A NON REFUNDABLE FEE OF $100.00 MADE PAYABLE TO LAKES OF WOODHAVEN CONDOMINIUM. A NON-REFUNDABLE FEE MADE PAYABLE TO PALM BEACH PROPERTY MANAGEMENT IN THE AMOUNT OF $200.00 FOR THE FIRST APPLICANT AND $50.00 FOR ANY SUBSEQUENT APPLICANT 18 YEARS OR OLDER MUST ACCOMPANY THIS APPLICATION. ALL PERSONS TO BE LIVING IN THE HOME WHO ARE 18 YEARS OLD OR OLDER ARE EACH CONSIDERED AN APPLICANT. THESE APPLICATION FEES COVER ALL FEES FOR BACKGROUND/CREDIT CHECKS AND ELECTRONIC DELIVERY OF ALL ASSOCIATION GOVERNING DOCUMENTS AND RULES & REGULATIONS.

LAKES OF WOODHAVEN, A CONDONIMIUM
C/O PALM BEACH PROPERTY MANAGEMENT
4400 NORTH FEDERAL HIGHWAY
SUITE 210-18
BOCA RATON, FL 33431
(561) 394-6921

APPLICATION FOR RESIDENCY -- SALE

1. THIS APPLICATION FOR OCCUPANCY MUST BE COMPLETED IN DETAIL BY THE PROPOSED TENANT. IF ANY QUESTION IS NOT ANSWERED OR LEFT BLANK, THIS APPLICATION MAY BE RETURNED, NOT PROCESSED AND NOT APPROVED. ALL APPLICANTS OVER THE AGE OF 18 MUST FILL OUT SEPARATE FIDELITY DATA APPLICATIONS.

2. PLEASE ATTACH A COPY OF THE SALES CONTRACT TO THIS APPLICATION.

3. PETS ARE NOT ALLOWED.

4. ALL RULES AND REGULATIONS OF THE ASSOCIATION MUST BE ABIDED BY.

5. AN APPOINTMENT WILL BE SET WITH THE APPLICANT BY MANAGEMENT PRIOR TO MOVING IN.

6. NO COMMERCIAL VEHICLES, TRUCKS, OR COMMERCIAL EQUIPMENT ARE PERMITTED TO PARK ON THE PREMISES, EXCEPT FOR WORK CONTRACTED BY A RESIDENT OR THE ASSOCIATION.

7. NO BOATS, TRAILERS, MOTOR HOMES, CAMPERS, RECREATIONAL VEHICLES, JET-SKIS, ETC., MAY BE BROUGHT TO THE PROPERTY AT ANY TIME.

8. NO MORE THAN THREE (3) VEHICLES ALLOWED PER UNIT.

9. OWNER IS UNABLE TO RENT THEIR UNIT FOR TWO YEARS AND THEN WILL BE PUT ON A WAITING LIST

PLEASE ALLOW UP TO 2 WEEKS TO PROCESS THIS APPLICATION. EXPEDITED PROCESSING IS AVAILABLE FOR AN ADDITIONAL $50.00 SERVICE CHARGE.

-PLEASE PRINT OR TYPE-

DATE:_____

COMMUNITY NAME: _____

ADDRESS OF PROPERTY: _____ Old Court Rd., Boca Raton, FL 33433; UNIT #: _____
HOUSE #

APPLICANT'S NAME(S) (as CONTRACT will appear):

1._____ 2._____(spouse)

CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

CURRENT ADDRESS OF BUYER:

_____

_____

APPLICANT #1: PLACE OF EMPLOYMENT: _____

POSITION: _____SALARY:_____

EMPLOYMENT DATES: _____

PREVIOUS EMPLOYMENT IF LESS THAN 2 YRS: _____

APPLICANT #2: PLACE OF EMPLOYMENT: _____

POSITION: _____SALARY:_____

EMPLOYMENT DATES: _____

PREVIOUS EMPLOYER IF LESS THAN 2 YRS: _____

NAMES, AGES AND RELATIONSHIP OF OTHER PROPOSED OCCUPANTS OF THE UNIT:

NAME	AGE	RELATIONSHIP

THE FOLLOWING INFORMATION MUST BE PROVIDED BY THE SELLER'S REAL ESTATE AGENT:

PRESENT PROPERTY OWNER'S NAME : _____

PRESENT OWNER'S ADDRESS (if different from sale address): _____

PROPERTY OWNER'S PHONE NUMBER: _____

PROPERTY OWNER'S EMAIL ADDRESS: _____

NAME OF SELLER'S REAL ESTATE AGENT: _____

EMAIL ADDRESS OF SELLER'S REAL ESTATE AGENT: _____

PHONE # OF SELLERS REAL ESTATE AGENT: _____

1. In making the foregoing application, I represent to the Board of Directors that the purpose for the sale of a unit in LAKES OF WOODHAVEN is as follows: Residential _____ Investment Property _____

2. I am aware I am unable to rent my unit for two years and then I will be put on a waiting list.

3. I hereby agree for myself and on behalf of all persons who may use the unit which I seek to Own:

a. I will abide by all of the restrictions contained in the By-Laws and Rules and Regulations, and restrictions which are or may in the future be imposed by LAKES OF WOODHAVEN CONDOMINIUM ASSOCIATION.

b. I have received a copy of the Rules & Regulations of LAKES OF WOODHAVEN CONDOMINIUM ASSOCIATION: Yes_____ No_____.

4. I understand that acceptance for occupancy of a unit at LAKES OF WOODHAVEN is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Occupancy prior to approval is prohibited. Any misrepresentation or falsification of information on this application will result in automatic rejection of this application.

5. I understand that I will be advised by LAKES OF WOODHAVEN CONDOMINIUM ASSOCIATION within 30 days from the date of receipt of completed application and copy of the executed sales contract for acceptance or denial of this application.

6. I understand that the Board of Directors of LAKES OF WOODHAVEN CONDOMINIUM ASSOCIATION may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors or their agents to make such investigation and agree that the information contained in this application may be used in such investigation, and that the Board of Directors of LAKES OF WOODHAVEN and their agents 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 LAKES OF WOODHAVEN will be final. MOVE IN PRIOR TO BOARD OF DIRECTORS APPROVAL IS STRICTLY PROHIBITED.

APPLICANT_____ APPLICANT_____
SIGNATURE SIGNATURE

THIS PAGE AND THE FOLLOWING PAGE MUST BE COMPLETED BY EACH PERSON TO BE RESIDING IN THE HOME WHO IS 18 YEARS OF AGE OR OLDER. PLEASE MAKE ADDITIONAL COPIES AS NECESSARY.

AUTHORIZATION OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize Fidelity Data Service to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of employment. These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record. I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Fidelity Data Service by and through its' independent contractor, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Fidelity Data Service, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq. and Cal. Civ. Code § 1786.

Signature:_____

Print Name: _____ Date: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

(PLEASE PRINT OR TYPE)

_____ _____
SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER & STATE

_____ _____
DATE OF BIRTH* GENDER* (M or F)

_____
LAST NAME FIRST NAME MIDDLE

_____
OTHER NAMES USED (alias, maiden, nickname)

YEARS USED _____

_____
CURRENT STREET ADDRESS

_____
CITY STATE ZIP

DATES LIVING HERE _____

PLEASE LIST ALL ADDRESSES FOR LAST SEVEN (7) YEARS
(If you need additional space please use the back of this form)

_____
STREET/P.O. BOX CITY STATE ZIP

DATES LIVED HERE _____

_____
STREET/P.O. BOX CITY STATE ZIP

DATES LIVED HERE _____

Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.