

SARATOGA BAY HOMEOWNERS ASSOCIATION, INC.
PO Box 222486
West Palm Beach, Fl. 33422

**APPLICATION FOR CERTIFICATE OF APPROVAL
OF SALE**
\$200.00 Application Fee Required

Date: _____ **Lot:** _____
Address: _____

INFORMATION CONCERNING APPLICANT(S)

Please print clearly.

Name: _____ **Marital Status** _____

Present Address _____

Email address: _____

Cell Phone# _____

Additional Phone# _____ **(work)**

Driver's License No. & State _____

Date of Birth _____ **Social Security Number** _____

Do you intend to occupy the home? _____ **No. of Children** _____

Spouse's Name: _____

Cell Phone# _____ **Email address** _____

Names and ages of children residing in home:

Occupants in the home other than immediate family:

Name: _____ **Relation:** _____

Name: _____ **Relation:** _____

Applicant 1: Employer: _____ **Title:** _____

No. of years: _____ **Address:** _____

Phone: _____ **Supervisor:** _____

Applicant 2: Employer: _____ **Title:** _____

No. of years: _____ **Address:** _____

Phone: _____ **Supervisor:** _____

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

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Please be aware that trucks are to be parked in the garage.

There is no overnight parking on the street.

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References:

Name of Bank: _____

Personal References: _____

Phone No. () _____

Personal References: _____

Phone No.() _____

Personal References: _____

Phone No.() _____

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Please list all pets:

Dogs: # _____ **Breed** _____ **Dogs: #** _____ **Breed** _____

Cats: # _____

Please be aware that certain breeds, such as Pit-bulls, German shepherd, and Rottweiler are not allowed. See Documents.

There is a limit of two pets per household.

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Nearest Relative in case of emergency: _____

Phone #: () _____ **Relationship:** _____

Address: _____

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

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 and reviewed also on our community website www.Saratogabay.com

_____ Initial _____ Initial

I UNDERSTAND THAT THIS PROPERTY CANNOT BE LEASED OR RENTED FOR A PERIOD OF TWENTY FOUR MONTHS AFTER THE DATE OF PURCHASE.

Owner agrees that the terms of the attached fully executed "Contract of Sale" are within the requirements of Saratoga Bay Homeowners Association Rules and Regulations pertaining thereto.

All assessment billing and official mail should be sent to:

- Saratoga Bay address
- another address _____
- email address _____

Financial budget reports will be mailed with billing statement.

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

Estimated Closing Date: _____

BUYER: _____

PRINT NAME: _____ **DATE:** _____

SELLER: _____

PRINT NAME: _____ **DATE:** _____

BOARD APPROVAL: _____ **DATE:** _____

PRINT NAME: _____ **TITLE:** _____

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**ACKNOWLEDGEMENT FOR CREDIT CHECK/BACKGROUND
INVESTIGATION**

I understand that the Board of Directors of the SARATOGA BAY HOMEOWNERS ASSOCIATION may require an investigation of my background.

Accordingly, I specifically agree to obtain such an investigation and agree that the information contained in this report may be used in the application process. SARATOGA BAY HOMEOWNERS ASSOCIATION, 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 SARATOGA BAY HOMEOWNERS ASSOCIATION, 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 SIGNATURE _____

Print name: _____

APPLICANT SIGNATURE _____

Print name: _____