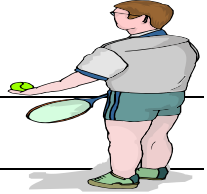


APPLICATION TO PURCHASE



THIS COMMUNITY OPERATES AS HOUSING FOR PERSONS 55 YEARS OF AGE OR OLDER.

Return this Application along with the following:

- **Money order or cashier's check in the amount of $150.00, payable to the**

  _____ of Boca Lago Condominium Association, Inc.
  (Community name you are purchasing)

- **A copy of the fully executed contract**
- **Readable copy of the driver's license(s) for each occupant**
- **The Pines & Vistas require 20% down on purchase if financing**
- **The Pines & Vistas do not allow Corporations as purchasers.**

Application must be completed in its entirety. Please provide all information requested. If a section of the Application does not apply to you, please write in "N/A".

Application must be submitted at least 30 days prior to occupancy.

Application fee is not refundable.

Occupancy prior to approval is prohibited.

Applicants must have a personal interview prior to approval.

Approval will be withheld if Unit Owner's maintenance account is in arrears.

No pets are allowed inside units or on condominium property at any time. _____ (please initial)

Mail the application, check and contract to Boca Lago Management, 9039 Vista Del Lago, Boca Raton FL 33428. All documents must be submitted together.

Applicants agree to observe the rules and restrictions stated above as well as all the terms and provisions stated in the rules and Regulations, Declaration of Condominium and By-Laws of the Association. Applicants recognize that any violation of said terms and provisions shall provide cause for immediate action as provided therein.

_____ _____

Signature Signature

APPLICATION TO PURCHASE

Date: ___/___/___ Association: _____ Closing Date: ___/___/___

Unit #: _____ Unit Address: _____

Name (1): _____ Phone #_____

Name (2): _____ Phone #_____

Email address: _____

Email address: _____

Broker Name: _____ Phone: (_____) _____

Email Address: _____

Title Co: _____ Phone: (_____) _____

Email Address: _____

RESIDENTIAL HISTORY

Applicant (1)

Present Address: _____

From: ____/____/____ Own ☐ Rent ☐

Landlord: _____ Phone: (_____) _____

Applicant (2) If different

Present Address: _____

From: ____/____/____ Own ☐ Rent ☐

Landlord: _____ Phone: (_____) _____

EMPLOYMENT

Applicant (1)
Current Employer: _____ Phone: (_____) _____

Address: _____

Length of Employment: _____ years _____ months Dept./Position: _____

Applicant (2)
Current Employer: _____ Phone: (_____) _____

Address: _____

Length of Employment: _____ years _____ months Dept./Position: _____

Applicant (1) – In case of emergency notify:

Name: _____ Phone: (_____) _____

Applicant (2) – In case of emergency notify:

Name: _____ Phone: (_____) _____

OCCUPANT INFORMATION

Number of Applicants Residing in Unit: _____

Name: _____ Birth Date: ____/____/____

Name: _____ Birth Date: ____/____/____

Number of Occupants Other Than Applicants: _____

Name: _____ Birth Date: ____/____/____
Relationship to Applicant

Name: _____ Birth Date: ____/____/____
Relationship to Applicant

By signing this application, applicant(s) authorizes the Association to investigate the character, general reputation and references of the applicant(s). Association may contact any person or business referenced in this Application to verify information.

Signature: _____ Signature: _____

VEHICLE REGISTRATION

Only two vehicles are allowed on the property.

Vehicle Owner #1: _____ Cell #: _____

Make: _____Model: _____Year: _____Color: _____

CAR ☐ SUV ☐

Vehicle Owner #2: _____ Cell #: _____

Make: _____Model: _____Year: _____Color: _____

CAR ☐ SUV ☐

NO trucks, commercial vehicles, boats, campers, mobile homes, trailers, mopeds, motorcycles or motorized 2-wheel vehicles are permitted on the property.

ONLY the Cypresses allow pick-up trucks. All other Associations do not!

If Available

HOUSE SITTER NAME: _____

HOUSE SITTER PHONE #: _____

AS PER FLORIDA STATUTES:

The Condominium Association retains a key to each unit so that access thereto can be obtained in case of emergencies. No unit owners shall alter any lock or install a new lock on any door leading into his unit without the prior consent of the condominium association. If such consent is given, the unit owner shall provide the condominium association with a key for such lock.

_____

UNIT OWNER SIGNATURE

_____

UNIT OWNER SIGNATURE

GUARDHOUSE & GATE INFORMATION SHEET

New Resident _____ Association_____

The following information is needed for the computer at the gate. This information will be kept confidential and used only for the purpose of security entry.

Resident Name(s): _____ _____
(Last) (First)

_____ _____
(Last) (First)

_____ _____
(Last) (First)

Address: _____, Unit#_____

Phone #: _____Phone#: _____

Emergency Contact Name & #: _____

_____

Permanent Guests:

These are people you allow to enter on to the property when you are not home. We will not call you if these guests arrive at the Gate. **Only space for ten permanent guests.**

_____ _____
Name Name

_____ _____
Name Name

_____ _____
Name Name

_____ _____
Name Name

_____ _____
Name Name

FAIR HOUSING ACT – CENSUS

THE _____ OF BOCA LAGO CONDOMINIUM ASSOCIATION, INC.

9039 Vista Del Lago • Boca Raton • Florida 33428 • (561) 483-4000

I am/we are the permanent occupant(s) of **Unit #_____** of the _____ of Boca Lago Condominium, in Boca Raton, Florida.

I/we understand that The _____ of Boca Lago Condominium Association, Inc. is required by Federal Law to verify the age of the occupants of our units, so that the Community can continue to qualify for the Housing for Older Persons Exemption to the Federal Fair Housing Amendments Act of 1988, in order to maintain our retirement community lifestyle and continue to prevent children from permanently residing in our Condominium Community.

The following information is true and correct:

a. As of the date shown on this affidavit, there was at least one (1) person occupying my unit who was aged 55 or over.

☐ Yes ☐ No

b. Please identify the occupant(s) who is/are 55 or over:

Name _____ Date of Birth _____/_____/_____
Name _____ Date of Birth _____/_____/_____

c. Please identify all other occupants (under 55):

Name _____ Date of Birth _____/_____/_____
Name _____ Date of Birth _____/_____/_____

d. I/we have provided one of the following as proof of age for all occupants, and **a copy of the Document(s) is/are attached hereto for the Association's records:**

Birth Certificate	☐ Yes	☐ No	Immigration Card	☐ Yes	☐ No
Driver's License	☐ Yes	☐ No	Military I.D.	☐ Yes	☐ No
Passport	☐ Yes	☐ No	Other (specify) _____		

Dated this _____ day of _____, 20_____.

Unit Owner/Occupant _____/_____/_____
Signature Print Name Unit #

Unit Owner/Occupant _____/_____/_____
Signature Print Name Unit #

Unit Owner/Occupant _____/_____/_____
Signature Print Name Unit #

Boca Lago

Receipt of Documents and Amendments

1) Buyer acknowledges that on the date set forth below, buyer has received the Governing Documents described above in accordance with Chapter 718 of the Florida Statutes from the seller, from the seller's agent or from the Condominium Association, the following:

1. Copy of the current Declaration of Condominium establishing the unit.
2. Copy of the current Articles of Incorporation of the Association.
3. Copy of the current By-laws of the Association.
4. Copy of the Rules and Regulations of the Association.

2) This is to confirm that we/I have received the amendment which states owners may only own one unit for the purpose of leasing in The _____ of Boca Lago. We/I fully understand the restrictions contained in the amendment and agree to abide by them. We/I further understand that the Association will vigorously enforce the restrictions in the Rules, By-laws and Declaration of Condominium and if the Association incurs any legal expense or any other expense related to any action taken by the Association in order to enforce this restriction, we/I will be responsible for all expenses incurred by the Association and we/I will reimburse the Association for all expenses incurred.

3) This is to confirm that we have received the amendment regarding the status of The _____ of Boca Lago as a community housing individuals fifty-five and older. We fully understand the restrictions contained in the amendment and agree to abide by them. We further understand that the Association will vigorously enforce the restrictions in the Rules, By-laws and Declaration of Condominium and if the Association incurs and legal expense or any other expense related to any legal action in reference to the 55 and older status, we will be responsible for and will pay all Association's legal fees and costs.

4) This is to confirm that we understand we, the buyers, are responsible for any physical changes from the original design inside the unit that has been made by previous owners. The Association is not responsible for any physical, plumbing, drywall, tiling or electrical issues that may arise from said changes. We, the buyers, are also responsible for any exterior changes for which a "Run with the Land" form has already been recorded with the County. These physical changes include, but are not limited to, windows, doors, or landscaping performed on the exterior of the unit within the limited common elements, for which we will assume responsibility.

_____ _____/_____/_____

Buyer Signature Date

_____ _____/_____/_____

Buyer Signature Date

VOTING CERTIFICATE

To: Secretary of the _____ of Boca Lago Condominium Association, Inc.
9039 Vista Del Lago
Boca Raton, FL 33428

KNOW ALL PERSONS BY THESE PRESENTS, that the undersigned is the record owner of that certain condominium unit in The _____ of Boca Lago, a Condominium, shown below, and hereby constitutes, appoints and designates _____ as the voting representative for the condominium unit owned by said undersigned pursuant to the Declaration of Condominium and the Articles and By-Laws of the Association.

The voting representative is hereby authorized and empowered to act in the capacity herein set forth unit such time as the undersigned otherwise modifies or revokes the authority set forth in this voting certificate.

Dated this _____ day of _____, 20_____.

ALL OWNERS OF THIS UNIT MUST SIGN BELOW

Unit #: _____ _____

_____

_____

_____

DIRECTIONS FOR USE OF VOTING CERTIFICATE

You do not have to submit this form if either of the following applies to you:

1) Your unit is owned by one individual and is not leased.
2) You submitted a Voting Certificate last year, and the information will remain the same. If you do not remember if you submitted this form last year, submit this one to be sure.

You must submit this form if either of the following applies to you:

1) Your unit is owned by more than one person, including husband and wife, or a corporation.
2) You lease your unit.

Please remember the following about Voting Certificates:

1) The designated voter must be one of the owners; you cannot name a third party.
2) The owner named the designated voter must sign the Ballot Envelope when it comes time to vote. You will receive your Ballot Envelopes in approximately 30 days.
3) This form is not a proxy and should not be used as such.

AUTHORIZATION FOR FILE DISCLOSURE

APPLICANT/TENANT CONSENT #1

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 Solution, 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.

X_____

Signature **Date**

Full Name - First, Middle, and Last Name (Please Print)

Home Address (Unit # if applicable)

CITY **STATE** **ZIP**

Social Security Number **Date of Birth** **Driver's License Number and State Issued**

AUTHORIZATION FOR FILE DISCLOSURE

APPLICANT/TENANT CONSENT #2

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 Solution, 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.

X_____

Signature **Date**

Full Name - First, Middle, and Last Name (Please Print)

Home Address (Unit # if applicable)

CITY **STATE** **ZIP**

Social Security Number **Date of Birth** **Driver's License Number and State Issued**

DISCLOSURE

Lennar Builders are under contract to purchase nine holes of the 27-hole Boca Lago Country Club golf course conditioned upon obtaining necessary permissions and approvals for a residential development. An application has been filed with Palm Beach County, but no final plans have been submitted or public hearings or approvals have taken place. The Boca Lago Property Owners Association, many other communities in West Boca, and the West Boca Community Council are opposing this proposed project. Lennar has a website with its currently proposed residential development at:

www.bocalagotogether.com

The purpose of this Disclosure is to make purchasers in the Boca Lago communities aware of the proposed Lennar project so each person may conduct their own investigation and follow up on whether Lennar has been successful in moving forward with their plans. This Association is not making any representations about the status of Lennar's plans and, unless something is provided by our Association to our members in writing, we urge you not to rely on any comments from anyone purporting to speak about the proposed project on the Association's behalf. Your signature below confirms that you have read and understood this Disclosure and agree not to rely upon any verbal representations by the Association, any of its Directors, Officers, Employees or management about the proposed project. You should conduct your own investigations and due diligence if you want to know more about Lennar's progress and intentions.

_____ _____

Applicant Signature #1 **Date**

_____

Print Name

_____ _____

Applicant Signature #2 **Date**

_____

Print Name