

**The Landings at Aberdeen Homeowners Association, Inc.**

**ABERDEEN FORMS**

The attached forms must be read and signed before the screening interview. Please forward the signed forms to one of the committee members below:

Lorraine Allen (516)-770-8830

Bonnie Campbell (954)-849-8883  
bcampbell65@gmail.com

**Please Note:**

- Effective January 5, 2022 a one-time Capital Contribution of \$2,000.00 will be due at closing for all re-sales.
- A unit may not be leased until an Owner has held title for a minimum of two (2) years

**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](http://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

**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](http://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.

Signature: \_\_\_\_\_

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

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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

Social Security Number: \_\_\_\_\_ \*                      Date of Birth: \_\_\_\_\_ \*

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

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Gender \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Yes or \_\_\_\_\_ No (if yes please provide details)

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Gender \_\_\_\_\_ Daytime Phone \_\_\_\_\_

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](http://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](http://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.

\_\_\_\_\_  
Initial      Initial

# The Landings at Aberdeen Homeowners Association, Inc.

## PET REGISTRATION FORM

Name of Owner: \_\_\_\_\_

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

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Pet:		Name of Pet:	
Type:		Type:	
Breed:		Breed:	
Weight:		Weight:	
Color:		Color:	
Tag ID#:		Tag ID#:	

### **PLEASE NOTE:**

**Only two pet per unit, must be 20lbs or less. Please refer to article 9.1.3 regarding pets in The Landings Rules & Regulations.**

**All pets must be on a leash when being walked on the property and must be picked up after.**

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

**The Landings at Aberdeen Homeowners Association, Inc.**

**VEHICLE INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**VEHICLE INFORMATION:**

Each adult resident must submit a license copy.

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ License Plate: \_\_\_\_\_

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

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ License Plate: \_\_\_\_\_

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

**AGE VERIFICATION FORM**

**I, the undersigned have verified that the purchaser of the unit is at least 55 years of age. A copy of a driver's license is required for each person occupying the unit.**

**Name:** \_\_\_\_\_ **55 + ( )**

**Name:** \_\_\_\_\_ **55 + ( )**

**Signature:** \_\_\_\_\_

# The Landings at Aberdeen Homeowners Association, Inc.

Homeowner \_\_\_\_\_ House # \_\_\_\_\_

Please complete this form in duplicate for **EMERGENCY** purposes. Two names to contact in case of emergencies.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alt: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alt: \_\_\_\_\_

It is advisable to have a set of duplicate keys in the possession of a neighborhood friend or relative living nearby.

Please list the name, address and phone number of the person who has a set of keys. (If you are not prepared at this time to give out a set of keys, please notify the Board Secretary when you do so. The information will then be added to this paper.)

Duplicate keys are held by:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alt: \_\_\_\_\_

# The Landings at Aberdeen Homeowners Association, Inc.

## Rules and Regulations Section 9.1.8 Outside Displays

According to this regulation, you are responsible for all loose articles that are hung on exterior walls and ornamental objects that are placed on the grounds in front of or around your home.

In the event of severe weather conditions, such as high winds and hurricanes, you are obliged to remove these objects and safely store them in your carport closet or in your home. Otherwise, these objects can become projectiles that can cause personal injury or damage to your neighbor's property or to common property.

We ask you to acknowledge this notice and your obligation to be responsible for any damages that might occur if you do not comply with this regulation.

Name of Unit Owner \_\_\_\_\_

Unit Number \_\_\_\_\_

Date \_\_\_\_\_

### ATRIUM CARE ARRANGEMENT

Each owner is responsible for the grounds and plantings within the Atrium Walls.

**YOU MANY NOT PLANT ANY TREES WITHIN THE ATRIUM OR ANYWHERE ON THE COMMON GROUNDS.**

Please be aware that previously planted trees have roots that can cause damages to the concrete walls. Any damage resulting from these roots is the responsibility of the current owner. Basic care includes weeding, clean-up, and trimming below the wood trim.

\_\_\_\_\_ I will take care of the atrium myself.

\_\_\_\_\_ I will arrange for a Landscaping company to perform the work specified above.

### RULES AND REGULATIONS

I certify that I have received a copy of the Landings in Aberdeen Homeowners Rules and Regulations, and I agree to abide by these Rules and Regulations.

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

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

**The Landings at Aberdeen Homeowners Association, Inc.**

**PROOF OF DOCUMENTS  
(FOR SALES ONLY)**

I/We, the undersigned, acknowledge that I/we have received and read the 11 pages from the purchase packet.

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

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

**CLOSING INFORMATION**

Please provide the name and address of the Title Company, Bank, or Agent that will be conducting the closing.

This information is needed in order for us to provide the **Certificate of Approval** to the Title Company. The Certificate is necessary in order to conduct the closing.

**PLEASE INCLUDE A COPY OF THE FIRST TWO PAGES OF THE EXECUTED SALES AGREEMENT WITH THIS PACKAGE.**

**Name of Title Company:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

# The Landings at Aberdeen Homeowners Association, Inc.

## Sales Routing Sheet

This unit is being sold

Unit No. \_\_\_\_\_ Owner \_\_\_\_\_

Buyer \_\_\_\_\_ Renter \_\_\_\_\_

Application form received on \_\_\_\_\_ by \_\_\_\_\_  
Date Name

\$200.00 check attached to application form

Screening interview scheduled for: \_\_\_\_\_  
Date

Screening interview completed on: \_\_\_\_\_  
Date

Screening interview conducted by

Name \_\_\_\_\_ Name \_\_\_\_\_

Accepted \_\_\_\_\_ Rejected \_\_\_\_\_

Name of Title Company or agency conducting closing: (SALES ONLY)

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Attach this form to a copy of the contract, together with the appropriate check(s), and transfer to the Association President.

Certificate of Approval signed, notarized, and returned to:

Name \_\_\_\_\_ Date \_\_\_\_\_

Permanent telephone number of Buyer or Renter \_\_\_\_\_



# ABERDEEN

## COMCAST REQUEST FOR SERVICE CHANGE

### INSTRUCTIONS

**HOA** – Use this form and procedure to request change in service under the COMCAST BULK CONTRACT FOR ABERDEEN.

**NEW HOMEOWNERS** – Must prove ownership occurred after January 1. This form must be returned to Campbell Property Management within 60 days of closing.

#### **CURRENT HOMEOWNERS –**

Downgrade in service **NOT** permitted. Upgrade prior to December 1<sup>st</sup> cutoff date on any year.

**TENANTS** – No changes permitted by tenant only by homeowners.

**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, personally contact **Comcast Bulk Contract Dept.**

(1-800-934-6489)

**WARNING: DOWNGRADES ARE NOT PERMITTED AT ANY TIME, ONLY UPGRADES ARE PERMITTED.**

\*\*\*\*\*

### REQUEST FOR CHANGE OF SERVICE

This form must be submitted to Campbell Property Management by Nov 15, for upgrades

**NEW HOMEOWNER – VIDEO ONLY** \_\_\_\_\_ **TRIPLE PLAY** \_\_\_\_\_ **CLOSING DATE** \_\_\_\_\_

**CURRENT HOMEOWNER UPGRADE – TRIPLE PLAY** \_\_\_\_\_

**Name of Homeowner:** \_\_\_\_\_

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

**Phone #:** \_\_\_\_\_

**Village:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

#### **CAMPBELL PROPERTY MANAGEMENT**

9897 Lake Worth Road, Suite 304, Lake Worth, FL 33467 \* Office 561-432-2703 Fax 561-432-2181

**Aberdeen Property Owners Association (POA)**

**THE LANDINGS at ABERDEEN**

**Authorization to Publish & Distribute Telephone Numbers**

At the beginning of each year the POA prints and distribute a Community Directory. Your phone number cannot be included without written consent.

*Please Print Legibly*

YES, I consent that my phone number is to be published in the Aberdeen POA Community Directory and this consent shall include my spouse or significant other.

NO, I do not consent that my phone number is to be published in the Aberdeen POA Community Directory and this consent shall include my spouse or significant other. Name/Address/Village will be published.

Name (Last, First & First): \_\_\_\_\_

Street Address: \_\_\_\_\_ Parkwalk Circle East, Boynton Beach, FL 33472

Telephone #: \_\_\_\_\_ ALT #: \_\_\_\_\_

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

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**Email Consent Form**

YES, I'd like to receive email messages from the Aberdeen POA  
NOTE: Email address will not be published in the Directory

YES, I'd like to receive email messages from The Landings  
News/Issues of Interest to the community, meeting reminders, etc.

NO, I do not want to receive email communications

I do not have an email address

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

Street Address: \_\_\_\_\_ Parkwalk Circle East, Boynton Beach, FL 33472

1<sup>st</sup> Email: \_\_\_\_\_

2<sup>nd</sup> Email: \_\_\_\_\_

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



## NEW RESIDENT CONTACTS FOR CLUBHOUSE OFFICE

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Name (1): \_\_\_\_\_

Name (2): \_\_\_\_\_

Village: \_\_\_\_\_

Phone Numbers - Home, Cell, Work (1): \_\_\_\_\_

\_\_\_\_\_

Phone Numbers - Home, Cell, Work (2): \_\_\_\_\_

\_\_\_\_\_

Email (1): \_\_\_\_\_

Email (2): \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

Resident Signature(s): \_\_\_\_\_

By signing above, residents will be added to the Clubhouse's email distribution list. Email updates are for Aberdeen East residents. Your contact information is never shared. You can immediately unsubscribe from Aberdeen East updates at any time. If you have questions, please contact the Clubhouse Director, Jennifer Sierra, at Aberdeen5700@comcast.net or 561-734-0113.

***Village representatives - Please have new residents complete this form.  
Reps are requested to return this form to the Clubhouse office.***

*Aberdeen East Clubhouse - 5700 Le Chalet Blvd., Boynton Beach, FL 33472*