

SEA CASTLE CONDOMINIUM

Authorization for Background Check prior to Interview for Occupancy by Buyer/Lessee/Long-term Visitor (30+ days) of a single family condominium unit

(Form updated on 3/2014)

- All individuals buying or leasing a unit within the building or being a visitor for longer than 30 days must first be granted permission by the Board of Directors (or their representative/agent) to occupy the premises. Individuals wishing to receive that permission must first grant permission to the Board of Directors or its agent to conduct a criminal background. After that background check is completed, all applicants must then have a personal interview with at least one member of the Board of Directors.
- **NOTE: THIS FORM MUST BE SUBMITTED AT LEAST 15 DAYS PRIOR TO THE PERSONAL INTERVIEW. MOVING IN PRIOR TO THE PERSONAL INTERVIEW WILL NOT BE PERMITTED.**
- By signing this authorization form, the individual grants permission to the Board of Directors or its agent to conduct a criminal background check on the applicant(s).
- Applicants must complete and submit this form along with a copy of their drivers licenses (or other identification if they do not have a driver's licenses) and \$150 screening fee payable to Castle Council, Inc. If this application form is not legible or is not accurately completed, the Association or their agent will not be liable or responsible for any inaccurate information in the investigation and related reports to the Association caused by such omissions or illegibility.
- A married couple need only to submit one form. All other buyers, lessees or long-term visitors must individually submit this form and pay the registration fee.

(PLEASE PRINT ALL INFORMATION)

UNIT NUMBER: _____

NAME: _____

DATE OF BIRTH _____ DRIVER'S LICENSE #: _____ STATE: _____

TELEPHONE NUMBER (HOME) _____ (CELL) _____

OTHER ADULTS (e.g. spouse, roommate, etc.) THAT WILL BE OCCUPYING THE UNIT WITH YOU:

NAME: _____.

DATE OF BIRTH _____ DRIVER'S LICENSE #: _____ STATE: _____

TELEPHONE NUMBER (HOME) _____ (CELL) _____

CHILDREN UNDER THE AGE OF 18 LIVING WITH PARENTS AT THIS UNIT:

NAME: _____ DATE OF BIRTH _____

NAME: _____ DATE OF BIRTH _____

NAME: _____ DATE OF BIRTH _____

LIST ALL PLACES OF RESIDENCE FOR THE PAST THREE YEARS

FROM _____ TO _____ OWN OR RENT _____

ADDRESS _____

FROM _____ TO _____ OWN OR RENT _____

ADDRESS _____

LIST EMPLOYERS FOR THE PAST THREE YEARS

PRESENT EMPLOYER _____

ADDRESS _____

CITY/STATE/ZIP CODE _____ DATE HIRED _____

TELEPHONE # _____; SUPERVISOR'S NAME _____

PREVIOUS EMPLOYER _____

ADDRESS _____

DATE HIRED _____; TELEPHONE # _____; SUPERVISOR'S NAME _____

PREVIOUS EMPLOYER _____

ADDRESS _____

DATE HIRED _____; TELEPHONE # _____; SUPERVISOR'S NAME _____

PLEASE COMPLETE THE FOLLOWING FOR ANY OTHER INDIVIDUAL (e.g. Spouse, Roommate, etc.) THAT WILL BE OCCUPYING THE UNIT WITH YOU.

PRESENT EMPLOYER _____

ADDRESS _____

CITY/STATE/ZIP CODE _____ DATE HIRED _____

TELEPHONE # _____; SUPERVISOR'S NAME _____

PREVIOUS EMPLOYER _____

ADDRESS _____

CITY/STATE/ZIP CODE _____ DATE HIRED _____

TELEPHONE # _____; SUPERVISOR'S NAME _____

I hereby give permission to Sea Castle Association or its agents to conduct a criminal background check on myself (and spouse if he/she will be occupancy the unit at Sea Castle Condominium with me).

Signature of Applicant

Date signed

For Association Use only

Authorization form received on (date): _____ Check received on (date): _____

Received by: (Board members signature) _____

SEA CASTLE CONDOMINIUM

Request for Interview Prior to Occupancy by Buyer/Lessee/Long-term Visitor (30+ days) of a single family condominium unit

(Form updated on 3/2014)

NOTE: Prior to apply for permission to occupy a unit, individuals must first submit to a background check. Please complete and submit the separate form granting the Board or its agent authorization to conduct such a check, along with the \$150 screening fee payable to Castle Council, Inc. That form and fee must be submitted at least 15 days prior to the interview required for occupancy permission.

PLEASE PRINT ALL INFORMATION)

UNIT NUMBER: _____

NAME: _____

TELEPHONE NUMBER (HOME) _____ (CELL) _____

OTHER ADULTS (e.g. spouse, roommate, etc.) THAT WILL BE OCCUPYING THE UNIT WITH YOU:

NAME: _____.

CHILDREN UNDER THE AGE OF 18 LIVING WITH PARENTS AT THIS UNIT:

NAME: _____ DATE OF BIRTH _____

NAME: _____ DATE OF BIRTH _____

NAME: _____ DATE OF BIRTH _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME _____

TELEPHONE # _____ RELATIONSHIP _____

NAME _____

TELEPHONE # _____ RELATIONSHIP _____

BUILDING KEYS AND FABS:

The owners of all units within the building have been provided with two “entrance key/ fobs” and “gate keys”. It is their obligation to provide these items new owners. Please be aware that per the Rules and Regulations, there will be a charge to replace these items – even if the previous owner did not give them to new owners.

E-MAIL ADDRESS:

DO YOU GIVE US PERMISSION TO CONTACT YOU OR PROVIDE INFORMATION REGARDING THE CONDO AND ITS ASSOCIATION VIA E-MAIL? YES _____ NO _____

NOTE: WE DO NOT SELL OR GIVE YOUR E-MAIL ADDRESS TO OTHERS.

IF YOU HAVE GIVEN US PERMISSION, WHAT IS YOUR E-MAIL ADDRESS (PLEASE PRINT IT CLEARLY)

_____ @ _____

IN MAKING THIS FOREGOING APPLICATION, I/WE ARE AWARE THAT THE DECISION OF THE ASSOCIATION WILL BE FINAL AND NO REASON WILL BE GIVEN FOR ANY ACTION TAKEN BY THE BOARD. I/WE AGREE TO BE GOVERNED BY THE DETERMINATION OF THE BOARD OF DIRECTIONS.

I/WE UNDERSTAND THAT I/WE MUST ATTEND AN INTERVIEW CONDUCTED BY AT LEAST ONE BOARD MEMBER. BY MY/OUR EXECUTION BELOW, I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THE RULES AND REGULATIONS OF THE ASSOCIATION. I/WE FURTHER ACKNOWLEDGE THAT THESE RULES AND REGULATIONS HAVE BEEN READ BY ME/US AND I/WE AGREE, UPON APPROVAL OF MY/OUR APPLICATION, TO ABIDE BY THE SAID RULES AND REGULATIONS, AS THESE RULES AND REGULATIONS MAY BE AMENDED. I/WE UNDERSTAND THAT THE ASSOCIATION SHALL HAVE THE RIGHT TO PROCEED DIRECTLY AGAINST ANY PERSON OR PERSONS WHO VIOLATE ANY OF THESE PROVISIONS OF THE ASSOCIATION’S DOCUMENTS AND/OR RULES AND REGULATION. I/WE AGREE THAT A COPY OF THE EXECUTED AGREEMENT AND/OR THE DEED (AS APPROPRIATE) WILL BE FURNISHED TO THE ASSOCIATION.

(APPLICANT’S SIGNATURE) (DATE)

(CO-APPLICANT’S SIGNATURE) (DATE)

FOR USE BY ASSOCIATION ONLY

DATE BACKGROUND CHECK RECEIVED: _____ DATE INTERVIEW CONDUCTED _____

APPLICATION IS: APPROVED _____ (OR) DISAPPROVED _____

(SIGNATURE OF BOARD MEMBER) (DATE)