

**NOTICE OF INTENT TO BE A CANDIDATE FOR THE
FINANCE COMMITTEE OF THE
HAMMOCKS COMMUNITY ASSOCIATION INCORPORATED**

I, (print name) _____, hereby place my name in nomination as a candidate for the Finance Committee. I (check one) am / am not enclosing (1) 8½ x 11 (only one side permitted) a Candidate Information Sheet about myself. I understand that I am responsible for the accuracy of the information contained in the Candidate Information Sheet.

Address: _____

Phone Number: _____ Neighborhood: _____

Email Address: _____

PLEASE NOTE: YOU WILL NOT BE ELIGIBLE FOR THE FINANCE COMMITTEE MEMBERSHIP IF ANY OF THE FOLLOWING APPLY:

1. YOU WILL BE MORE THAN NINETY (90) DAYS DELINQUENT IN THE PAYMENT OF ANY ASSESSMENT AT THE TIME OF THIS APPLICATION;
2. YOU WERE CONVICTED OF A FELONY IN FLORIDA OR CONVICTED OF AN OFFENSE IN ANOTHER JURISDICTION THAT WOULD BE CONSIDERED A FELONY IN FLORIDA (UNLESS YOUR CIVIL RIGHTS HAVE BEEN RESTORED FOR A PERIOD OF NO LESS THAN FIVE (5) YEARS AS OF THE DATE OF THIS APPLICATION);
3. YOU ARE A CANDIDATE CHARGED WITH A FELONY THEFT OR EMBEZZLEMENT OFFENSE INVOLVING THE ASSOCIATION’S FUNDS OR PROPERTY AND SUCH CRIMINAL CHARGE IS PENDING;
4. YOU FAIL TO ATTEND AN INTERVIEW WITH THE COURT MONITOR JUDGE DAVID M. GERSTEN (RET.); AND/OR
5. YOU FAIL TO INCLUDE A SIGNED COPY OF THIS APPLICATION AND THE ATTACHED AUTHORIZATION FOR EMPLOYMENT BACKGROUND CHECK TO THE MANAGEMENT TEAM AT ALLIED PROPERTY GROUP VIA EMAIL TO MAGGIE RYAN, MRYAN@ALLIEDPROPERTYGROUP.NET, NO LATER THAN FRIDAY, APRIL 24, 2026.

I HAVE READ AND UNDERSTOOD THE FOREGOING, AND I REPRESENT THAT I AM ELIGIBLE FOR MEMBERSHIP IN THE FINANCE COMMITTEE OF THE HAMMOCKS COMMUNITY ASSOCIATION INCORPORATED.

SIGNATURE: _____ DATE: _____

AUTHORIZATION FOR BACKGROUND CHECK

I hereby authorize Verify Screening Solutions Inc. to obtain a consumer credit report and/or investigation report on myself consisting of, but not limited to, employment verification, motor vehicle records, criminal scan, credit report, bad check and driver's license verification, academic verification, worker's compensation information and drug testing for the purpose of serving as a Director for the Hammocks Community Association Incorporated. I understand that such information may be derived in whole or in part from TransUnion, V.S.S, and other providers, and the report may contain information on my character, general reputation, personal characteristics, and mode of living. Verify Screening Solutions Inc. is the background screening company used and their privacy policy can be found on their website (www.verifyssi.com).

First Name	Middle Name	Last Name
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Home Address

City	State	Zip
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- -	Driver's License Number, and State	Date of Birth
Social Security Number		

Position Applying For

Signature	Date
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Please enclose a copy of your driver's license or government issued identification.