BellaSera Homeowner Association, Inc.
c/o Realtime Property Management
612 N. Orange Ave., Suite C-4
Jupiter, FL, 33458

The application must be fully executed, or the application will not be accepted. This form must be submitted with all the other necessary paperwork.

PROPERTY ADDRESS: _____

PLEASE PROVIDE THE FOLLOWING DOCUMENTS/FORMS ALONG WITH A COMPLETED APPLICATION. INCLUDE THE PURCHASE AGREEMENT.

- **APPLICANT AND CO-APPLICANT PHOTO IDENTIFICATION** (US DRIVER'S LICENSE OR PASSPORT)
- **PET PHOTO** (IF APPLICABLE)
- **MARRIAGE CERTIFICATE** (IF APPLICABLE AND IF MARRIED WITH DIFFERENT LAST NAMES)
- **VEHICLE REGISTRATION FOR EACH VEHICLE** (IF APPLICABLE)
- **GATE STICKERS $30.00 PER REGISTERED VEHICHLE**

The following fees are to be paid at the time of Application. Fees must be paid by personal check, money order, cashier's check. **NO CASH or Credit Card Accepted**.

- Application Fee $150.00 per married couple. Anyone, additionally residing in the home over the age of 18 years old, must complete a separate application and pay an application fee of $150.00.
  (Make check payable to BellaSera HOA)

- Pet Deposit Not Applicable, but a PHOTO is a MUST for each Pet residing in the Home. Owners may keep domestic pets as permitted by Village ordinances and otherwise in accordance with the Rules anc Regulations established by the Board from time to time.

For Home Sales, there is a Capital Contribution of $3,000.00, payable to BellaSera Homeowners Association, Inc. at the time of closing.

OTHER INFORMATION:

Realtor Information:

Company Name _____

Company Address _____

Company Phone _____

Company Email _____

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APPLICATION FOR OCCUPANCY

Community Name: _____

Legal Move in Address: _____

Move in Date: _____ Lease _____ OR Purchase: _____

IF LEASING:

Lease Term: _____ Lease End Date: _____ Monthly Rent: _____

IF PURCHASING: Closing Date: _____

PRIMARY APPLICANT

Full Name: _____ Date of Birth: _____

Social Security Number _____ Passport: _____

Email 1: _____ Email 2: _____

Cell Phone: _____ Work Phone: _____ Other: _____

Current Residence: _____ Apr#: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Own: _____ Rent: _____ Length of Residence: Years: _____ Months: _____

CO-APPLICANT / SPOUSE

Full Name: _____ Date of Birth: _____

Social Security Number _____ Passport: _____

Email 1: _____ Email 2: _____

Cell Phone: _____ Work Phone: _____ Other: _____

Current Residence: _____ Apr#: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Own: _____ Rent: _____ Length of Residence: Years: _____ Months: _____

Applicant Initial: _____ Co-Applicant Initial: _____

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EMPLOYMENT HISTORY

PRIMARY APPLICANT EMPLOYMENT

Employment Type: _____

Company Name: _____ Position: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Date Started: _____ Salary Amount: _____ Pay Period: _____

Supervisor Name: _____ Supervisor Position: _____

Supervisor Phone: _____ Supervisor Email: _____

IF SELF EMPLOYEED: Years in Business: _____ Type of Business: _____

Business Phone: _____

CO-APPLICANT / SPOUSE EMPLOYMENT

Employment Type: _____

Company Name: _____ Position: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Date Started: _____ Salary Amount: _____ Pay Period: _____

Supervisor Name: _____ Supervisor Position: _____

Supervisor Phone: _____ Supervisor Email: _____

IF SELF EMPLOYEED: Years in Business: _____ Type of Business: _____

Business Phone: _____

Applicant Initial: _____ Co-Applicant Initial: _____

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REFERENCE CONTACT INFORMATION

APPLICANT REFERENCES

Reference 1

Reference Name: _____ Relationship to Applicant: _____

Cell: _____ Home: _____ Email: _____

Country of Residence: _____

Reference 2

Reference Name: _____ Relationship to Applicant: _____

Cell: _____ Home: _____ Email: _____

Country of Residence: _____

CO-APPLICANT/SPOUSE REFERENCES

Reference 1

Reference Name: _____ Relationship to Applicant: _____

Cell: _____ Home: _____ Email: _____

Country of Residence: _____

Reference 2

Reference Name: _____ Relationship to Applicant: _____

Cell: _____ Home: _____ Email: _____

Country of Residence: _____

EMERGENCY CONTACT

Contact Name: _____ Relationship to Applicant: _____

Cell: _____ Home: _____ Email: _____

Address: _____ City/State: _____ Country: _____

Applicant Initial: _____ Co-Applicant Initial: _____

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PET INFORMATION
NOTE: The Association you are applying for may not allow Pets. Please check with Management for Pet Rules.

I **AM** moving in with a Pet: _____ I **AM NOT** moving in with a Pet: _____

PET 1 INFORMATION

Pet Owner Name: _____ Pet Name: _____

Pet Type: _____ Pet Sex: _____ Pet Breed: _____

Pet Age: _____ Weight: _____ Pet License: _____

Pet Description: _____

PET 2 INFORMATION

Pet Owner Name: _____ Pet Name: _____

Pet Type: _____ Pet Sex: _____ Pet Breed: _____

Pet Age: _____ Weight: _____ Pet License: _____

Pet Description: _____

Applicant Initial: _____ Co-Applicant Initial: _____

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VEHICLE INFORMATION
NOTE: The Association you are applying may have specific rules and/or restrictions regarding vehicles.

VEHICLE 1 INFORMATION

Year: _____ Make: _____ Model: _____

Color: _____ VIN Number: _____

Tag/License Plate: _____ State Registered: _____

Vehicle Insurance Company: _____

VEHICLE 2 INFORMATION

Year: _____ Make: _____ Model: _____

Color: _____ VIN Number: _____

Tag/License Plate: _____ State Registered: _____

Vehicle Insurance Company: _____

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ACKNOWLEDGEMENT OF COMPLETION

I hereby certify that all information included in this application is true to the best of my knowledge and that this application has been **FULLY COMPLETED** to the best of my ability.

I understand that may information left out that is required by the above mentioned Community/Association may result in a delay and/or disapproval of my application.

Applicant Signature	Co-Applicant Signature
Applicant Print Name	Co-Applicant Print Name
Date	Date