

Boca Rio Homeowner's Homeowners Association, Inc.

c/o Seacrest Services Inc.
2101 Centrepark W. Drive, Ste. 110
West Palm Beach, FL 33409
Telephone 561-697-4990

APPLICATION FOR PURCHASE

TENANTS CANNOT HAVE ACCESS UNTIL NOTIFIED BY SEACREST THAT THE APPLICATION IS APPROVED.

THE APPROVAL PERIOD CAN TAKE UP TO THIRTY (30) DAYS ONCE A COMPLETED APPLICATION IS SUBMITTED TO THE BOARD.

WARNING: We are not authorized to change an owner's name in our system until we have received a Warranty Deed or a copy of change from the Palm Beach Property Appraisers website. If you do not provide this proof of change of ownership your bills will go to the previous owner and you may incur late fees, interest, and attorney fees. You are responsible for providing the Association with the warranty deed. All adult applicants 18 years of age or older that are not included on the deed must submit a fully completed, dated, and signed Occupancy application and fees.

Attention All Owners there is a two (2) year ownership rule before renting the unit is allowed.

Please Provide:

1. Completed Application.
2. A copy of the Sales Contract.
3. Photocopy of a valid Driver License or Identification Card.
4. A copy of each current vehicle registration that will reside on the property along with a photo of the actual state-issued license plate. Each vehicle must be registered, and applicants must purchase a transponder for each vehicle.
5. Pet photo, registration (Tag ID) along with shot records showing current vaccinations.
6. If married with difference last name, please provide a copy of the marriage certificate.
7. All fees must be paid in the form of certified funds only **CASHIERS CHECK OR MONEY ORDER ONLY**

1. **\$175.00 Non-Refundable - Per Adult/Married Couple**

Credit/criminal Background Screening of all adults payable to Seacrest Services.

(If Management is unable to read this application it will be returned, which may delay processing and final determination. If you need additional space, please write on the back of the Application.)

Date of Sale: _____

Current Owners Full Name: _____

Property Address: _____

Current Owners Address: _____

Current Owners Residential Phone #: _____ Cell #: _____

PROSPECTIVE PURCHASER INFORMATION

Applicant 1: _____ Date of Birth ____ / ____ / ____

Driver's License #: _____ State Issued: _____ Date License Issued: _____

Are you an active member of the US Military Yes: _____ No _____, If yes, please provide proof.

Current Mailing Address: _____

Full Street Address

City, State, Zip Code

Country of Residence

Contact Info: Cell #: _____ E-Mail: _____

PREVIOUS ADDRESSES (LAST 5 YEARS)

1: _____
Full Street Address City, State, Zip Code Dates at address (m/d/yy) Start to End

2: _____
Full Street Address City, State, Zip Code Dates at address (m/d/yy) Start to End

3: _____
Full Street Address City, State, Zip Code Dates at address (m/d/yy) Start to End

EMPLOYMENT REFERENCE

Current Employer: _____

Business Telephone: _____ Supervisor/Manager: _____

Current Position: _____ How long: _____ Monthly Gross Income: _____

Employer Business Address: _____

ADDITIONAL INCOME SOURCE (Please specify additional Income Sources i.e. Child Support, Alimony, etc.)

Source Type 1: _____ Amount: _____

Received by: _____ Paid How Frequently: _____

Source Type 2: _____ Amount: _____

Received by: _____ Paid How Frequently: _____

PREVIOUS EMPLOYMENT (IF LESS THAN 5 YEARS WITH THE CURRENT EMPLOYER)

Previous Employer: _____

Business Telephone: _____ Supervisor/Manager: _____

Employer Business Address: _____

Current Position: _____ How long: _____

EMERGENCY CONTACTS (NAME, ADDRESS, AND TELEPHONE NUMBER)

1: _____

2: _____

Applicant 2: _____ Date of Birth ____ / ____ / ____

Driver's License #: _____ State Issued: _____ Date License Issued: _____

Are you an active member of the US Military Yes: _____ No _____, If yes, please provide proof.

Current Mailing Address: _____
Full Street Address City, State, Zip Code Country of Residence

Contact Info: Cell #: _____ E-Mail: _____

PREVIOUS ADDRESSES (LAST 5 YEARS)

1: _____
Full Street Address City, State, Zip Code Dates at address (m/d/yy) Start to End

2: _____
Full Street Address City, State, Zip Code Dates at address (m/d/yy) Start to End

3: _____
Full Street Address City, State, Zip Code Dates at address (m/d/yy) Start to End

EMPLOYMENT REFERENCE

Current Employer: _____

Business Telephone: _____ Supervisor/Manager: _____

Current Position: _____ How long: _____ Monthly Gross Income: _____

Employer Business Address: _____

ADDITIONAL INCOME SOURCE (Please specify additional Income Sources i.e. Child Support, Alimony, etc.)

Source Type 1: _____ Amount: _____

Received by: _____ Paid How Frequently: _____

Source Type 2: _____ Amount: _____

Received by: _____ Paid How Frequently: _____

PREVIOUS EMPLOYMENT (IF LESS THAN 5 YEARS WITH THE CURRENT EMPLOYER)

Previous Employer: _____

Business Telephone: _____ Supervisor/Manager: _____

Employer Business Address: _____

Current Position: _____ How long: _____

EMERGENCY CONTACTS (NAME, ADDRESS, AND TELEPHONE NUMNER)

1: _____

2: _____

Applicant 3: _____ Date of Birth ____/____/____

Driver's License #: _____ State Issued: _____ Date License Issued: _____

Are you an active member of the US Military Yes: _____ No _____, If yes, please provide proof.

Current Mailing Address: _____

Full Street Address

City, State, Zip Code

Country of Residence

Contact Info: Cell #: _____ E-Mail: _____

PREVIOUS ADDRESSES (LAST 5 YEARS)

1: _____
Full Street Address City, State, Zip Code Dates at address (m/d/yy) Start to End

2: _____
Full Street Address City, State, Zip Code Dates at address (m/d/yy) Start to End

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Full Street Address City, State, Zip Code Dates at address (m/d/yy) Start to End

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Received by: _____ Paid How Frequently: _____

Source Type 2: _____ Amount: _____

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PREVIOUS EMPLOYMENT (IF LESS THAN 5 YEARS WITH THE CURRENT EMPLOYER)

Previous Employer: _____

Business Telephone: _____ Supervisor/Manager: _____

Employer Business Address: _____

Current Position: _____ How long: _____

EMERGENCY CONTACTS (NAME, ADDRESS, AND TELEPHONE NUMNER)

1: _____

2: _____

List **ALL** Person(s) (**adults and children**) who will occupy the home (add additional names and information on reverse, if applicable):

Full Name

Date of Birth

Relationship to Tenants

I/We hereby agree for us and on behalf of all persons who may use the home which is the subject of this Application that:

(a) We will abide by all the restrictions contained in the Boca Rio Homeowner's Association. By-Laws, Declarations, Rules & Regulations and Restrictions, which are in effect, or may be in effect in the future.

(b) We agree to submit all items as requested in this Purchase Application packet and agree that any failure to submit all required items, information, and costs will be considered to be an immediate rejection of the Purchase Application. A corrected Application packet may be resubmitted.

(c) Owner(s) agree that any person over the age of 18 who is not listed in this Application and later resides at the premises for longer than 30 day is required to be submitted to the Boca Rio Homeowner's Homeowners Association, Inc. for Occupancy approval. This will require potential occupant to fill out a new "Application for Occupancy Approval" for the new adult living at the home.

Have any of the prospective buyers/occupants of the home, either adults or juveniles, ever been convicted or pled guilty to a felony or misdemeanor? Please initial the appropriate line and provide the individual's name and signature. All adults and children must fill this out (fill out on reverse, if applicable). Adults may initial and sign on behalf of minors.

YES: ___ NO: ___ Name _____ Signature: _____

YES: ___ NO: ___ Name _____ Signature: _____

YES: ___ NO: ___ Name _____ Signature: _____

YES: ___ NO: ___ Name _____ Signature: _____

YES: ___ NO: ___ Name _____ Signature: _____

If "YES" was initialed by any person, please specify the charge, the disposition and date of the offense. Use the area below to explain any matters that you feel may require additional explanation for any of the prospective occupants. (If additional space is needed, continue on reverse side of this application).

VEHICLE INFORMATION

ENTRY DEVICES WILL NOT BE ISSUED FOR VEHICLES WITHOUT BOARD APPROVAL

**ATTACH A COPY OF THE VALID VEHICLE REGISTRATION & PICTURE OF LICENSE PLATE
FOR EACH VEHICLE THAT YOU OWN AND THAT WILL BE KEPT IN THE BOCA RIO
HOMEOWNER'S HOMEOWNERS ASSOCIATION.**

**ALL VEHICLES MUST BE REGISTERED IN THE NAME OF THE POTENTIAL
PURCHASERS/OCCUPANTS OF THE UNIT WHETHER OR NOT ENTRY DEVICES ARE ISSUED.**

(For Additional Vehicles, list their Information on the reverse.)

Vehicle #1

Make: _____ Model: _____
Year: _____ Color: _____
License Plate #: _____
Driver's License # _____
State: _____
Owner: _____
Entry Device Barcode: _____

Vehicle #2

Make: _____ Model: _____
Year: _____ Color: _____
License Plate #: _____
Driver's License # _____
State: _____
Owner: _____
Entry Device Barcode #: _____

Vehicle #3

Make: _____ Model: _____
Year: _____ Color: _____
License Plate #: _____

Driver's License # _____
State: _____
Owner: _____
Entry Device Barcode: _____

PET REGISTRATION INFORMATION

If no pets please write "N/A"

**PLEASE PROVIDE A PHOTO, REGISTRATION (TAG ID) AND UPDATED SHOT RECORDS
FOR EACH PET.**

Pets Name: _____

Pets Age: _____

Pets Weight: _____

Pets License/Tag #: _____

Pets Name: _____

Pets Age: _____

Pets Weight: _____

Pets License/Tag #: _____

Number of Pets _____

I am aware of the Boca Rio Homeowner's Homeowners Association, Inc. Rules and Regulations and restrictions regarding pets on the property and agree to abide by them.

DOGS NOT PERMITTED: Pitbull's, Pitbull Mix, Rottweiler, Rottweiler Mix or other aggressive breeds which, in the reasonable determination of the Board of Directors, are determined to be a threat to the safety of the occupants of the Association will not be permitted. Dogs must be on a leash at all times when walking and feces immediately removed and disposed properly. Pets shall not be left unattended outside of the home or nuisance to their surrounding neighbors.

If the owner rents out his/her home, the owner will be held responsible for their tenants abiding by all Rules and Regulations of the Association, as well as the pet restrictions.

Purchaser #1 Signature: _____

Date: _____

Purchaser #2 Signature: _____

Date: _____

Purchaser #3 Signature: _____

Date: _____

Boca Rio Homeowner's Homeowners Acknowledgement

This is to certify that I have received a copy of the governing documents and a summary of the rules and regulations for ***Boca Rio Homeowner's Homeowners Association Inc.*** for the property located at:

(Please indicate property address)

Purchaser Signature: _____ Date: _____

Purchaser Signature: _____ Date: _____

APPLICATION FOR PURCHASE CONSIDERATION CHECKLIST
ALL ITEMS ARE REQUIRED TO BE SUBMITTED WITH THE PURCHASE
APPLICATION FOR ACCEPTANCE.

- ☐ **Copy of Sales Contract** - signed by BOTH PARTIES. Failure to include any addendum, attachments, or exhibits may result in withdrawing approval and eviction.
- ☐ **Completed Application for Purchase Consideration**, as stated above, with any amendments and/or addendums, with signatures and dates of submission correct.
- ☐ **\$175.00 Non-Refundable** - Per single adult or married couple Credit/criminal Background Screening of all adults payable to Seacrest Services.
- ☐ **Completed Disclosure and Release Form per person**
- ☐ **Copy of Driver's License or identification for each prospective buyer 18 years of age or older**
- ☐ **Copies of vehicle registration(s) and License Plate for all occupants.**

Statute: 83.683: *If you are a service member the Association is required to provide you with an approval or denial in writing and is required to provide a reason if your application is denied. This approval or denial must be provided within 7 (seven) days or the application is deemed to be approved if all other requirements have been met. "Service member" is defined as: any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces.*

DISCLOSURE & RELEASE

In connection with my application to rent, lease or purchase a dwelling unit at **Boca Rio Homeowner's Homeowners Association, Inc.** I understand that consumer reports and / or investigative consumer reports will be requested from a consumer reporting agency. These reports may include the following types of information: Names and dates of current or previous landlords and employers, reason for termination of employment or termination of residency as well as other sources of information such as bankruptcy proceedings, judgments, criminal records, etc., from federal, state and other agencies, which maintain such records. Other information obtained may relate to my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristic, or mode of living.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency Applicant Information, formerly known as Renters Reference of Florida, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which the agency has previously furnished within the twelve month period preceding my request. I hereby consent to your obtaining the above information from the agency.

I hereby authorize procurement of consumer report(s) and investigative consumer report(s). if my application is accepted; and I occupy a dwelling unit, this authorization shall remain on file and shall serve as ongoing authorization for your procure such reports at any time during my residency on the property.

☐ **California, Minnesota, and Oklahoma consumers only: Check box if you request a copy of any consumer report ordered by you.**

Print Last, First and Middle Name

Social Security Number

Applicant Signature

Date of Birth (MM/DD/YYYY)

Driver's License Number

Driver's License state

Current Street Address

City

State

Zip

Contact Number

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