

**RIO POCO HOMEOWNERS ASSOCIATION, INC.**

TMG Property Management  
5310 NW 33rd Ave, Suite 201  
Fort Lauderdale, FL 33309

**Screening Application Package for Purchase / Lease / Occupancy**

**THIS APPLICATION IS FOR ONE PERSON OR MARRIED COUPLE ONLY**

The following items **MUST** accompany your application or the application will be considered **INCOMPLETE** and will not be processed until received.

- Copy of a driver's license or valid photo ID.
- Copy of executed lease/sales contract signed by both parties
- Non-refundable application fee of \$100.00 per application in the form of a money order or cashier's check made payable to the Association
- Copy of a marriage certificate if applicants are married but have different last names
- Everyone over the age of 18 is required to complete an application whether or not they are on the lease or deed

If this is a lease the unit may not be rented if the owner is behind in their maintenance/special assessment payments or have outstanding violations. All keys must be obtained through the landlord.

If this is a sale a copy of the documents should be provided to you prior to closing. Should you not be provided with documents a copy may be purchased from the Association. All violations must be corrected prior to application approval. Upon closing, a copy of your Warranty Deed must be provided to the Association.

**APPLICATIONS MAY TAKE UP TO 30 DAYS TO PROCESS FROM THE RECEIPT OF THE  
COMPLETED APPLICATION PACKET.**

**PLEASE MAKE SURE ALL DOCUMENTS ARE LEGIBLE. APPLICATION WILL NOT BE PROCESSED  
UNTIL ALL DOCUMENTS AND PAYMENT IS RECEIVED.**

**IT IS NOT THE RESPONSIBILITY OF THE MANAGEMENT OFFICE OR THE HOA TO OBTAIN MISSING  
DOCUMENTS. INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT**

READ FIRST: Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014

**\*\* THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! \*\***

### APPLICATION FOR OCCUPANCY

Association Name: \_\_\_\_\_

Purchase  Lease  Occupant  Apt.# \_\_\_\_\_ Bldg.# \_\_\_\_\_ Address applied for: \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Single  Married  Separated  Divorced  How Long? \_\_\_\_\_ Other legal or maiden name \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Date (s) \_\_\_\_\_ County/State Convicted in \_\_\_\_\_

Charge (s) \_\_\_\_\_

Applicant's Cell Number(s) \_\_\_\_\_ Applicant's Email Address \_\_\_\_\_

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Other legal or maiden name \_\_\_\_\_ Have you ever been convicted of a crime? \_\_\_\_\_ Date (s) \_\_\_\_\_

County/State Convicted in \_\_\_\_\_ Charge (s) \_\_\_\_\_

Spouse's Cell Number(s) \_\_\_\_\_ Spouse's Email Address \_\_\_\_\_

No. of people who will occupy unit – Adults (over age 18) \_\_\_\_\_ Description of Pets \_\_\_\_\_

Names and ages of others who will occupy unit \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

#### PART I – RESIDENCE HISTORY

A. Present address \_\_\_\_\_ Phone \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Own Home  Parent/Family Member  Rented Home  Rented Apt  Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Are you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Are you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Is your Landlord the: Owner of the property  Realtor  Family Member  Roommate  Property Manager  Other \_\_\_\_\_

B. Previous address \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Own Home  Parent/Family Member  Rented Home  Rented Apt  Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Were you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Were you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Is your Landlord the: Owner of the property  Realtor  Family Member  Roommate  Property Manager  Other \_\_\_\_\_

C. Previous address \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Own Home  Parent/Family Member  Rented Home  Rented Apt  Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Were you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Were you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Is your Landlord the: Owner of the property  Realtor  Family Member  Roommate  Property Manager  Other \_\_\_\_\_

**PART II – EMPLOYMENT REFERENCES**

\*Include a recent copy of an earnings statement to expedite processing\*

- A. Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
 Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_ Fax \_\_\_\_\_  
 Monthly Gross Income \_\_\_\_\_ Address \_\_\_\_\_
- B. Spouse Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
 Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_ Fax \_\_\_\_\_  
 Monthly Gross Income \_\_\_\_\_ Address \_\_\_\_\_

**PART III – BANK REFERENCES**

\*Include a recent copy of a bank statement to expedite processing\*

- A. Bank Name \_\_\_\_\_ Checking Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_
- B. Bank Name \_\_\_\_\_ Savings Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Fax \_\_\_\_\_

**PART IV – CHARACTER REFERENCES (No Family Members)**

- 1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
- 2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
- 3. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
- 4. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Are you using a realtor? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Realtor's name \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Driver's License Number (Primary Applicant) \_\_\_\_\_ State Issued \_\_\_\_\_

Driver's License Number (Secondary Applicant) \_\_\_\_\_ State Issued \_\_\_\_\_

Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_

Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

# ASSOCIATED CREDIT REPORTING, INC.

Established 1985

4690 NW 103rd Avenue, Sunrise, Florida 33351

www.associatedcreditreporting.com

## \*\*\*AUTHORIZATION FORM\*\*\*

I/We hereby authorize Associated Credit Reporting, Inc. to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY. If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

(Applicant's Signature)

(Spouse's Signature)

(Applicant's Name Printed)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)

# Truist Association Pay (ACH) Authorization

Truist Association Services Phone: 727-549-1202 or Toll Free Phone: 888-722-6669  
Toll Free Fax: 866-297-8932 Email Address: ASDAutopay@Truist.com

Sign up to automatically pay your association payment from your checking or savings account at any U.S. financial institution. We are unable to accept authorizations for accounts located outside of the United States.

Enroll online through the 25th of the month to be effective for the next debit month by visiting Truist.com/Payments. If your association is not set up for online enrollment, complete the authorization form below. Complete a separate authorization form for each payment obligation.

To enroll by U.S. mail - Complete the authorization form below and attach a voided check. Mail form to **Truist Association Services, P.O. Box 2914 Largo, FL 33779-2914**. Continue to make your payments until you are notified by the bank when your automatic payment will start.

### Association Pay Terms and Conditions:

- You are enrolling in Association Pay to authorize recurring payments through electronic funds transfers by ACH debit entries.
- When your payment is due, your account is debited automatically on the 3rd of the month. If the 3rd is on a weekend or holiday, your account is debited the next business day.**
- Payments will appear as **your full or abbreviated Association Name** on your bank statement.

Paper authorizations must be received by the 20th of the month to be effective for the next debit month. If the 20th falls on a weekend or holiday, the deadline is the last business day prior to the 20th. This Authorization will remain in effect until Truist receives written notice from you or your association or its management company to cancel or change it. You hereby authorize Truist to accept changes in amounts or account information or cancellation of this Authorization from the association or its management company. Notice from you must be in writing and sent to the address referenced below or faxed to Truist Toll Free Fax: 866-297-8932. Notice must be received by Truist on or before the 27th of the month to be effective for the next debit date. When the 27th of the month falls on a weekend or holiday, the deadline is the last business day prior to the 27th. Some exceptions apply; visit Truist.com/Payments to view the Association Pay deadline calendar. You may print a Cancel or Change Request for Association Pay from the Truist Online Payment System or online at Truist.com/Payments. All payments initiated for debit are subject to acceptance by the designated financial institution. All ACH transactions authorized herein must comply with applicable U.S. law. Your completion of this authorization form indicates your agreement to be bound by the NACHA Operating Rules. For questions, contact Truist Association Services Toll Free at 888-722-6669. Doc ID# 109

Truist Bank, Member FDIC.

### Keep top section for your records

Mail enrollments, cancels or changes to Association Pay: Truist Association Services – P.O. Box 2914, Largo, FL 33779-2914

Attach voided check when applicable

### Association Pay (ACH) Authorization

Return bottom section

Association or Community Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Bank Account Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Name \_\_\_\_\_ Bank Routing No. \_\_\_\_\_

Checking  Savings  Account No. \_\_\_\_\_ Check box if account to debit is a business account.

By signing this authorization, you agree to the following: 1) I have read and agree to the Terms and Conditions provided and 2) I am authorized to initiate transactions on the account provided. I authorize a) the above named association to debit/credit the account to process my association payments b) Truist to initiate electronic funds transfers by ACH debit/credit entries to the account for the purpose of processing those payments and c) the financial institution to withdraw and/or credit payments from/to my account. Doc ID# 109

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Email \_\_\_\_\_ Effective Month for ACH to start \_\_\_\_\_

BILL PAY ACC#:	SERIAL #:	Unit #:	FREQ:	GROUP #:
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RIO POCO HOMEOWNERS ASSOCIATION, INC.

I understand that I am required to obtain Architectural approval from the Rio POCO Homeowner Association for any construction, painting (even if same color) or aesthetic changes on the exterior of my home.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

# RIO POCO HOMEOWNERS' ASSOCIATION INC.

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Dear Residents,

As you all may know, our neighborhood runs adjacent to the Arthur Marshall Loxahatchee National Wildlife Refuge. The tree line along our western-most street borders this preserve. Hence, our land, as well as our waterways, are connected to this refuge and the animals that live there.

**Bobcats** — In the last four years there have been only a handful of possible sightings. Due to our location, it is possible that these wild animals will come onto Rio POCO property. It is important to also note that since coyotes have been seen in eastern Boca Raton, we may see them here, as well as raccoons and foxes. As a board, we respectfully remind everyone that we all bring pets into this neighborhood at our own risk. State authorities will tell you that bobcats are a protected species - they cannot be killed or even trapped and moved.

**Alligators** — We, as a board, seek to educate residents to have a healthy respect for the alligators who live amongst us. There will always be alligators swimming our waterways from the preserve and back. One or two may be seen "sunning" along a bank close to the water's edge. Adults and children have fished in the waters over the years. Please know that nuisance alligators are rare in Rio POCO because they have enough water, food, and mates. When a person approaches an alligator, the majority flee into the water or swim away. Having said that, we know that 3-4 dogs have been killed by alligators over the last 30 years. We encourage residents who live on a waterway and own a dog to consider fencing at least part of the lawn for the pet. We know of at least one case of a sick alligator who became aggressive, and if an alligator that has been fed by a human or is sickly, it will become a "nuisance" alligator. Having said that, residents may call the state to file a nuisance alligator report if they feel an alligator, is a threat. Each permit is open for 90 days. Please also know that it is illegal to feed an alligator, and this activity endangers the lives of landscapers as well as residents.

If a resident chooses to call the FL Fish and Wildlife Conservation Commission, the permit is for 90 days and the state calls a "trapper" licensed with the state to take the job. However, this licensed trapper can contract out to "agents" who are not registered with the state. In the last four years, we have had a number of calls to the state. Unfortunately, we found that a couple of these agents used the opportunity to drive around the neighborhood, far from the residence who called in the permit, going behind the homes of residents in areas where an alligator would be not able to climb a bank. This also led to a number of incidents with homeowners who had NOT called in a "nuisance" alligator, with at least one resident frightened after the agent would not identify himself to her.

Hence, we as your Board of Directors, created a policy for when a resident calls in a report:

- The permit needs to be reported to either Sierra (property manager) or to Mario (lead security guard).
- The trapper may be on the premises from 8 am until 6 pm.
- The trapper must park at the home of the resident who called in the permit, and must stay along the bank of that home only.
- If the trapper feels he/she must go to another area, he/she must be accompanied by the resident.
- There will be no trapping along the preserve access canal behind the homes along the south side of Avenida del Rio, or in the preserve.
- A trapper who does not follow the above can be banned from Rio POCO property.
- Any resident may call the police if they find a trapper/agent on his/her property or trapping from a common area if not accompanied by a resident.

Respectfully submitted,  
Your HOA Board of Directors:  
Jay Pearlman  
LuAnn Warner-Prokos  
Brian Buettel  
Adam Presser  
Kathy Sutton



O 954-782-7820 | F 954-782-7823  
TMG Property Management | [www.tmg-propertymanagement.com](http://www.tmg-propertymanagement.com)  
5310 NW 33RD AVENUE, SUITE 201, FT. LAUDERDALE, FL 33309