



Campbell Property Management

9897 Lake Worth RD. Suite 304

Lake Worth FL. 33467

Phone 561-432-2703

**Bristol Lakes Homeowners Association, Inc.
Application Package for Sale Approval**

Application Requirements, please read carefully and completely.

This application must be completed in detail by the proposed buyer and returned to

Campbell Property Management

9897 Lake Worth Rd. Suite 304

Lake Worth FL 33467

Phone 561-432-2703

Please attach a copy of signed sales contract and check for a non-refundable processing fee of \$100.00 made payable to Bristol Lakes HOA.

This completed application must be completed and submitted to the association office no later than fifteen (15) days prior to closing.

Owners must provide new buyers with a copy of the documents for Bristol Lakes Homeowners Association, Inc.

An Estoppel letter needs to be on file on all sales.

Signature of Current Owner _____ Date _____

Signature of Buyer _____ Date _____

Signature of Buyer _____ Date _____



Visit

www.bristolakes.com



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Owner Information
To be used for Aberdeen POA, Bristol Lakes HOA and Background Check

Present Owner _____

Address of unit of purchase _____

Present Owners Daytime Phone # () _____

Real Estate Company & Agent Handling the Sale _____

Phone # () _____ Date of contract _____ Estimated Closing Date _____

Buyers Information

Buyers Name (s) _____ / _____

Spouse/Co-applicant _____

Other names used (alias, Maiden, Nickname) _____

Buyers Present Address _____ City _____

Former Address _____ City _____

Phone () _____ Cell () _____ Phone # for Gate Call Box _____

Marital Status () Married () Single Date of Birth ____/____/____ SS # ____-____-____

Others

Number of adult Occupants _____ Number of Children under 18 _____ List Names, Relationship Age

Pets

Dog () Cat () Name 1. _____ Breed _____ License # _____

Dog () Cat () Name 2. _____ Breed _____ License # _____

Present Residence

Address _____ City _____ State _____

Phone# () _____ - _____ Cell () _____ - _____

Have you ever been convicted of a crime? Yes () No () If yes please provide details:

Employment

Present Employment (Complete for Employment Verification Only)

Employers Name _____ Address _____

Employers Phone # () _____ - _____ Contact Name _____

Monthly Salary _____ Position _____ Hire Date _____ End Date _____

E Mail Addresses

His _____ Hers _____ Other _____

Vehicle Information

Vehicle 1 Year _____ Make _____ Model _____ Lic _____ State _____

Vehicle 2 Year _____ Make _____ Model _____ Lic _____ State _____

Other Motorized Vehicles

Name _____ Description _____ Licensed _____ Insured _____

Bristol Lakes Gate Passes

Gate Decals and Gate Cards are \$10.00 each, make check out to Bristol Lakes HOA

Number of Decals () Number of Cards ()



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HOMEOWNERS ASSOCIATION DISCLOSURE

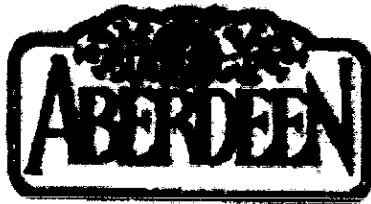
This information is being provided to you prior to the execution of a contract for purchase of any property located in the above named community. You should not execute any contract for purchase until you have read this disclosure

1. As purchaser of property in this community, you will be obligated to be a member of the Bristol Lakes Homeowners Association, Inc. and the Aberdeen Property Owners Association, Inc.
2. There have been recorded restrictive covenants governing the use and occupancy of properties in this community. The covenants can, in certain instances, be amended without the approval of the association members. These documents are matters of public record and can be obtained from the record office in the county where the property is located.
3. As a buyer, you will be governed by the Declaration of Covenants for Bristol Lakes at Aberdeen Association, Inc.
4. You will be obligated to pay assessments to the Association, which Assessments are subject to periodic change. Failure to pay these assessments could result in a lien on your property.
5. There is no obligation to pay rent or land use fees for recreational or other commonly used facilities as an obligation of membership in the Association.
6. The statements contained in this disclosure form are only summary in nature as a prospective buyer; you should refer to the covenants and the Associations' governing documents.

Received and acknowledged this _____ day _____ of, 20 _____

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____



PROPERTY OWNERS ASSOCIATION

COMCAST REQUEST FOR SERVICE CHANGE

INSTRUCTIONS

POA - Use this form and procedure to request change in service or new service under the COMCAST BULK CONTRACT FOR ABERDEEN POA.

NEW HOMEOWNERS - Must fill out and return this form to CAMPBELL PROPERTY MANAGEMENT within 60 days of closing date.

CURRENT HOMEOWNERS

Downgrade in service is NOT permitted.

Upgrades permitted once a year-forms must be turned in by November 1st on any year.

TENANTS - No changes permitted by tenant's only homeowners can request upgrade of service.

A tenant may order retail services from providers (Comcast, AT&T, etc.) at their own expense, outside of the Aberdeen Bulk Comcast Contract.

INSTALLATION - To have equipment installed or to receive a local phone number, personal contact Comcast Bulk Contract Department at 1-800-934-6489. Comcast may charge an installation fee which is homeowner's responsibility to pay.

PLEASE NOTE: Current homeowner's are only permitted to upgrade once a year no down grading is permitted. New homeowner's can choose either video only or triple play.

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REQUEST FOR CHANGE OF SERVICE

This form must be submitted to Campbell Property Management by October 15th for upgrades

NEW HOMEOWNERS - VIDEO ONLY _____ TRIPLE PLAY _____ CLOSING DATE _____
new homeowners must include closing date

CURRENT HOMEOWNER UPGRADE - ONLY UPGRADE TO TRIPLE PLAY PERMITTED _____

Name of Homeowner: _____

Address: _____

Phone #: _____ Village: _____

Signature: _____ Date: _____

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9897 Lake Worth Rd., Suite 304 Lake Worth FL 33467 Phone 561-432-2703

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Campbell Property Management ("the Company") may obtain information about you from a consumer reporting agency for tenant screening purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records ("driving records"), and verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for residency is an investigation into your education and/or employment history conducted by Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Lake Worth, Florida 33461, (888) 605-4265, www.scottrobertsassociates.com ("Agency"), or another outside organization. One person per application. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. By signing this document you agree you have read and understand this disclosure.

Consumer's Signature

Print Consumer's Name

Sign
Here

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my tenancy, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company, or other party to furnish any and all background information requested by Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Lake Worth, Florida 33461, (888)605-4265, www.scottrobertsassociates.com, another outside organization acting on behalf of Campbell Property Management, and/or Campbell Property Management itself. I agree that a facsimile ("fax") or electronic or photographic copy of this Authorization shall be as valid as the original.

State of Washington applicants and/or residents only: You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.

New York applicants and/or residents only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

California applicants and/or residents only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Sign
Here

Signature: _____

Date: _____

Last Name: _____ First Name: _____ Middle: _____

Other Names used (alias, maiden, nickname): _____

Email Address: _____

Current Address: _____
Street/P.O. Box City State Zip Code County Dates

Former Address: _____
Street/P.O. Box City State Zip Code County Dates

Former Address: _____
Street/P.O. Box City State Zip Code County Dates

Current Employer: _____
Company Name City State Zip Code
Hire Date Supervisor Name/phone # Salary

Former Employer: _____
Company Name City State Zip Code
Hire Date End Date Salary Supervisor Name/phone #

Education Information: _____
Institution Name City State
Highest Degree Achieved Major Date Degree Awarded

Driver's License #: _____ State: _____ Gender _____ Daytime Phone _____

Social Security Number: _____ * Date of Birth: _____ *

*This information will be used for background screening purposes only.

Have you ever been convicted of a crime? Yes or No (If yes please provide details)
Details: _____

**NOTICE REGARDING BACKGROUND INVESTIGATION
PURSUANT TO CALIFORNIA LAW**

Campbell Property Management ("the Company") intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for tenant screening purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for tenant screening purposes. Such reports may include information about your character, general reputation, personal characteristics, and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your tenant application and other background information about you, including but not limited to, obtaining a criminal record report, verifying references, work history, your educational achievements, licensure, and certifications, obtaining your driving record and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making tenant application decisions. The source of any investigative consumer report (as that term is defined under California law) will be Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Lake Worth, Florida 33461, (888)605-4265, www.scottrobertsassociates.com. The source of any credit report will be Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Lake Worth, Florida 33461, (888)605-4265, www.scottrobertsassociates.com. Information regarding Scott-Roberts and Associates, LLC's privacy practices (including information about whether any consumer personal information will be sent outside the U.S. or its territories) may be found at <http://scottrobertsassociates.com>.

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and upon reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you which is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request with proper identification for telephone disclosure and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.