



AT CONGRESS MASTER ASSOCIATION, INC

Background Check FOR Extended Guest

**THOUSAND OAKS AT CONGRESS MASTER
ASSOCIATION, INC.**

1034 Center Stone Lane

Riviera Beach, FL 33404

Phone: (561) 845-1016

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THOUSAND OAKS at CONGRESS MASTER ASSOCIATION, INC.

Information Needed for Approval

FEES:

A \$100.00 NON-REFUNDABLE fee for background check (PER PERSON) over 18 years of age, and a check or money Order should be made payable to: Thousand Oaks HOA.

_____ **\$100.00 NON-Refundable fee per person OVER 18 years of age**

Information:

_____ **Must submit copies of Driver's License/ID card**

_____ **Submit a copy of the vehicle registration**

Please Be Advised of the following:

1. The office staff will not submit incomplete applications!
2. Once an application is approved or denied you will be contacted within 24 hours
3. Incomplete applications will be returned in person or email.
4. Applications must be submitted to the office or dropped off at the gatehouse in a sealed envelope during normal business hours.
5. As the homeowner/renter, you will be required to call your guest in daily. Please note that any guest becoming a tenant/resident without association approval is in violation of the lease restriction rules and regulations and as such, the owners are subject to fines and tenants are subject to non-renewal of the lease.

Please complete and fill in "all" blanks. Incomplete applications may result in delayed processing and/or disapproval. If questions do not apply, answer N./A. Print legibly or type all information.

Thousand Oaks
Address: _____ Email Address: _____

Owner's Name: _____ Contact# _____

Term of Stay: _____ to _____ Number of Guest: _____

Guest Name [Print-must be legible]	D.O. B.	Relationship to Owner	Social Security Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Has anyone in your household ever been charged or arrested? _____ If yes, please explain. _____

If this application is ILLEGIBLE, incomplete, or inaccurate, Thousand Oaks Association will not be liable or responsible for inaccuracies in the investigation or related report(s) (should there be any) caused by omission or illegibility.

By signing below, the applicant recognizes that the Thousand Oaks Association or their agent may investigate the information supplied by the applicant and full disclosure of pertinent information must be made to the Association. The investigation may include; the applicant's character, general disposition, personal characteristics, and mode of living as applicable. The Association may also require a credit report through a credit reporting agency.

Guest's Signature: _____ Date: _____

Guest's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

Pet Registration Information

Type of Pet (circle one): Dog, ** Cat, Bird, Other

Specify: _____

**Breed: _____

Pet's Name _____

Pet's Age _____

Pet's Weight: _____

Pet's License / Tag Number: _____

I am aware of the Thousand Oaks at Congress Master Association Inc.; rules, regulations and restrictions regarding pets on the property and I fully agree to adhere to all. The American Pit Bull, Stafford Bull Terrier, American Staffordshire Terrier, any cross mix amongst these breeds, and any other dog or pet deemed to be a threat to the safety of the occupants of Thousand Oaks by the Board of Directors (with reasonable determination) will not be permitted on the property.

PET OWNER'S NAME:

Print

Signature

Address

Date

****PLEASE INCLUDE PHOTOGRAPHS OF PETS**