

# 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 \$100.00. (This fee is non-refundable)**
3. **Photocopy of a government issued document such as: Driver's License, Florida State I.D. Card issued to non-drivers, Passport, Green Card or Naturalization Certificate of purchaser(s)/lessee(s)**
4. **Photocopy of purchase/lease agreement**
5. **A \$25 non-refundable deposit is optional for 2 clubhouse keys**

## Concerning Interviews:

- Interviews will not be scheduled until all 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**

- **There must be at least one member of the household who is age 55 or older.**
- **Pets are not allowed**

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

Phone: 561-737-1388  
Fax: 561-737-1306  
email: [ptvhoa@bellsouth.net](mailto:ptvhoa@bellsouth.net)

Michael Dykla, Office Manager

**Application By Proposed Purchaser or Lessee  
P. T. V. Homeowners Association, Inc**

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**DATE:** \_\_\_\_\_

**TO:** Board Of Directors

I/We intend to purchase/lease Unit #: \_\_\_\_\_, at \_\_\_\_\_, If it is a lease, it is for the period  
(P.T.V. Street Address)  
starting \_\_\_\_\_ and ending \_\_\_\_\_.

In order for you to facilitate consideration of my/our Application for the purchase/lease of the above-designated unit in P.T.V., I/We represent that the following information is factual and true.

I/We are aware that any falsification or misrepresentation of the facts in the Application will result in automatic rejection of this application. I/We consent that you may make further inquiry 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 I/We are leasing, I/we will not sublet the unit. If I/we are purchasing, I/we will, upon closing, provide to the Association, a copy of the Closing Statement and a copy of the Recorded Deed.

**FULL NAME OF PURCHASER/LESSEE:** \_\_\_\_\_  
**OCCUPATION OF PURCHASER/LESSEE:** \_\_\_\_\_ **HOW LONG:** \_\_\_\_\_  
**FULL NAME OF SPOUSE:** \_\_\_\_\_  
**OCCUPATION OF SPOUSE:** \_\_\_\_\_ **HOW LONG:** \_\_\_\_\_  
**PRESENT HOME ADDRESS:** \_\_\_\_\_ **HOW LONG:** \_\_\_\_\_  
**CITY, STATE & ZIP CODE:** \_\_\_\_\_ **PHONE ( )** \_\_\_\_\_  
**NAME & ADDRESS OF LANDLORD (IF APPLICABLE)** \_\_\_\_\_  
**CITY, STATE & ZIP CODE:** \_\_\_\_\_ **PHONE ( )** \_\_\_\_\_  
**PRIOR HOME ADDRESS:** \_\_\_\_\_ **HOW LONG:** \_\_\_\_\_  
**CITY, STATE & ZIP CODE:** \_\_\_\_\_ **PHONE ( )** \_\_\_\_\_

The Rules and Regulations of P.T.V. Homeowners Association, Inc. provide that units are for single family residence only. Please state the name and relationship of all other persons who will be occupying the unit regularly.

\*I understand that P.T.V. is a community registered as Housing for Persons age 55 and Older.\*

| <u>NAME</u> | <u>RELATIONSHIP</u> | <u>AGE</u> |
|-------------|---------------------|------------|
| _____       | _____               | _____      |
| _____       | _____               | _____      |

Number of children who will be living with you: \_\_\_\_\_

Age(s): \_\_\_\_\_ Sex: \_\_\_\_\_

Application By Proposed Purchaser or Lessee  
P. T. V. Homeowners Association, Inc

CLUB AFFILIATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BANK REFERENCES: (1) \_\_\_\_\_  
(2) \_\_\_\_\_

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Government issued document(s) attached. (Photocopy or duplicate)

MAILING ADDRESS FOR NOTICE OF ACCEPTANCE OR REJECTION OF APPLICATION

Name: \_\_\_\_\_  
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, provide cause for immediate action as therein provided or termination of a leasehold under appropriate circumstances.

DATED: This \_\_\_\_\_ day of \_\_\_\_\_, 2020

SIGNED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

APPLICANTS

ATTACHED IS PROCESSING FEE AND COPY OF CONTRACT OF SALE/LEASE

APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_

BOARD MEMBER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_