

**Regency at Boca Pointe
C/O GRS COMMUNITY MANAGEMENT
3900 WOODLAKE BLVD., SUITE 309
LAKE WORTH, FL 33461
PHONE (561) 641-8554 / FAX (561) 641-9448**

APPLICATION FOR LEASE OR PURCHASE

NO PETS PERMITTED

- () \$150 Background Check/Application fee, payable to: **GRS Community Management** (non-refundable) money order OR cashier check ONLY
- () \$250 Community Security Deposit, payable to **Regency at Boca Pointe** (this must be brought to the in-person interview)
- () Copy of lease or purchase contract attached
- () Copy of driver's license and vehicle registration attached

APPROVAL & INTERVIEW REQUIRED – Application must be delivered or mailed to GRS Community Management office at above address and all documents must be submitted with the application.

Once your COMPLETED application has been submitted, contact Lisa Barnett, LBarnett@grsmgt.com to schedule an in-person interview prior to closing or lease start date. Please allow 10 business days after completed application is submitted to request interview.

Please contact applications@grsmgt.com with questions regarding the process

Lease or Purchase Application

Regency at Boca Pointe

Please print legibly and complete all the sections

LEASE BEGIN DATE:	LEASE END DATE:
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UNIT INFORMATION

PROPERTY ADDRESS	MOVE-IN DATE
CURRENT OWNER NAME	CONTACT #

APPLICANT INFORMATION

APPLICANT NAME	CO-APPLICANT NAME
PRIMARY CONTACT #	PRIMARY CONTACT #
EMAIL	EMAIL
CURRENT MAILING ADDRESS	CURRENT MAILING ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP
EMERGENCY CONTACT NAME & TELEPHONE	EMERGENCY CONTACT NAME & TELEPHONE
MARTIAL STATUS MARRIED () SINGLE ()	MARTIAL STATUS MARRIED () SINGLE ()

OTHER OCCUPANTS

NAME	RELATIONSHIP	DOB
NAME	RELATIONSHIP	DOB
NAME	RELATIONSHIP	DOB

REALTOR INFORMATION

REALTOR'S NAME	PHONE #	EMAIL
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Regency at Boca Pointe
ADDENDUM TO LEASE APPLICATION

THIS ADDENDUM is made between _____ (“Landlord”) and
_____ (“tenant(s)”) for unit: _____ effective this ____ day of _____ 20 ____
and is intended to and shall supplement, amend and modify that certain Lease dated _____, in the
following respects:

1. Tenant(s) are subject to and shall abide by Florida Statutes: Assessments: Tenant Occupancy: Where an owner is delinquent in any monetary obligation to the Association, the Association can make a demand for the tenant to pay to the association the future monetary obligations related to the Association unit owed to the Association. The demand must be in writing. If the tenant fails to comply, the Association may have the tenant evicted in accordance with Florida Statutes. The unit owner shall give the tenant a credit against rent due to the unit owner for any amounts paid by the tenant to the Association.
2. In the event the landlord/owner becomes delinquent in payment of assessments (regular, general or special) or other charges to the Association, the Association may notify the tenant. Upon such notification, the tenant shall be obligated to pay the rent required under the lease to the Association, until all delinquent assessments and other charges have been paid in full. During the period of time the tenant is paying the rent to the Association, the landlord shall not seek to evict the tenant for non-payment of rent.

LANDLORD

Printed Name

TENANT

Printed Name

TENANT

Printed Name

AUTHORIZATION FILE DISCLOSURE

APPLICANT CONSENT

I, hereby consent to allow Verify Screening Solutions, Inc., through its designated agent/employee, to obtain and verify my consumer reports, including but not limited to, my credit report, criminal information, and eviction information for the purpose of determining my eligibility to lease/purchase an apartment. I further understand if I lease/purchase an apartment, I consent to allow Verify Screening Solutions, Inc. and its designated agent/employee, for the duration of my lease, to review the following list of information to assess risk, for analytics, for process improvement, and other uses: my consumer reports, including but not limited to my credit report, criminal information, eviction information, my rental payment history, and occupancy history, and other information. The facts set forth in my application for residency are true and complete. False, fraudulent, or misleading information on an application may be grounds for denial of residency or subsequent eviction.

Signature

Date

Printed Name

Date of Birth

Social Security Number

Driver's License Number

State

2nd Applicant's Signature

Date

Printed Name

Date of Birth

Social Security Number

Driver's License Number

State

ADDITIONAL OCCUPANTS OVER 18, AUTHORIZATION FORM IS REQUIRED

NOTICE TO ALL BOCA POINTE OWNERS & TENANTS

The Boca Pointe Association (561) 395-7551 is asking owners not to give transponders to their tenants in order to keep track of who has them.

Tenants are required to pay a transfer fee for the owner's transponder. When they give it back to the owner, the owner will have to pay a fee to have it re-activated and put back in their name.

If a tenant purchases their own transponder, they can keep it. If they return the next season, they can call the Boca Pointe Association to have it reprogrammed.

If you have any questions about the above, please call Boca Pointe

Boca Pointe Community Association
6909 SW 18th Street, A120
Boca Raton, FL 33433

REQUEST FOR REASONABLE ACCOMMODATION

Name of person requesting accommodation: _____

Unit# _____ Unit Address: _____

Home Phone: _____ Cell Phone: _____

1. I am a person with a disability as defined by one or more of the following: ***A physical or mental impairment that substantially limits one or more major life activities; or a record of having such impairment; or is regarded as having such impairment.***

**If I am not the person with a disability the following member of my household _____ has a disability as defined above:

Name: _____

Relationship to you: _____

2. As a result of this disability, I am requesting the following reasonable accommodation: an exception to the Association's express, written and strictly enforced pet policy to (state what exceptions are requested)

3. This request for a reasonable accommodation is necessary so that I (or the requesting party) have an equal opportunity to use and enjoy the unit which I (or the requesting party) currently lack because:

I understand that the information obtained by the Association will be kept completely confidential as required by Florida Statutes and used solely to evaluate my request.

Please return this form, along with supporting documentation from a Healthcare Provider and/or the attached Affidavit of Healthcare Provider and Animal Registration forms as promptly as possible so that the Associations may review your request.

Signed: _____

*if on behalf of a minor child, please indicate whether you are a parent or guardian

SERVICE/SUPPORT ANIMAL REGISTRATION FORM

UNIT NUMBER _____ OWNER'S NAME _____

ANIMAL'S NAME _____ BREED _____

____ MALE ____ FEMALE COLOR _____

DATE ANIMAL ACQUIRED _____ ANIMAL'S COUNTY LICENSE # _____

VETERINARIAN _____

I/We the owner(s) of _____ (name of animal) do hereby certify and understand that pets are strictly regulated at Regency at Boca Pointe Condo Association. I/We understand and agree that the only reason the above service/support animal may be permitted an exception to the pet policy is due to _____'s request for reasonable accommodation to that policy, the Board of Director's review of such request and determination that the applicant meets the criteria established by the State and Federal Fair Housing Laws and has sufficiently established that he/she suffers from a disability that substantially limits one or more of his/her major life activities, that the service/support animal is necessary to ameliorate the effects of the disability, and allows applicant equal use and enjoyment of the unit. I understand and agree that if my application for reasonable accommodation is granted, such approval shall be conditioned upon my entering into a Service and Support Animal Agreement.

NAME _____ DATE _____

SWORN TO AND SUBSCRIBED BEFORE ME this ____ day of _____, 20____
by _____, who is personally know to me or has produced
_____ as identification.

My commission expires: _____ Notary Public, State of _____

Commission No: _____ Printed name of Notary _____

Please attach photograph of animal and a copy of Veterinarian's Health Certification for the proposed Service/Support Animal

HEALTHCARE PROVIDER CERTIFICATION FOR SUPPORT/SERVICE ANIMAL

To: REGENCY AT BOCA POINTE CONDOMINIUM ASSOCIATION, INC. (hereinafter, the "Association")

Address: c/o Lisa Barnett, LCAM
GRS Community Management
3900 Woodlake Blvd. #309
Lake Worth, FL 33463

I, _____, hereby declare, under penalty of perjury, that the following statements are made from my personal knowledge and are true and correct:

1. _____ (hereinafter referred to as the "Patient") is my patient, and has been under my care for approximately _____ months/years.

2. My name, business address, and business telephone number are as follows:

3. I am a duly licensed _____ in the state of _____ and received my license in _____ (year). My license number is _____.

4. My primary areas of practice are:

5. The Federal Fair Housing Act defines a disabled person as one who has a physical or mental impairment which substantially limits one or more of such person's major life activities. I hereby certify my diagnosis that the Patient is a disabled person pursuant to the above definition from the Fair Housing Act. _____ YES _____ NO.

6. In my professional opinion, the requested accommodation is necessary for the Patient to have an equal opportunity to use and enjoy a dwelling as a person without a disability. _____ YES _____ NO. If YES, please describe how the requested accommodation lessens the effects of the Patient's disability _____

7. Is the disability diagnosed in paragraph 5, above, permanent? _____ YES _____ NO

8. If you certified that the Patient is disabled (in No.5 above), please confirm whether any alternative treatments or methods to that of prescribing a support animal (such as, for example, medications, yoga or an exercise regimen) were attempted in your treatment of the Patient for the purpose of trying to ameliorate the aforementioned substantial limits in

the Patient's major life functions. _____ YES _____ NO. If YES, were any of the alternative treatments successful? _____ YES _____ NO.

9. Are you prescribing a specific breed of animal, or an animal that is already owned by the Patient, to be the service/support animal? If so, please identify said animal _____

10. By signing below, I understand that this information is solely for the internal use of the above-named Association, that it will be kept confidential and will be provided only to authorized representatives of the above-named association. I also understand that, if a dispute arises concerning these issues, I may be called upon to testify concerning my professional opinions set forth in this certification.

Healthcare Provider Signature _____

Printed Name _____

Date _____

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____ by _____, who is personally known to me or presented _____ as identification.

Notary Public

REGENCY AT BOCA POINTE CONDOMINIUM ASSOCIATION, INC.
RULES AND REGULATIONS REGARDING
SERVICE/SUPPORT ANIMALS

1. The Governing Documents of Regency at Boca Pointe Condominium Association, Inc., specifically, Article 29 of the Declaration of Condominium, contain a provision prohibiting owners from keeping pets/animals on the Condominium Property or within any Unit. However, upon written request of a Resident with a verifiable disability, the Board of Directors may permit a "Service Animal" or a "Support Animal" to be kept as a reasonable accommodation when such accommodation is necessary under federal and state fair housing laws to afford the Resident an equal opportunity to the use and enjoyment of his or her unit.

2. A Resident requesting a Service or Support Animal must meet all of the requirements set forth in the Federal Fair Housing Act, 42 U.S.C. 3601, *et seq* and the Florida Fair Housing Act, Chapter 760 of the Florida Statutes as same may be amended or renumbered from time to time. The Resident's must complete a written Request for Reasonable Accommodation to keep a Service/Support Animal, and must provide the following:
 - A. Documentation from a Healthcare Provider indicating that the Resident:
 - i. Meets the definition of a "Disabled Person" under all applicable fair housing and disability legislation, including specifically that the disability substantially limits the Resident from performing one or more major life functions;
 - ii. That the Service or Support Animal requested is absolutely necessary for the well-being of the requesting Resident and ameliorates the disability which is impairing a major life function of the Resident; and
 - iii. That the presence of the Service or Support Animal is necessarily and directly related to the requesting Resident's disability; and
 - iv. That other alternative treatments and therapies which would not constitute a violation of the Association's Governing Documents have been tried and were insufficient to ameliorate the Resident's disability; and
 - v. Any such other information as may reasonably be required by the Board in order to afford the Board an opportunity to meaningfully review the Resident's request.
 - vi. In the event that a particular species, breed, or size of service or support animal is required in relation to the disability, or if more than one (1) support animal is required in relation to the disability, such need must be specifically noted by the Healthcare Provider.

- B. A Veterinary Health Certificate for the proposed Service or Support Animal(s) reflecting the breed, sex and current weight of the animal and the maximum weight at maturity, as well as providing proof of current vaccination in compliance with all local ordinances and proof that the Service/Support Animal has been spayed or neutered;
 - C. A photograph of the proposed Service/Support Animal(s) and evidence of specialized training, if applicable and/or if/where permitted by law.
3. Upon receipt of the Resident's written request and all accompanying information reasonably required by the Board for meaningful review of such request, the Board may provide a reasonable accommodation if it finds that:
- A. The Resident has a verifiable disability under Federal and State Law;
 - B. The accommodation requested is reasonable and necessary for the disabled person's ability to perform major life functions, and/or to afford the disabled person's equal use of the property;
 - C. The requested accommodation does not cause an undue financial or administrative hardship to the Association; and
 - D. There is an identifiable relationship between the requested accommodation and the amelioration of the disability.
4. To the extent the information included in the Healthcare Provider's note/letter submitted by the requesting Resident lacks sufficient detail to permit meaningful review of the accommodation request, or raises reasonable questions to the Board, the Board may request the Resident obtain reasonable additional information from the Healthcare Provider (including, but not limited to, requiring the Healthcare Provider to complete a Certification Form – as provided by the Board from time to time, unless otherwise prohibited by law).
5. If a majority of the Board approves the Resident's request to keep a Service or Support Animal as a reasonable accommodation for his/her disability, such approval will be conditioned upon the Resident entering into a Service/Support Animal Agreement containing the specific terms and conditions relating to the particular Service/Support Animal and accommodation granted. The Resident must agree to and abide by these terms and conditions, which shall be set forth in a Service/Support Animal Agreement that must be executed by the Resident, or such approval will be deemed immediately withdrawn. All terms and conditions will be determined by the Board, in its sole discretion, on a case by case basis and will be based upon the individual needs of the Resident, the nature of the disability, and the breed and/or type of Service/Support Animal being requested/utilized. The Board may, among other terms and conditions, limit or prohibit the Service/Support Animal from any or all of the common areas (if

reasonable and permitted by law), designate a limited area where the Service/Support Animal must be walked to relieve itself, prohibit actions such as excessive barking deemed to be a nuisance, and require that the requesting Resident agree to defend and indemnify the Association from any personal injury or damage caused by the Service/Support Animal as a condition of approval.

6. No Service/Support Animal may be brought on to the condominium premises or brought inside a unit until: (i) the Resident's disability has been verified; (ii) all required documentation has been provided; (iii) the Resident's prescription/Healthcare Provider recommendation has been verified; and (iv) the Resident has signed a Service/Support Animal Agreement containing the terms and conditions relating to the reasonable accommodation(s) granted as to maintenance of his or her specific Service/Support Animal. Any Resident who brings an animal onto to the premises or inside his or her unit (which animal's presence would otherwise constitute a violation of the Association's Governing Documents) without following these advance steps may be subject to immediate legal proceedings.
7. To the extent possible, service/support animals should not exceed a maximum weight at maturity of twenty-five (25lbs) pounds.
8. If any word, clause, paragraph or obligation created by these Rules and Regulations are subsequently found to be invalid, unenforceable, and/or otherwise determined to be unconscionable, such shall not affect the remaining words, clauses, paragraphs and obligations of these Rules and Regulations, which will continue to be valid and enforceable to the extent that such are not dependent upon the offending word, clause, or paragraph.

The foregoing Rules and Regulations Regarding Service/Support Animals were duly adopted by the Board of Directors ("Board") of Regency at Boca Pointe Condominium Association, Inc., at a duly noticed meeting of the Board held on _____.

*The Board of Directors for
Regency at Boca Pointe Condominium Association, Inc.*

Agent for Association