

Building 14-Greentree

IN ORDER TO RENT YOUR UNIT

You need to have the following documents filed in the office prior to tenant occupancy:

- Intent to Rent/Sale Form(obtain from the Office)
- City of Boynton Beach Sales Tax-Business Tax Receipt-Rental Property
- City of Boynton Beach Certificate of Use and Occupancy
- Background Check Form filled out + \$150 Application and Background/Credit Check Fee
- Copy of Driver's License or Passport(front and back)
- Copy of Lease Terms
- Current Insurance Declaration Page
- Consider placing your listing on the VRG League web page*

Please contact a Board Member for further questions or to submit the above documents.

IN ORDER TO SELL YOUR UNIT

You need to have the following documents filed in the office:

- Intent to Rent/Sell Form(obtain from the Office)
- Application by Proposed Purchaser + \$150 Application and Background/Credit Check Fee
- Consider placing your listing on the VRG League web page*

Village Royale Greentree Association, Inc.

2515 N.E. 2nd Court
Boynton Beach, Florida 33435

INTENT TO SELL, LEASE, GIFT, DEVISE, INHERIT or TRANSFER

AS STATED, IN THE "AMENDED AND RESTATED DECLARATION OF CONDOMINIUM"

Section 12.2, The time allocated for you to proceed with the Sale, Lease, Gift, Devise, inherit or Transfer of your Unit is **AFTER** the VR Greentree Association Board of Directors receives this notice of your intent to sell, lease, gift, devise, inherit or transfer your unit **AND** responds with the written approval of the Association.

Sale or Lease: (Circle one)

I hereby give notice that I am placing my Unit # _____ for Sale or Lease.

My asking price is \$ _____.

Signature of person or persons on Deed:

Print: _____ Sign: _____

Print: _____ Sign: _____

Date: _____

Received By: _____

Approved Denied

Date: _____



CITY OF BOYNTON BEACH
DEVELOPMENT DEPARTMENT
 100 East Boynton Beach Boulevard • Boynton Beach, FL 33435
 (561) 742-6360 • Fax 742-6364

FOR OFFICE USE ONLY
BTR # _____
CODE CASE _____
ZONING DISTRICT _____
RECEIVED BY _____

RENTAL PROPERTY APPLICATION FOR CERTIFICATE OF USE

RENTAL PROPERTY ADDRESS			
PROPERTY CONTROL NUMBER _____			
PROPERTY OWNER _____			PHONE _____
E-MAIL _____		FEDERAL TAX ID (SSN/EIN) <small>(Per FS 205.0535(5))</small> _____	
OWNER ADDRESS _____			
CITY _____		STATE _____	ZIP _____
MAILING ADDRESS (If different) _____			
CITY _____		STATE _____	ZIP _____
RENTAL UNIT TYPE:	<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> CONDOMINIUM	<input type="checkbox"/> VILLA
	<input type="checkbox"/> APARTMENT BUILDING	<input type="checkbox"/> TOWNHOME	<input type="checkbox"/> DUPLEX
			<input type="checkbox"/> TRIPLEX
			<input type="checkbox"/> FOURPLEX
			<input type="checkbox"/> OTHER _____
NUMBER OF UNITS _____		NUMBER OF ROOMS PER UNIT _____ <small>NOTE: TOTAL EXCLUDING BATHROOMS</small>	
MAXIMUM NUMBER OF OCCUPANTS PER UNIT: _____		MAXIMUM NUMBER OF VEHICLES PER UNIT: _____	
HAS A CODE COMPLIANCE NOTICE OF VIOLATION BEEN ISSUED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IS THE PROPERTY LOCATED IN A HOMEOWNER'S ASSOCIATION? <input type="checkbox"/> YES _____ <input type="checkbox"/> NO			
WILL THIS PROPERTY BE UTILIZED FOR SHORT TERM STAYS OR PERIODS OF 90 DAYS OR LESS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IS THIS A GROUP HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE DETAILS: _____			

- Please complete one application per property (i.e., parcel, PCN or folio number).
- A *Rental Property Certificate of Use (CU)* is required if the property is rented at any time during the tax year, which comprises the period of September 30th - October 1st of the following year. Applications must be submitted by mail or in person.
- The annual fees are \$4.05 multiplied by the total number of rooms, with a \$37.04 minimum plus \$25. Fees are not prorated.

APPLICATION SUBMITTED	LICENSE FEE <small>(9 Rooms or Less)</small>	CERTIFICATE OF USE FEE	TOTAL DUE
October 1 – September 30	\$37.04	\$25.00	\$62.04
*** Applications received on or after July 1st will be effective for the following tax year. ***			

- The *Rental Property CU* is issued after approved inspection(s) by Code Compliance and/or the Fire Department and valid from the date of issuance until the end of the business tax year.

INSPECTION BY	4 UNITS OR LESS	+4 UNITS
Code Compliance (561-742-6120)	Yes	No
Fire Department (561-742-6600)	No	Yes

IMPORTANT: YOU MUST CALL TO SCHEDULE AN INSPECTION OF THE RENTAL PROPERTY WITHIN 30 DAYS AFTER APPLICATION SUBMITTAL. FAILURE TO SCHEDULE INSPECTION(S) WILL RESULT IN CANCELLATION OF THE APPLICATION, FORFEITURE OF FEES PAID, AND POSSIBLE CIVIL ACTIONS AND PENALTIES. REINSPECTION FEES WILL APPLY AFTER INITIAL INSPECTION. PLEASE REFER TO FEE SCHEDULE.

I certify that all the above information is true and correct, and I understand that any false statements constitute a violation of Florida State Statutes §832.02 and will result in the revocation or denial of Business Tax and prosecution in accordance with the law. I hereby agree to operate the above-described business in accordance with all the laws of the State of Florida and the laws and ordinances of the City of Boynton Beach. Furthermore, I understand that the issuance of this business tax receipt is conditioned upon the compliance with all ordinances and the results of any investigations of the above described business.

 Applicant's Signature Date _____

INSPECTION OVERVIEW FOR RENTAL PROPERTIES

Code Compliance will review:

- Parking
- Landscape Maintenance
- Paving
- Irrigation
- Structural Damage
- Non-Structural Damage
- Proper Ventilation
- Weather Stripping of Doors & Windows
- Windows & Screens
- Unpermitted Work
- Electrical Panel Concerns
- Wall Plate Covers
- Fire Extinguishers
- Appliance Fixtures
- Plumbing Fixtures
- Mechanical Units

You are required by the City of Boynton Beach Fire Codes and the Florida Fire Prevention Code to provide the following:

1. Every sleeping room and living area shall have two means of escape (example – 1 door and 1 window).
2. Burglar bars on bedroom and/or living room windows must be easily opened from the inside, if they are the second means of escape.
3. A smoke detector shall be installed in each sleeping room, outside of each sleeping area and on each level of the unit if the unit is more than one story.
4. It is required to place address numbers on all buildings. Place house identification numbers in a position that is visible from the street or road fronting your property. Numbers should be no smaller than 4" in size, legible, and contrasting in color.
5. A five pound ABC fire extinguisher mounted in the kitchen area is recommended.

The above requirements are fundamental life safety issues. You are responsible for the installation and maintenance of the items above. This list may not include items that may be evaluated at the time of inspection. If you have any additional questions please contact (561) 742-6120.

Village Royale Greentree Association Inc
2515 NE 2nd Court
Boynton Beach, FL 33435

RE: APPLICATION FOR RENT / LEASE:

Fee: \$100 Application Fee per Unit
Payable to: Village Royale Greentree

THIS IS AN ADULT COMMUNITY UNDER THE FAIR HOUSING ACT, PUBLIC LAW 100-430

DATE: _____

I/We hereby apply to rent/lease condominium unit#: _____, From _____ To _____.

Full Name: _____ Name of Spouse/Partner _____

Present Address: _____ City: _____, State: _____ Zip: _____

Years There: _____ Phone # _____ Age _____ / _____

Proof of Age: _____ Are you Retired? Yes/ No, (Circle one)

Marital Status: _____

Occupation: _____ (N/A, if not applicable)

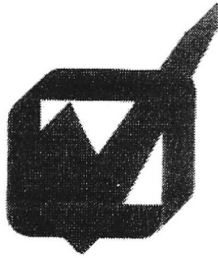
Name, address and phone number of Employer:

Rental/ Lease, Amount per Month: \$ _____.

Will you and your wife/Partner occupy Unit? Yes/ No (Circle one)

The unit will be for Rental/ Lease purposes only? Yes/ No Circle one)

Fee: \$ 50 per person



Include photo ID/Driver's License
Front and Back

WTC Backgrounds & Drug Testing, Inc.

"We're The Choice!"

Authorization & Release

<input type="checkbox"/> Rental Package [Credit, Criminal & Evictions]	<input type="checkbox"/> Employment Verification
<input type="checkbox"/> Criminal History FL Out Of State [Include state address] Nationwide	<input type="checkbox"/> SSN Verification
<input type="checkbox"/> F.D.L.E. [Florida Department Of Law Enforcement]	<input type="checkbox"/> Sexual Offender Search FL Nationwide
<input type="checkbox"/> DL Records/History Include DL #: 3 Year - 7 Year	<input type="checkbox"/> Credit Report [Stand Alone]
<input type="checkbox"/> FACIS	<input type="checkbox"/> Education Verification

Last Name, First Name, MI. _____

Address _____

City, State & Zip Code _____

DOB _____ Sex _____ Ethnicity _____

SSN _____ Driver's License Number & State _____

Village Royale Greentree 1537161
Name of Company/Property Applying To: Company/Property Fax.

Applicant Release

For employment and/or residency, I understand that investigative background inquiries are to be made on me including consumer credit, criminal conviction, motor vehicles, and other reports. I further understand that WTC Backgrounds & Drug Testing, Inc. will be requesting information from various state and other agencies which maintain records about my history. These records include, but are not limited to, driving, credit, criminal, and civil history. I authorize any party or agency contacted by WTC Backgrounds & Drug Testing, Inc. to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

APPLICANT SIGNATURE _____ DATE _____

1645 PALM BEACH LAKES BLVD. ♦ SUITE 1200. ♦ WEST PALM BEACH, FLORIDA ♦
33409 OFFICE: 561-207-2103 ♦ FAX: 561-370-6850 ♦ WWW.WTCBACKGROUNDS.COM
PLEASE SUBMIT EMAILED REQUESTS TO: REPORTS@WTCBACKGROUNDS.COM

DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CONSUMER REPORTS

DISCLOSURE

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for employment with the employer.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheckUSA with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated during your time of employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

Print Name

Signature

Date

- For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check the box.