BURGUNDY H
SALE/LEASE APPLICATION PACKAGE

- THE ENCLOSED APPLICATION MUST BE COMPLETELY FILLED OUT IN ORDER FOR IT TO BE PROCESSED.

- ANY INFORMATION MISSING WILL RESULT IN A DELAY IN APPROVAL.

- SUBMIT 1 COPY OF YOUR COMPLETED APPLICATION PACKAGE AND YOUR LEASE/RENTAL AGREEMENT TO THIS OFFICE.

- THE BOARD OF DIRECTORS OF YOUR ASSOCIATION IS RESPONSIBLE FOR APPROVAL OR DISAPPROVAL OF AN APPLICATION. AS THE ASSOCIATION'S AGENT, FIRSTSERVICE RESIDENTIAL IS RESPONSIBLE FOR PROCESSING THIS APPLICATION AND NOTIFYING THE REALTOR OR REPRESENTATIVE WHEN APPROVED. DO NOT CONTACT THE BOARD DIRECTLY AS ALL COMMUNICATION REGARDING APPLICATIONS MUST GO THROUGH THIS OFFICE.

PHOENIX MANAGEMENT SERVICES, INC.
6131-B LAKE WORTH RD
GREENACRES, FL. 33463

KINGS POINT APPLICATION INSTRUCTIONS

APPLICANTS MUST ALLOW A MAXIMUM OF THIRTY (30) DAYS FOR APPROVAL FROM THE DATE OF RECEIPT OF A COMPLETE APPLICATION PACKAGE BY FIRSTSERVICE RESIDENTIAL'S RENTAL/RESALE DEPT.

A COPY OF YOUR FULLY SIGNED SALES CONTRACT OR RENTAL AGREEMENT MUST ACCOMPANY THE APPLICATION PACKAGE SUBMITTED TO FIRSTSERVICE RESIDENTIAL. **NO FRONT & BACK APPLICATIONS OR SALE OR LEASE AGREEMENTS WILL BE ACCEPTED.**

AN APPLICATION FEE (AMOUNT INDICATED BELOW) MUST ACCOMPANY THE APPLICATION PACKAGE SUBMITTED TO FIRSTSERVICE RESIDENTIAL FOR PROCESSING:

$ 150. 00 PER APPLICANT NON-REFUNDABLE CASHIERS CHECK OR MONEY ORDER PAYABLE TO **BURGUNDY H ASS.**
$ 100.00 PER APPLICANT NON-REFUNDABLE CASHIERS CHECK OR MONEY ORDER PAYABLE TO **PHOENIX MANAGEMENT**

INCLUDE ONE (1) PHOTOGRAPHIC PROOF OF AGE (DRIVERS LICENSE, PASSPORT, VISA, ETC.) PER APPLICANT.

SELLERS/OWNERS MUST TURN IN ALL ID CARD(S) AND CAR STICKER(S) TO THE ID OFFICE AT KINGS POINT BEFORE CARD(S) MAY BE ISSUED TO NEW OWNER(S) OR NEW TENANT(S). IF SELLER OR TENANT HAS LOST AND/OR HAD THEIR ID (s) STOLEN, PLEASE CONTACT THE ID OFFICE AT 561-499-3335. FAILURE TO DO SO WILL PREVENT THE LESSEE OR BUYER FROM ACCESS AND USE OF RECREATION FACILITIES, ETC.

APPLICANTS MAY NOT OCCUPY THE UNIT BEFORE THEIR FORMAL APPROVAL IS ISSUED VIA FIRSTSERVICE RESIDENTIAL'S RENTAL/RESALE DEPT.

OWNERS MUST HAVE THEIR ASSOCIATION, RECREATION AND/OR MANAGEMENT FEES PAID IN FULL PRIOR TO THE APPLICATION BEING APPROVED.

APPLICANTS MUST BE MADE AWARE OF THE FAIR HOUSING ACT OF 1988. ACCORDING TO THIS ACT, IT IS REQUIRED THAT AT LEAST ONE OCCUPANT MUST BE FIFTY-FIVE (55+) PLUS YEARS OF AGE.

ALL APPLICANTS, OCCUPANTS, AND/OR THEIR GUESTS ARE EXPECTED TO ABIDE BY GOVERNING ASSOOCIATION DOCUMENTS AS WELL AS RULES & REGULATIONS.

UNIT OWNERS ARE RESPONSIBLE FOR THE ACTIONS OF THEIR GUESTS AND/OR TENANTS, INCLUDING ANY DAMAGES TO THE COMMON GROUNDS. THEREFORE, IT IS THE UNIT OWNERS' RESPONSIBILITY TO PROVIDE COPIES OF ALL ASSOCIATION DOCUMENTS TO THE APPLICANT(S) AND THE ASSOCIATION'S BOARD OF DIRECTORS IS COMMITTED TO THEIR ENFORCEMENT.

NOTE – FOR RESALES ONLY – IT IS THE NEW OWNER'S RESPONSIBILITY TO PROVIDE FIRSTSERVICE RESIDENTIAL WITH A COPY OF THE CLOSING STATEMENT OR WARRANTY DEED SO THAT THE NEW OWNERS INFORMATION IS UPDATED IN OUR RECORDS.

MAIL OR DROP OFF APPLICATIONS TO:

PHOENIX MANAGEMENT SERVICES, INC.
6131-B LAKE WORTH ROAD
GREENACRES, FL. 33463

55 +

AGE VERIFICATION QUESTIONNAIRE

1. Identification of Unit: _____

2. OWNER/LESSOR:

   _____

   _____

   _____

   _____

3. Please list every person who is to occupy the Unit and complete all required information. ***Please supply independent photographic evidence indicating date of birth (such as drivers licenses or current passports) of each occupant:***

OCCUPANT NAME	AGE	TYPE OF PHOTOGRAPHIC EVIDENCE	DATE OF BIRTH	FAMILIAL OR OTHER RELATIONSHIP
1.				
2.				
3.				
4.				

SIGNATURE(S) OFAPPLICANT(S)

X_____

X_____

_____
PRINT NAME

_____
PRINT NAME

55 +

Date: _____, 2_____.

To Whom It May Concern:

I/WE, _____ have submitted an application to purchase or lease Unit #_____ in the _____ Condominium Association.

I/WE understand that I/WE must complete and answer all information in the approval package for the association. I /WE have been given copies and/or I am aware of and have received the association documents, rules and regulations, agreement for deed, rental and resale restrictions, and understand that this association and Kings Point is a fifty-five (55) and over Community (At least one domiciled **APPROVED RESIDENT** must be over the age of 55).

I/WE, THE UNDERSIGNED WILL NOT RESIDE IN THE UNIT UNLESS ONE DOMICILED **APPROVED RESIDENT** IS FIFTY-FIVE (55) YEARS OF AGE OR OLDER.

I /WE agree that I/WE may not move in, begin work, or take possession of the Condominium property prior to approval of the application by the association Board of Directors.

I /WE further agree that I/WE will be responsible for any attorney's fees, court costs, etc., arising from any misrepresentation or failure on my part to comply with the association declaration of condominium, articles of incorporation, by-laws, amendments and rules and regulations.

Applicant's Signature: _____

Applicant's Signature: _____

The foregoing instrument was sworn and subscribed before me this _____ day of_____, by_____ who is personally known or has produced _____ as identification.

Notary Seal _____

KINGS POINT

To Seller and Buyer of Property or Rental of Unit:

This letter must be read, signed and adhered to and returned with your Package. All items must be turned over at Closing.

The following checked items pertain to your Sale or Rental:

_____X_____ Return of all I.D. Cards prior to or at Closing

_____X_____ All Lift Keys turned over.

_____X_____ Door Keys

____X_____ Mail Box Keys

_____X____ Gate Clicker

ANY COMMENTS:

_____

_____

Upon moving in, please contact your Building Director/President.

Understood and agreed to:

X_____ X_____

Seller/Owner Buyer/Tenant

Date: _____

APPLICANT NAME_____

RE: PERSONAL REFERENCE REQUEST

Dear Applicant:

Please follow the instructions listed below carefully so you do not delay your application process. If the form is incomplete in any way, it will hold up your application:

1) Choose three people as personal references.
2) Mail, fax or give one form to each person you have chosen.
3) Explain to the person(s) giving the reference that they must complete every section and that they must include their name, phone #, email, and signature.
4) Have the person providing the reference return the form directly to you, **and not to PHOENIX MANAGEMENT SERVICES. THEY MUST STAY WITH THIS APPLICTION.**
5) When you have received the completed forms from your references proof them for accuracy and include in your application package.

REFERENCE INFORMATION:

Character: _____

_____

_____

Integrity: _____

_____

_____

Other Comments:_____

_____

PERSON GIVING REFERENCE-

_____ _____

Print phone number

_____ _____

Signature Email

Date: _____

APPLICANT NAME_____

RE: PERSONAL REFERENCE REQUEST

Dear Applicant:

Please follow the instructions listed below carefully so you do not delay your application process. If the form is incomplete in any way, it will hold up your application:

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3) Explain to the person(s) giving the reference that they must complete every section and that they must include their name, phone #, email, and signature.
4) Have the person providing the reference return the form directly to you, **not** to **PHOENIX MANAGEMENT SERVICES.**
5) When you have received the completed forms from your references proof them for accuracy and include in your application package.

REFERENCE INFORMATION:

Character: _____

_____

_____

Integrity: _____

_____

_____

Other Comments: _____

_____

PERSON GIVING REFERENCE-

_____ _____

Print phone number

_____ _____

Signature Email

Date: _____

APPLICANT NAME_____

RE: PERSONAL REFERENCE REQUEST

Dear Applicant:

Please follow the instructions listed below carefully so you do not delay your application process. If the form is incomplete in any way, it will hold up your application:

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3) Explain to the person(s) giving the reference that they must complete every section and that they must include their name, phone #, email, and signature.
4) Have the person providing the reference return the form directly to you, **not to PHOENIX MANAGEMENT SERVICES, INC.**
5) When you have received the completed forms from your references proof them for accuracy and include in your application package.

REFERENCE INFORMATION:

Character: _____

_____

_____

Integrity: _____

_____

_____

Other Comments: _____

_____

PERSON GIVING REFERENCE-

_____ _____

Print phone number

_____ _____

Signature Email

KINGS POINT BURGUNDY H
CONDOMINIUM ASSOCIATION

The following Burgundy H Condominium Rules and Regulations are in addition to the By-laws as outlined in the Kings Point Declaration of Condominium and the Burgundy H Condo Association.

Unit owners are reminded that they are responsible for the actions of their families, guests, invitees and employees, lessees and persons over whom they exercise control and supervision.

1. **Proper Parking of Vehicles**
   a) All vehicles must park facing forward only.
   b) No parking in striped area in front of walkways.
   c) Parking is **NOT** permitted in spots other than what is assigned to your unit. Damage to parking spots or Towing charges will be at violator's expense.

2. **No Walking on Grass or Flowerbeds. (No Shortcuts)**
   (Including Deliveries, Guests, Contractors etc.)

3. **Refuse Cartons and Discarding of Bulk or Vendor Rubbish.**
   a) No Vendor rubbish in Dumpsters. (Vendors Cart Rubbish Away)
   b) Cartons must be cut up or flattened before placing in Dumpster.
   c) Bulk items must be placed along side of Dumpster on **Monday** for Tuesday pickup.

4. **No Discarding of:** Cigarettes or cigar Butts, Waste Material or Workers Refuse or Liquids on any common area including, Grass, Walkways or Parking areas.

Reference: Exhibit 15, Declaration of condominium Rules and Regulations

Signature: _____

DECLARATION OF LIFT USE RESTRICTIONS

Use of the elevator or lift shall be limited to the Owner(s) of Burgundy H Units and the family members, tenants and guest of such Owner(s). Damage caused by users will be the sole responsibility of the Unit Owner permitting its use.

LIFT USE RESTRICTIONS

1. The **LIFT SHALL NOT** be used by any Licensee, Contractor or delivery hired by a lift Participant or the Board of Directors.

2. The Lift should **NOT** exceed the 750 lb. Limit.
   Criteria:-One (1) wheelchair and two (2) person or three (3) persons. No more than three (3) persons.

3. Garbage bags must be tightly sealed to deter spillage on the cab floor. **No Appliances, No furniture, No Vendor Material.**

4. A Guest, or invitee, or grandchildren must be accompanied by a lift participant to avoid accidents and to control key loss.

5. If one Person **cannot** carry an item. It does not belong on the lift.

6. If a Wheelchair is used, apply brakes to the wheelchair to avoid movement while on the lift.

7. Lift keys should **not be given** or used by Non-Burgundy H residents.

KEY REPLACEMENT $25.00

***These regulations will be amended and updated when warranted** **11/18/04**

SIGNATURE_____

ASSOCIATION NAME: _____

SALE/RENTAL UNIT ADDRESS:

_____

NAME OF CURRENT OWNER: _____

PERMANENT ADDRESS OF OWNER: _____ PH#: _____

NAME OF APPLICANT: _____ SS#: _____ AGE: _____

CO-APPLICANT'S NAME: _____ SS#: _____ AGE:

_____

APPLICANT'S ADDRESS: _____ PH.#: _____

CITY, STATE, ZIP #: _____ EMAIL _____

PLEASE CHECK ONE ONLY	___	**RENEWAL**
	___	**RENTAL APPLICATION-RENTAL PERIOD FROM _____ TO _____**
	___	**RESALE APPLICATION-DESIRED CLOSING DATE: _____**

PLEASE LIST ALL OCCUPANT (S), WHO WILL RESIDE AT THE RESIDENCE IF APPROVED:

NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AGE OF OLDEST OCCUPANT _____

AGE OF YOUNGEST OCCUPANT _____

KINGS POINT IS A <u>NO PET</u> COMMUNITY

HOW MANY CARS DO YOU HAVE? _____

NAME OF REALTOR: (IF APPLICABLE PLEASE)

_____

EMAIL ADDRESS: _____ PHONE #: (____) _____

IF APPROVED, GIVE ADDRESS OR EMAIL WHERE CERTIFICATE OF APPROVAL SHOULD BE SENT:

_____

_____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

PHONE NUMBER (____) _____

NAME: _____ RELATIONSHIP: _____

ADDRESS:

_____

STREET CITY STATE ZIP

THIS SECTION FOR BOARD USE ONLY

OWNERS MUST HAVE THEIR ASSOCIATION, RECREATION AND/OR MASTER MANAGEMENT FEES PAID UP PRIOR TO THE APPLICATION BEING GIVEN THE NECESSARY APPROVAL AND SIGNATURES.

OWNER CURRENTLY OWES:

AMOUNT: $_____ **AS OF** _____

BY: _____

EMERGENCY CONTACT INFORMATION

*This information is important in the event of an emergency—Please print clearly!

APPLICANT NAME(S)_____

KINGS POINT ADDRESS_____

HOME PHONE NUMBER (area code) _____

CELL PHONE NUMBER (area code) _____

EMERGENCY CONTACT NAME: _____

ADDRESS: _____

_____

PHONE NUMBER: (area code) _____

CELL NUMBER: (area code) _____

RELATIONSHIP: _____

YOU MAY ATTACH A COPY OF YOUR BANK STATEMENT, OR ATTACH A LETTER FROM YOUR BANK ON THEIR LETTER HEAD.
(INSTEAD OF USING THIS FORM)

RE: FINANCIAL REFERENCE REQUEST

Dear Applicant:

It is your responsibility to provide a financial reference to be completed by your bank. They can either complete the information in the box below or provide information on their stationary. The bank's response must be included in your application package when you return it to FirstService Residential. Anticipating your prompt response, we thank you in advance.

THIS SPACE RESERVED FOR YOUR BANK OFFICER'S USE

_____
CUSTOMER'S NAME

Banking with your institution since:

_____
(Month/Year)

Status of the Account:

_____

_____

_____
(Name of Bank)

x _____
(Signature and Title of Bank representative)

_____
(Date)

KINGS POINT
GOLF AND COUNTRY CLUB
Where Exceptional Lifestyle Begins
GCC

RENTAL and RESALE INFORMATION

ID OFFICE
561-499-3335 Ext. 136 & 135
Monday – Friday 9:00 AM – 4:00 PM
Closed Saturday and Sunday

Fees (*All fees subject to change*)

- Capital Contribution & Processing Fee-includes one (1) Resident ID Card & one (1) Barcode $2,000.00 (Applicable to all resales and transfers of ownership as of January 1, 2025)
- Resident ID $60.00
- Single Resident ID $60.00
- Lessee ID $60.00
- Guest ID $10.00 *(See procedural guide for further details)*
- Health Aide ID $50.00 (*Three months*)
- Barcode $10.00
- Saxony RFID Tag $10.00

Requirements: Coincident with submission of an application for purchase of any unit, proof of payment of the Capital Contribution & Processing Fee **must be included.**

Before issuing **Resident ID cards**, we must receive the following:

- A copy of the Certificate of Approval from the association's management company approved by an association officer with the association seal and,
- The previous owner's ID card(s) must be turned in to Kings Point's ID office. If the ID card(s) cannot be located, a $60 fee for each outstanding ID card must be paid before new ID cards will be issued. **Checks payable to: Kings Point Recreation Corp., Inc.**
- **Note:** Maximum of two (2) resident ID cards per unit. The first ID card purchased for a resident/lessee must be issued to an individual fifty-five (55) years of age or older.

Before we can issue **Lessee ID cards**, the ID office must receive the following:

- A copy of the Certificate of Approval from the association's management company approved by an association officer with the association seal, along with a lease and,
- Any outstanding ID cards issued for that unit must be turned in.
- As of August 6, 2015, any unit that is SOLD, if there is an existing lease on the unit AND the lessee turns in their ID cards, ID Cards can be purchased by the new owner, even if the lease has not expired.
- Any Owner or Tenant that breaks the lease, the existing rule below still follows:

Resident ID card(s) will not be issued or another Lessee ID card(s) will not be issued until the expiration of the current lease. No Exceptions!

Kings Point Recreation Area Amenities

The Recreation facilities consist of three (3) clubhouses, swimming pools, Natatorium, golf courses, tennis, shuffleboard, pickleball, bocce ball, racquetball and basketball courts, canals, entry gates and roads of the community and other common facilities. Kings Point is a "**NO PET**" community. The Recreation Area does not include condominium property and its parking areas or common grounds. Our residents also have use of the Kings Point buses. The buses serve the community, the immediate surrounding areas and shopping centers. To ensure that residents and their guests have exclusive access to all recreation facilities, a Kings Point ID is necessary. The ID cards are issued in the **ID Office located in the Administration Building.**

PLEASE READ CAREFULLY BEFORE SIGNING!!!!

*Signature: _____ *Signature: _____
Seller/Owner Buyer/Tenant

******Effective January 1, 2025******

Note: **Capital Contribution & Processing Fee** of $2,000.00 *payable* to: **Kings Point Recreation Corporation, Inc.,** the Not For Profit Corporation organized under Florida Statute 617, authorized to manage the Recreation Facilities, must be submitted with application for purchase.

7000 West Atlantic Avenue, Delray Beach, FL. 33446-1699, Telephone 561-499-3335