

3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463 Ph: (561) 641-8554 / Fx: (561) 641-9448

## **BOCA LANDINGS HOMEOWNERS ASSOCIATION, INC.**

## APPLICATION FOR REGISTRATION OF PURCHASE OR LEASE

### INDIVIDUAL COMMUNITY REQUIREMENT CHECKLIST

- \_\_\_\_\_ Copy of purchase or lease contract is attached.
- \_\_\_\_\_ Copy of driver's license(s) and vehicle registration(s) are attached.
- No unit may be occupied or used for any commercial or business purpose.
- Any violations on the property must be cured prior to transfer.
- At the time of the Lease application (whether a New Lease or Lease Renewal) the Lot Owner **MUST** NOT be delinquent in the payment of the Association dues and/or have any open and unresolved violations. The account must be brought current before any lease application can be considered for approval by the Association.

Application and all applicable documentation must be mailed, or hand delivered to GRS Community Management at the address indicated above. *Please note fees apply for additional documentation such as estoppels or questionnaires.* 

Upon closing, the Deed must be provided to GRS at the address/fax indicated above.

Please visit *grsmgt.com > Boca Landings Homeowners Association, Inc. > Association Documents and Rules and Regulations* for a comprehensive overview of the Rules and Regulations of the Association.

#### APPLICATION FOR REGISTRATION OF PURCHASE

### BOCA LANDINGS HOMEOWNERS ASSOCIATION, INC.

Please print legibly and complete all the sections.

LEASE START DATE:	LEASE END DATE:	SALE CLOSING DATE:

#### 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

#### **VEHICLE INFORMATION**

(Please refer to the Association's Declaration of Covenants and Restrictions)

MAKE	MODEL	COLOR	STATE	TAG #
МАКЕ	MODEL	COLOR	STATE	TAG #
MAKE	MODEL	COLOR	STATE	TAG #

#### **PET INFORMATION**

(Write NONE if no pets)

TYPE	BREED	RABIES LICENSE TAG #	COLOR	WEIGHT
ТҮРЕ	BREED	RABIES LICENSE TAG #	COLOR	WEIGHT
TYPE	BREED	RABIES LICENSE TAG #	COLOR	WEIGHT
TYPE	BREED	RABIES LICENSE TAG #	COLOR	WEIGHT

# BOCA LANDINGS HOMEOWNERS ASSOCIATION, INC. PROSPECTIVE OWNER ACKNOWLEDGEMENT

The u	ndersigned being a prospective Owne	er of the following Lot No.:	and Property Address				
		, in Boca Landings Homeowners	Association, Inc. acknowledges				
that I/	We have read, understand, and agree t	to follow and abide by all the terms	and conditions of the following				
Associa	ation Documents:						
a.	Declaration of Covenants and Restrict	ions					
b.	Articles of Incorporation,						
с.	By Laws,						
	Rules & Regulations,						
e.		ny and all amendments to the Declaration of Covenants, Conditions, Restrictions and Easements, rticles of Incorporation, Bylaws and Rules and Regulations, if applicable.					
f.	Architectural Procedures and Guidelin	nes					
Dated:	: Purchaser/Les	ssee Signature:					
	Purchase /Les	ssee Print Name:					
Dated:	: Purchaser/Les	ssee Signature:					
	Purchaser/Les	ssee Print Name:					
Dated:	: Purchaser/Le	ssee Signature:					
	Purchaser/Les	ssee Print Name:					