

SARATOGA BAY H.O.A., INC.
P. O. Box 220656
West Palm Beach, FL 33422-0656

APPLICATION FOR CERTIFICATE OF APPROVAL
\$100.00 Application Fee Required

Date _____ Lot # _____

INFORMATION CONCERNING APPLICANT:

Name: _____ Age: _____ Marital Status: _____
Present Address _____

Do you intend to occupy the home ? _____ Present Phone # (____) _____

Spouse's Name: _____ Age: _____ Number of Children: _____

Names and ages of children: _____

Occupants in the home other than immediate family:

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

Applicant's Employer: _____ Title: _____ No. of Years _____

Address: _____ Phone: (____) _____

Make of Vehicle: _____ Type: Car [] SUV [] Truck: [] Other: _____ Tag No. _____

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References:

Name of Bank: _____

Personal References: Name: _____ Phone: (____) _____

Personal References: Name: _____ Phone: (____) _____

Personal References: Name: _____ Phone: (____) _____

Please List All Pets:

Dogs: # _____ Breed _____ # _____ Breed _____

Cats: # _____ Other Pets, Describe: _____

Nearest Relative in case of emergency: _____
Phone: (_____) _____ Relationship: _____
Address: _____

I (We) fully authorize investigation of all answers and references given.

I (We) hereby agree to abide by all the Documents and Rules and Regulations of Saratoga Bay Homeowners Association, Inc. a copy of which I received from the seller or lesser.

Owner and/or Lessee agree that the terms of the attached lease or contract are within the requirements of Saratoga Bay Homeowners Association Rules and regulations pertaining thereto.

Renters or Lessees are not allowed to sub-lease the property at anytime.

All assessment billings and official mail should be sent to:

The Saratoga Bay Address

Other: _____

Please notify The Board of Directors of any change of address.

Estimated Closing Date _____

BUYER/LESSEE: _____ **DATE:** _____

SELLER/LESSOR: _____ **DATE:** _____

Board Approval: _____ **DATE:** _____

Title: _____