_  
Tenant/Lessee

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name