

**Le Baron @ Hillsboro**  
**~IMPORTANT NOTICE~**  
**PLEASE READ CAREFULLY**

- **THE ENCLOSED APPLICATION MUST BE COMPLETELY FILLED OUT IN ORDER FOR IT TO BE PROCESSED.**
  
- **THE ENTIRE PACKAGE WILL BE RETURNED IF ANY INFORMATION IS MISSING WHICH WILL RESULT IN A DELAY IN APPROVAL.**
  
- **SUBMIT ONE (1) COPY OF YOUR COMPLETED APPLICATION PACKAGE AND RETURN TO THIS OFFICE ALONG WITH YOUR ORIGINALS!**

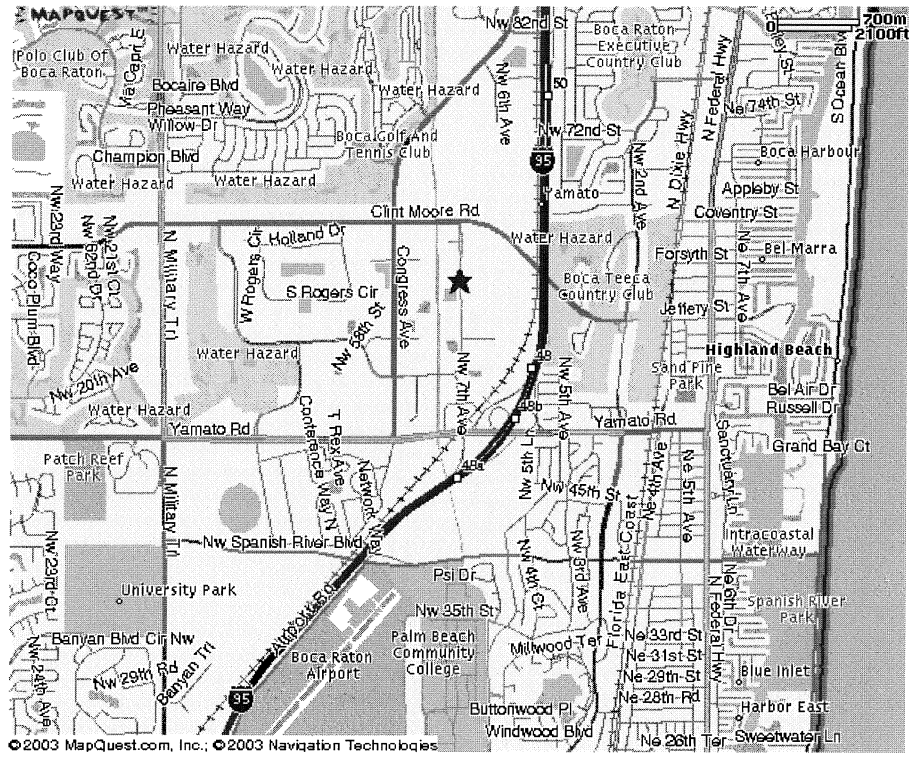
THE CONTINENTAL GROUP, INC.  
6300 PARK OF COMMERCE BOULEVARD  
BOCA RATON, FLORIDA 33487-8290

TELEPHONE: (561) 997-4045

THE BOARD OF DIRECTORS OF YOUR ASSOCIATION ARE RESPONSIBLE FOR APPROVAL OR DISAPPROVAL OF AN APPLICATION. AS THE ASSOCIATION'S AGENT, THE CONTINENTAL GROUP IS RESPONSIBLE FOR PROCESSING THIS APPLICATION.

WE WILL BE HAPPY TO ANSWER YOUR QUESTIONS REGARDING THE ENCLOSED APPLICATION:

# DIRECTIONS TO THE CONTINENTAL GROUP



- TAKE 95 TO YAMATO ROAD
- GO WEST ON YAMATO ROAD TO CONGRESS AVENUE
- TURN RIGHT ON CONGRESS AVENUE
- TURN RIGHT AT THE 1<sup>ST</sup> SET OF LIGHTS WHICH IS PARK OF CONGRESS BOULEVARD
- CONTINUE ALONG PARK OF COMMERCE BLVD FOR ABOUT ¾ MILES, BUILDING IS ON THE RIGHT

**THE CONTINENTAL GROUP, INC.**

**6300 PARK OF COMMERCE BOULEVARD ~ BOCA RATON, FLORIDA 33487-8290**

**(561) 997-4045**

**PLEASE INCLUDE THE FOLLOWING ITEMS IN YOUR APPROVAL PACKAGE FOR RENTAL OR SALE:**

- (1) APPLICATION FILLED OUT COMPLETELY
- (2) COPY OF SIGNED SALES CONTRACT OR LEASE
- (3) COPY OF LICENSE OR PHOTO I.D.
- (4) A NON-REFUNDABLE CHECK IN THE AMOUNT OF \$100.00 MADE OUT TO: THE CONTINENTAL GROUP

**PLEASE NOTE:**

- WAIT ONE (1) YEAR BEFORE RENTING AFTER PURCHASE
- MINIMUM THREE (3) MONTHS AND ONE (1) YEAR MAX FOR RENTALS
- ONLY ONE (1) PER YEAR
- PERSON INTERVIEW IS REQUIRED AND NO PHONE INTERVIEWS.

**\*\*THE CONTINENTAL GROUP HAS UP TO THIRTY (30) DAYS TO PROCESS A COMPLETED APPLICATION\*\***

**PLEASE RETURN COMPLETED APPLICATION TO:**

**THE CONTINENTAL GROUP INC  
6300 PARK OF COMMERCE BLVD  
BOCA RATON FLORIDA 33487  
ATTN: RENTAL RESALE DEPT (PHONE #: (561) 989 -5064**

# Hillsoboro Le Baron

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## New Resident Information Sheet

UNIT # \_\_\_\_\_

Owner: \_\_\_\_\_

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

Billing Address \_\_\_\_\_

Email \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

If Rental Unit:

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

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Vehicle ( ) Unit Owner ( ) Renter \_\_\_\_\_

Registered to: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

License Tag #: \_\_\_\_\_ State: \_\_\_\_\_

# **Le Baron @ Hillsboro**

## **PETS UNWELCOME**

My (our) signature (s) below attests to the following: I (we) do not have pets \_\_\_\_\_.

## **MOVING AND WORKING TIME**

Monday thru Friday: 8:00 am-6:00 pm

Saturday: 8:00 am-1:00 pm (City Noise Ordinance in Effect)

Sunday: No moving or working.

Workers may arrive at 8:00 am and must be off the premises at indicated times. Owner's doing their own remodeling or repairs must confine to the above hours with any noise that can be heard outside their unit. NO debris is to be placed in the dumpster; violators will be fined \$100.00 per incident and responsible for any damages. Unit owners are responsible to be sure their contractors abide by these rules. Office must be notified at least one day in advance of moving in or out to prepare the elevators.

## **NEW UNIT OWNERS- CARE OF BALCONY SURFACE**

If your balcony has a floor waterproofing membrane care must include the following:

- 1) NO CARPET
- 2) KEEP IT PAINTED
- 3) KEEP IT CLEANED
  
- 4) TO AVOID TEARING OR CUTTING DO NOT DRAG ANYTHING ACROSS THE SURFACE.
- 5) KEEP BALCONY FREE OF WATER BY KEEPING SHUTTERS CLOSED DURING RAINS.
- 6) IF YOUR BALCONY IS TILED, KEEP TILE CLEAN AND GROUTING SEALED

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER PLEASE CALL THE OFFICE.

## **KEY**

IF YOU CHANGE YOUR FRONT DOOR LOCK, YOU MUST PROVIDE THE OFFICE WITH A COPY OF THE KEY FOR EMERGENCIES AND PEST CONTROL.

YOUR SIGNATURE (S) ATTESTS TO THE FACT THAT YOU HAVE RECEIVED, UNDERSTAND, AND WILL COMPLY WITH THE RULES AND REGULATIONS OF THE HILLSBORO LE BARON CONDO CONDOMINIUM.

IT IS IMPORTANT TO ALL OWNERS FOR GOOD LIVING IN OUR CONDOMINIUM THAT THESE RULES AND REGULATIONS BE MAINTAINED.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
OWNER SIGNATURE

UNIT # \_\_\_\_\_

DATE \_\_\_\_\_

**LE BARON @ HILLSBORO**

Release of Information and Authorization for Verification of Application

(Unmarried co-applicants must fill out a separate release)

Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI Jr. Sr. Prior

Spouse \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI Jr. Sr. Prior

Present Address \_\_\_\_\_  
Street Apt # City ST Zipcode

\*\*\*Please provide a previous address if you have lived at your current address less than 24 months\*\*\*

Previous Address \_\_\_\_\_  
Street Apt # City ST Zipcode

Have you ever had an eviction filed against you?  
Applicant: YES \_\_\_\_\_ NO \_\_\_\_\_ Spouse: YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever left owing money to any owner or landlord?  
Applicant: YES \_\_\_\_\_ NO \_\_\_\_\_ Spouse: YES \_\_\_\_\_ NO \_\_\_\_\_

Have you applied for residency anywhere in the past 2 years, but did not move in?  
Applicant: YES \_\_\_\_\_ NO \_\_\_\_\_ Spouse: YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever had adjudication withheld or been convicted of a crime?  
Applicant: YES \_\_\_\_\_ NO \_\_\_\_\_ Spouse: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE EXPLAIN IN  
DETAIL THE CIRCUMSTANCES REGARDING THE SITUATION ON THE BACK OF THIS SHEET  
Applicant(s) represents that all of the above statements information in the application for rental are true and  
complete, and hereby authorizes an investigative consumer report and verification of any and all information  
relating to residential history (rental or mortgage), employment history, criminal history records, court records,  
and credit records. Applicant acknowledges that false or omitted information herein may constitute  
grounds for rejection of this application, determination of occupancy, and/or forfeiture of fees or deposits and  
may constitute a criminal offense under the laws of this State (Florida). I/We hereby release CORE LOGIC and  
any of the above from any liability and responsibility arising from their doing so. Facsimiles of this  
authorization may be used to facilitate multiple inquiries. In the event you receive a facsimile of this  
authorization, it should be treated as an original and the requested information should be released to facilitate  
my/our application for residency.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**LE BARON @ HILLSBORO LEASE ADDENDUM**

**Association Name** \_\_\_\_\_

**Unit Address** \_\_\_\_\_

In the event Lessor (Owner) is delinquent in the payment of any monthly assessment due to the condominium association, and if such delinquency continues for a period in excess of ten (10) days, lessee, receiving written notice of such delinquency from the Condominium Association or The Continental Group shall pay the full amount of such delinquency as set forth in said notice to the condominium association or The Continental Group for the benefit of the condominium association as per Florida Statute (§718.116(11)). Lessee may deduct from the rental payment due Lessor the amount paid to cure the delinquency. It is understood and agreed that lessee shall continue to pay the monthly maintenance payment to the condominium association or The Continental Group until such time as lessee is notified in writing by the condominium association or The Continental Group that Lessor's delinquency and default has been cured.

The Lessor and the Lessee specifically acknowledge and agree that the condominium association is hereby empowered to act as agent for the lessee with full power and authority to take such action as may be required to compel compliance of Condominium, its supportive Exhibits in the Florida Condominium Act (§718.116(11) ), and the Rules and Regulations of the condominium association. The approval of the proposed lease Agreement by the condominium association is expressly conditioned upon the observance of provisions contained in this addendum. Any breach of the terms hereof 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 Lessee and Lessees family and guest. Lessor agreed that he remains responsible for any cost incurred by the condominium association, including attorney's fees and costs pre-litigation, at trial and for any appeals, in remedying violations of this Addendum and/or violations of the condominium documents.

I (We) have been informed of the current condominium rules and regulations and I (we) agree to be bound by the terms thereof, as a condition for the approval of this application.

I (We) hereby make application for occupancy of the described condominium unit and understand that a credit check and verification of the information given will be obtained prior to acceptance of this application.

I (We) further certify that the information submitted with this application is true and correct.

**Date:** \_\_\_\_\_

**Owner** \_\_\_\_\_ **Tenant** \_\_\_\_\_

**Owner** \_\_\_\_\_ **Tenant** \_\_\_\_\_

# Le Baron @ Hillsboro

## RULES & REGULATIONS RECEIVER FORM

(I) (WE) \_\_\_\_\_  
PLEASE PRINT NAME

OF UNIT \_\_\_\_\_ AT \_\_\_\_\_  
ADDRESS

HAVE READ THE RULES AND REGULATIONS AND FULLY UNDERSTAND EACH OF THE RULES AND WILL ABIDE BY THEM SO LONG AS I LIVE AT:

OF UNIT \_\_\_\_\_ AT \_\_\_\_\_  
ADDRESS

AND FURTHER UNDERSTAND THAT A VIOLATION OF THE RULES AND REGULATIONS COULD RESULT IN A LETTER AND/OR FINE.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2\_\_\_\_\_

\_\_\_\_\_  
BUYER/TENANT

\_\_\_\_\_  
BUYER/TENANT



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

**SALE/RENTAL UNIT ADDRESS**

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

**RE: PERSONAL REFERENCE REQUEST**

Dear Applicant:

Please follow the instructions listed below carefully so you do not delay your application process. If the form is incomplete in any way, it will hold up your application:

- Choose three people as personal references.
- Mail, fax or give one form to each reference you have chosen.
- Explain to the person(s) giving the reference that they must complete every section and that they must include their name, address and signature.
- Have the person providing the reference return the form directly to you, **not** to The Continental Group.
- When you have received the completed forms from your references proof them for accuracy and include in your application package.

**THIS SPACE RESERVED FOR REFERENCE INFORMATION ONLY**

**Character:** \_\_\_\_\_

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

**Integrity:** \_\_\_\_\_

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

**Other Comments:** \_\_\_\_\_

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

**PERSON GIVING REFERENCE- PLEASE PRINT & SIGN YOUR NAME**

**ADDRESS OF PERSON GIVING REFERENCE**

Signature

Print Name

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

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

**SALE/RENTAL UNIT ADDRESS**

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**RE: PERSONAL REFERENCE REQUEST**

Dear Applicant:

Please follow the instructions listed below carefully so you do not delay your application process. If the form is incomplete in any way, it will hold up your application:

- Choose three people as personal references.
- Mail, fax or give one form to each reference you have chosen.
- Explain to the person(s) giving the reference that they must complete every section and that they must include their name, address and signature.
- Have the person providing the reference return the form directly to you, **not** to The Continental Group.
- When you have received the completed forms from your references proof them for accuracy and include in your application package.

**THIS SPACE RESERVED FOR REFERENCE INFORMATION ONLY**

**Character:** \_\_\_\_\_

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**Integrity:** \_\_\_\_\_

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**Other Comments:** \_\_\_\_\_

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**PERSON GIVING REFERENCE- PLEASE PRINT & SIGN YOUR NAME**

**ADDRESS OF PERSON GIVING REFERENCE**

Signature

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

**SALE/RENTAL UNIT ADDRESS**

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

**RE: PERSONAL REFERENCE REQUEST**

Dear Applicant:

Please follow the instructions listed below carefully so you do not delay your application process. If the form is incomplete in any way, it will hold up your application:

- > Choose three people as personal references.
- > Mail, fax or give one form to each reference you have chosen.
- > Explain to the person(s) giving the reference that they must complete every section and that they must include their name, address and signature.
- > Have the person providing the reference return the form directly to you, **not** to The Continental Group.
- > When you have received the completed forms from your references proof them for accuracy and include in your application package.

**THIS SPACE RESERVED FOR REFERENCE INFORMATION ONLY**

**Character:** \_\_\_\_\_

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

**Integrity:** \_\_\_\_\_

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

**Other Comments:** \_\_\_\_\_

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

**PERSON GIVING REFERENCE- PLEASE PRINT & SIGN YOUR NAME**

**ADDRESS OF PERSON GIVING REFERENCE**

Signature

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

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

Customer's Name

Customer's Current Address

SALE/RENTAL UNIT ADDRESS

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

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

**RE: FINANCIAL REFERENCE REQUEST**

Dear Applicant:

It is your responsibility to provide a financial reference to be completed by your bank. They can either complete the information in the box below or provide information on their stationary. The bank's response must be included in your package when you return it to The Continental Group.

Anticipating your prompt response, we thank you in advance.

**THIS SPACE RESERVED FOR BANK OFFICER'S USE**

1. Banking with your institution since: \_\_\_\_\_  
Month/Year

2. Status of the Account: \_\_\_\_\_

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

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_ DATE RECEIVED BY MANAGEMENT  
\_\_\_\_\_ DATE SENT TO BOARD OF DIRECTORS.

ASSOCIATION NAME: **LE BARON @ HILLSBORO**

SALE/RENTAL UNIT ADDRESS:

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

NAME OF CURRENT OWNER: \_\_\_\_\_

PERMANENT ADDRESS OF OWNER: \_\_\_\_\_ PH: \_\_\_\_\_

CITY, STATE, ZIP#: \_\_\_\_\_ PKG. NO: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_ SS#: \_\_\_\_\_ AGE: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ SS#: \_\_\_\_\_ AGE: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_ PH: \_\_\_\_\_

CITY, STATE, ZIP #: \_\_\_\_\_

PLEASE	<input type="checkbox"/>	RENEWAL
CHECK	<input type="checkbox"/>	RENTAL APPLICATION-RENTAL PERIOD FROM _____ TO _____
ONE ONLY	<input type="checkbox"/>	RESALE APPLICATION-DESIRED CLOSING DATE: _____

PLEASE LIST ALL OCCUPANT (S), WHO WILL RESIDE AT THE RESIDENCE IF APPROVED:

NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AGE OF OLDEST OCCUPANT \_\_\_\_\_

HOW MANY PETS DO YOU HAVE? \_\_\_\_\_

AGE OF YOUNGEST OCCUPANT \_\_\_\_\_

TYPE: \_\_\_\_\_

HOW MANY CARS DO YOU HAVE? \_\_\_\_\_

WEIGHT: \_\_\_\_\_

NAME OF ATTORNEY, REALTOR OR TITLE COMPANY: (PLEASE CIRCLE ONE)

ADDRESS: \_\_\_\_\_ LOCAL PHONE #: (\_\_\_\_\_) \_\_\_\_\_

IF APPROVED, GIVE ADDRESS WHERE CERTIFICATE OF APPROVAL SHOULD BE SENT:

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IN CASE OF EMERGENCY, PLEASE NOTIFY:      PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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STREET	CITY	STATE	ZIP
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SOCIAL REFERENCES: (LIST THREE (3) WITH COMPLETE ADDRESSES AND PHONE NUMBERS).

(1) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

(2) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

(3) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

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BANK REFERENCES: (LIST TWO (2) WITH COMPLETE ADDRESSES AND ACCOUNT NUMBERS): PLUS...**COMPLETE, SIGN AND RETURN THE ATTACHED BANK REFERENCE REQUEST.**

(1) \_\_\_\_\_ ACCT. #: \_\_\_\_\_

(2) \_\_\_\_\_ ACCT. #: \_\_\_\_\_

\*APPLICANT AGREES TO OBTAIN FROM UNIT OWNER A COPY OF THE "RULES AND REGULATIONS" AND "DECLARATION"...AS WELL AS ADHERE TO THEM. APPLICATION FEE AND COPY OF THE LEASE AND/OR CONTRACT OF SALE **MUST ACCOMPANY APPLICATION** BEFORE THE PROCESSING CAN BEGIN. PLEASE PAY

**PARTICULAR ATTENTION TO THE FOLLOWING....**

.....SUBLEASING IS NOT ALLOWED

.....LEASING WITH "OPTIONS TO PURCHASE" ARE NOT PERMITTED

.....LEASE RENEWALS MUST RECEIVE ASSOCIATION APPROVAL

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