

ITEMS NEEDED BY PURCHASER(S)/LESSEE(S) TO SCHEDULE AN INTERVIEW AT PINE TREE VILLAGE

1. Completed application for membership (Application should be returned to office at least 30 days prior to closing.)
2. Check made payable to P. T. V. Homeowners Association, Inc. in the amount of \$150.00. (This fee is non-refundable.)
3. Check made payable to P. T. V. Homeowners Association, Inc. in the amount of \$75.00 for a copy of P.T.V.'s Document Book.
4. Photocopy of a government-issued ID document such as a driver's license, Florida State I.D. Card issued to non-drivers, passport, green card, or naturalization certificate of the purchaser(s)/lessee(s)
5. Photocopy of purchase/lease agreement
6. Optional; A \$25 non-refundable deposit for 2 clubhouse keys

Interviews:

- Interviews will not be scheduled until the requested materials are received at our office.
- Interviews are scheduled on Thursdays at 10:00 AM. Interviews can be scheduled outside of normal interview time for an additional fee of \$50.
- Our office will contact you to schedule the interview.

NOTE: Pets are not allowed. There must be at least one member of the household who is age 55 or older. No children under 18 are permitted to reside in PTV.

P.T.V. Homeowners Association, Inc.
10500 Greentrail Dr. N.
Boynton Beach, FL 33436

Phone: 561-737-1388 Fax: 561-737-1306
Website: www.pinetreevillage.org
email: ptvhoa@bellsouth.net

Application By Proposed Purchaser or Lessee
P. T. V. Homeowners Association, Inc.
10500 Greentrail Drive N. Boynton Beach FL 33436

DATE: _____

If you answer "YES" to the following questions, it is not necessary to complete this application as you will not be eligible to receive a Certificate of Approval.

PURCHASE **LEASE** **OCCUPANCY: FULL TIME** **PART TIME**

1. Do you or any person who will live in the unit intend to bring in any kind of pet? ____YES ____ NO

2. Will there be more than two vehicles parked in the driveway? ____YES ____NO

Unit # _____ can accommodate _____ vehicles in the driveway _____ before they impede the sidewalk. *The Rules and regulations state: the parking of vehicles in driveways shall be in such a manner as to not block sidewalks.*

3. Do you plan to park any of the following vehicles, i.e., trucks, vans, flatbeds, RVs? ____YES ____NO

4. Will there be anyone under the age of 18 residing in the unit on a permanent basis? ____YES ____NO

I/We intend to purchase/lease Unit # _____ at Street Address _____

If it is a lease, it is for the period starting _____ ending _____.

In order to facilitate consideration of my/our application for the purchase/lease of the above-designated unit in P.T.V. and represent the following information is factual and true. I/We are aware any falsification or misrepresentation of the facts in the Application will result in automatic rejection. I/We consent you may make further inquiries concerning this Application, particularly of the reference given below. I/We will be bound by the Declaration of Covenants, Conditions and Restrictions, By-Laws, Articles of Incorporation, and the Rules and Regulations of the Association.

If more than two people will be occupying/buying a unit at P.T.V, please accompany with this a separate application along with the mandatory application and background fees.

OCCUPANTS OF UNIT

NOTE: All prospective occupants, whether buying, renting, or obtaining title transfer due to inheritance, etc., MUST go through the approval process. If you plan to or foresee having 1 or more people move into the unit you are purchasing, they must be interviewed as well, and their name(s) must be listed under section #3 and follow this application's instructions accordingly.

1. LIST YOUR NAME(S) AS PROSPECTIVE OCCUPANT(S). PLEASE PRINT.

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____

2. LIST NAMES OF PROSPECTIVE OCCUPANT(S) WHO WILL RESIDE IN THE UNIT ON A PERMANENT BASIS. IF YOU PLAN TO USE THE UNIT AS A VACATION HOME, LEAVE THIS SECTION BLANK.

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____

3. IF THE UNIT IS TO BE OCCUPIED BY PERSON(S) OTHER THAN PROSPECTIVE OCCUPANT(S), STATE NAME(S).

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____

APPLICANT'S SIGNATURE

DATE

APPLICANT'S SIGNATURE

DATE

4. IN CASE OF AN EMERGENCY, THE ASSOCIATION IS AUTHORIZED TO NOTIFY NEXT OF

KIN _____ PHONE _____
RELATIONSHIP _____ CITY _____ STATE _____ ZIP CODE _____

APPLICANT'S SIGNATURE

DATE

APPLICANT'S SIGNATURE

DATE

*I understand that P.T.V. is a community registered as ***Housing for Persons aged 55 and Older.*** * Children must be 18 years of age or older. The Rules and Regulations of P.T.V. Homeowners Association, Inc. provide that units are for single-family residences only. Please state the name and relationship of all other persons who will be occupying the unit regularly. Pets are not allowed.

IMPORTANT NOTE: Complete all questions and fill in all the blanks. Missing information will cause delays. If any question is not answered, left blank or answered falsely, this application may be returned, not processed, and/or not approved. Once submitted, cannot be cancelled, or refunded. Please print clearly using black ink.

NOTE: All information supplied is subject to verification. All phone numbers must be reachable between 9-5 p.m.

PART I – OCCUPANCY

PURCHASE **LEASE** **OCCUPANCY: FULL TIME** **PART TIME**

Date ____/____/____ Unit Address Applying For

Unit # _____

Full Name _____ Date of Birth _____ Social Security

Single Married Separated Divorced How Long? _____ Other legal or maiden

name _____

Have you ever been convicted of a crime? _____ Date(s): _____ County/State Convicted

in: _____

Charge(s)

Spouse _____ Date of Birth _____ Social

Security # _____ Maiden Name _____ Have you

ever been convicted of a crime? _____ Date(s) _____ County/State Convicted

in _____

Charge(s) _____ Number of people who will occupy unit –

Adults (over age 18) _____

Description of Pets _____

Names and ages of others who will occupy unit _____

Applicants Cell Number(s) _____ Applicants Email

Address _____ In case of emergency

notify _____ Address _____ Phone _____

PART II – DRIVER LICENSES

Driver's License Number (Primary Applicant) _____ State Issued _____

Driver's License Number (Secondary Applicant) _____ State Issued _____

Vehicle Make _____ Vehicle Model _____ Year _____ License Plate

Number _____ Vehicle Make _____ Vehicle Model _____

Year _____ License Plate Number _____

PERSON, NOT RESIDENT OF HOUSEHOLD, TO BE NOTIFIED IN CASE OF EMERGENCY:

Name: _____ Relationship _____

Address: _____

City, State & Zip Code: _____

Telephone: (____) _____

MAILING ADDRESS FOR NOTICE OF ACCEPTANCE OR REJECTION OF APPLICATION

Name: _____ Relationship _____

Address: _____

City, State & Zip Code: _____

Telephone: (____) _____

I/WE UNDERSTAND THAT WE ARE NOT PERMITTED TO HAVE OR HARBOR ANY DOG, CAT, OR PET.

I/we understand that ANY violation of the terms, provisions, conditions and covenants of P.T.V. Homeowners Association, Inc. documents provides cause for immediate action as therein provided or termination of a leasehold under appropriate circumstances.

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing, the applicant recognizes that the Association and Associated Credit will investigate the information supplied by the applicant and full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit

standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature _____ Date _____
Spouse's Signature _____ Date _____

APPROVED DATE: _____ DISAPPROVED DATE: _____

BOARD MEMBER SIGNATURE: _____ DATE: _____

Printed Name of Board Member _____

ALL PERSONS LIVING IN THE UNIT MUST BE INTERVIEWED FOR APPROVAL

FOR BUYER(S): PLEASE HAVE A COPY OF YOUR WARRANTY DEED AND/OR TITLE FORWARDED TO THE ASSOCIATION OFFICE FOR OUR FILES.