

**PROMENADE AT BOCA POINTE
7169 PROMENADE DRIVE
BOCA RATON, FL 33433
(561) 395-7732**

APPLICATION FOR PURCHASE, GIFT, DEVISE OR INHERITANCE APPROVAL

1. This application and the attached application for occupancy and authorization forms must be completed in detail by each proposed purchaser, other than husband/wife or parent/dependent child (which is considered one applicant).
2. If any question is not answered or left blank, this application will be returned, not processed and not approved.
3. Please attach a copy of the sales contract to this application.
4. Please attach a non-refundable processing fee of \$100.00 to this application, made payable to "Promenade at Boca Pointe". Acceptance of the processing fee does not in any way constitute approval of this transaction. **A refundable move-in deposit of \$1000.00 is required, to be returned upon inspection of the lobbies and elevator.**
5. The completed application must be submitted to the Association office at least 30 days prior to the closing date.
6. All applicants must make themselves available for a personal interview prior to final Board of Directors approval. Occupancy prior to Board approval is prohibited.
7. No pets allowed at any time, unless a certified service animal. All paperwork must be submitted and approved by the board.
8. Use of this apartment is for single family residence only.
9. No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, motorcycles, mopeds, etc. permitted to park on the premises overnight. There is only one (1) assigned parking space available per apartment.
10. The seller (current owner) must provide the purchaser with a copy of all Association Documents and Rules and Regulations, otherwise you must purchase them from the Association for \$50.00.
11. Purchaser must notify the Association office with the exact date of their closing.
12. The hours for moving of furniture in or out of an apartment is 9:00 a.m. to 5:00 p.m. Monday through Friday. *It is not permitted on Saturday, Sundays or holidays.*
14. All persons who will reside in the unit must submit to a background check.
15. The seller (current owner) must provide the purchaser with all keys to the unit including Mailbox, building front doors and pool key.
16. **CAPITAL CONTRIBUTION OF \$4000.00 MADE PAYABLE TO PROMENADE AT BOCA POINTE HOMEOWNERS ASSOCIATION.**

Date _____ Bldg. No. _____ Apt. No. _____

Current Owner's Name _____ Phone _____

Present Address _____

Selling Realtor: _____ Phone _____

Closing Date _____

Name of Prospective Purchaser (as it will appear on the Title):

Name _____ Social Security No. _____

Spouse _____ Social Security No. _____

Single _____ Married _____ Widow(er) _____

Telephone # _____ Email _____

Other persons who will reside in the unit with you:

Name _____ Age _____ Relationship _____

In Case of Emergency notify:

Name _____ Phone _____

Address _____ City _____ State _____

Mortgage Information (if unit will be mortgaged):

Name of Lender _____ Phone _____

Address _____ City _____ State _____

PART I - RESIDENCE HISTORY

A. Present Address _____ Phone _____ Cell _____

City _____ State _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone _____

Address _____ Mtg No. _____

B. Previous Address _____ Phone _____

City _____ State _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone _____

Address _____ Mtg No. _____

PART II - EMPLOYMENT & BANK REFERENCES

A. Employed by _____ Phone _____

How long _____ Dept or Position _____ Mo. Income _____

Address _____ City. _____ State _____

B. Spouse's Employment _____ Phone _____

How long _____ Dept or Position _____ Mo. Income _____

Address _____ City. _____ State _____

C. Bank Reference _____ Phone _____

How long _____ Checking Acct. No. _____ Savings Acct. No. _____

Address _____ City. _____ State _____

D. Bank Reference _____ Phone _____

How long _____ Checking Acct. No. _____ Savings Acct. No. _____

Address _____ City. _____ State _____

PART III - CHARACTER REFERENCES

A. Name _____

Residence Phone _____ Office Phone _____

Address _____ City. _____ State _____

B. Name _____

Residence Phone _____ Office Phone _____

Address _____ City. _____ State _____

C. Name _____

Residence Phone _____ Office Phone _____

Address _____ City. _____ State _____

D. Have you ever been convicted or pleaded guilty to a crime? _____ If yes, please state the date(s), charge(s) and disposition(s): _____

Number of cars to be parked here:

1. Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

2. Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

Driver's License Number: _____ Spouse _____

1. In making the forgoing application, I represent to the Board of Directors that the purpose for the purchase of an apartment at Promenade at Boca Pointe is as follows:
Permanent Residence Seasonal Other
2. I hereby agree for myself and on behalf of all persons who may use the apartment which I seek to purchase that I will abide by all of the restrictions contained in the By-Laws, Rules and Regulations, Association Documents and Restriction which are or may in the future be imposed by the Promenade at Boca Pointe.
3. I have received and read a copy of all Association Documents: Yes _____ No _____
I have received and read a copy of the Rules and Regulations: Yes _____ No _____
4. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. Occupancy prior to Board approval is prohibited.
5. If this application is accepted, I will provide the Association with a copy of the Closing Statement and a copy of the Recorded Deed within 30 days after closing.
6. I understand that there is a restriction on pets and that I may not bring a pet, nor may any guest, visitor or tenant bring a pet into Promenade at Boca Pointe nor acquire one, either temporarily or permanently after occupancy.
7. I understand that the acceptance for purchase of an apartment at Promenade at Boca Pointe is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of the information on these forms will result in the automatic disqualification of your application. Occupancy prior to Board of Directors approval is prohibited.
8. I understand the Board of Directors of Promenade at Boca Pointe may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors and Management to make such investigation and agree that the information contained in this application may be used in such investigation and that the Board of Directors, Officers and Management of Promenade at Boca Pointe itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

In making the foregoing application, I am aware that the decision of the Promenade at Boca Pointe will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

Applicant: _____

Applicant: _____

Date: _____

WTC BACKGROUNDS, INC. ACTION REQUEST

RENTAL HISTORY - CRIMINAL, CREDIT & EVICTION

DATE: _____ PHONE # _____

NAME: LAST _____ FIRST _____ MI _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ SEX _____ RACE _____

SOCIAL SECURITY NUMBER _____

DRIVER LICENSE # _____ State _____

PROMENADE AT BOCA POINTE

In connection with for employment and or residency, I understand that investigative background inquiries are to made on me including consumer credit, criminal, motor vehicles and other reports. Further I understand that WTC Backgrounds, Inc. will be requesting information from various State and other agencies which maintain records about my history. These records include but not limited to driving, credit criminal and civil history. I authorize any party or agency contacted by WTC Backgrounds, Inc. to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax or copy form.

Applicant Name

Date

APPLICANT RELEASE