

BOCA LINDA LAKES P.O.A
HOMEOWNERS ASSOCIATION, INC.

RESIDENT SALE/LEASE APPLICATION

DATE: _____ UNIT ADDRESS: _____

LOT # _____ DATE OF SALE: _____

APPLICANT INFORMATION:

NAME 1: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

NAME 2: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

OF ADULTS: _____ # OF CHILDREN: _____

LIST ALL PERSONS TO OCCUPY UNIT NOT LISTED ABOVE:

NAME	RELATIONSHIP	AGE
1) _____		
2) _____		
3) _____		
4) _____		

.....
EMPLOYER: _____

TITLE: _____ YEARS: _____

ADDRESS: _____ WORK NUMBER: _____

EMPLOYER 2: _____

TITLE: _____ YEARS: _____

ADDRESS: _____ WORK NUMBER: _____

BOCA LINDA LAKES P.O.A
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PET INFORMATION:

TYPE	BREED	COLOR	WEIGHT	AGE	LICENSE NUMBER
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1. _____

2. _____

AUTOMOBILE INFORMATION:

VEHICLE #1

MAKE: _____ **MODEL:** _____ **YEAR:** _____

TAG: _____ **STATE:** _____

VEHICLE #2

MAKE: _____ **MODEL:** _____ **YEAR:** _____

TAG: _____ **STATE:** _____

VEHICLE #3

MAKE: _____ **MODEL:** _____ **YEAR:** _____

TAG: _____ **STATE:** _____

EMERGENCY CONTACT INFORMATION:

NAME: _____

PHONE: _____ **RELATIONSHIP:** _____

ADDRESS: _____

BOCA LINDA LAKES P.O.A
HOMEOWNERS ASSOCIATION, INC.

PLEASE COMPLETE APPLICATION AND RETURN WITH FEES TO:

Boca Linda Lakes P.O.A., Inc.
c/o Carolina Management Services, Inc.
P.O. Box 740425
Boynton Beach, FL 33474

- I (We) fully authorize investigation of all answers and references given on the application.
- I (We) fully acknowledge and agree that owner may only park a trailer, boat, van, camper, truck, or commercial vehicle on the side or back of the home in the BOCA LINDA LAKES P.O.A. community.
- I (We) hereby agree to abide by all Documents and Rules and Regulations of the Boca Linda Lakes P.O.A, Inc.
- Owner acknowledges that they are responsible for Association assessments.
- Attached is the non-refundable processing fee of \$ 100.00 made payable to Carolina Management Services, Inc.
- Attached is a \$40.00 non-refundable application fee per person over the age of 18, payable to Boca Linda Lakes POA.
- Please include a copy of a Driver's License for each applicant.
- A copy of the sales/lease contract.
- Please initial the Rules and Regulations and return a copy of page 1.
- If any question is left blank, this application will not be processed, and it will be returned to you.
- I (We) declare that the above information to be true and correct.

BUYER(S):

_____ DATE: _____

_____ DATE: _____

TENANT (S)

_____ DATE: _____

_____ DATE: _____

DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CONSUMER REPORTS

DISCLOSURE

CAROLINA MGMT may request one or more consumer reports or investigative consumer reports about you for employment or residential purposes. These reports may include information on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which may be used as a factor in making an employment or residential related decision about you. Such information may include credit reports, criminal history, civil records, etc. or personal interviews with your current or prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information.

AUTHORIZATION

By signing below, I agree that I have read and understand the foregoing Disclosure and hereby authorize AmeriCheckUSA to obtain consumer reports or investigative consumer reports about me for employment or residential purposes. I further authorize CAROLINA MGMT and AmeriCheckUSA to share the information with any person involved in the employment or residential decision about me. This agreement will not be valid after 90 days of date signed, and you also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

Print Name (One Person Per Form)

Signature (One Person Per Form)

Date

- For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check the box.

RESIDENTIAL SCREENING REQUEST

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

SSN: _____

DOB (MM/DD/YYYY): _____

Home Phone Tel#: _____

Mobile Phone Cel#: _____

Have you ever been arrested before? _____

I have read and signed the Disclosure & Authorization Agreement.

SIGNATURE: _____ DATE: _____

----- OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE -----

Carolina Mgmt – Boca Linda Lakes

Reference _____

Ordered By _____