

# PARROT COVE HOA, INC.

C/O Sea Breeze Community Management Services, Inc.  
4227 Northlake Boulevard  
Palm Beach Gardens, FL 33410  
(561)626-0917 Fax (561)626-7143  
[www.seabreezecms.com](http://www.seabreezecms.com)

## Tenant Application

(last updated 8/2015)

**COMPLETE ITEMS 1 TO 18 & SUBMIT THIRTY (30) DAYS PRIOR TO PROPOSED LEASE TERM. Old application packages will not be accepted. Our most current application package is available online at the Sea Breeze website.**

**MAIL OR DROP OFF APPLICATION PACKAGE AT OUR OFFICE. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. FAX COPIES WILL NOT BE ACCEPTED AS APPLICATION IS INCOMPLETE.**

**If copies needed a charge of 25 cents per page made payable to Sea Breeze CMS, Inc.**

- \_\_\_1. Application for occupancy form (all information must be completed). (pg. 2 - 6)
- \_\_\_2. Addendum to lease to be completed by owner(s) and tenant(s). (pg.7)
- \_\_\_3. Pet registration form (pg. 8)
- \_\_\_4. Each adult (18 and over) renting or residing in unit to complete occupant certification. (pg. 9)
- \_\_\_5. Owner(s) complete owner certification. (pg.10)
- \_\_\_6. Residential screening request & disclosure & authorization agreement to be completed by all ADULTS (18 and over) renting, or residing in unit. Complete BOTH pages. (pg. 11-12.)
- \_\_\_7. Pool rules acknowledge form (pg. 13-14)
- \_\_\_8. All adults (18 and over) review and sign rules and regulations. Rules will also be reviewed at the welcome meeting. (pg. 15-17)
- \_\_\_9. Certificate of Approval to be completed by each adult (18 and over). Fill in the blanks where the paper request for the property address, owner's name, tenant's name, tenant's signature and date. This paperwork is required for approval. The approval is not authorized until the bottom section of the page is completed by an authorized Board Member or Property Manager. (pg.18)
- \_\_\_10. Provide a copy of the lease contract naming tenants and start & end date of term.
- \_\_\_11. Provide a copy of registration and proof of insurance for each vehicle.
- \_\_\_12. Provide a picture ID for each adult (18 and over) resident (legible copy of driver's license or passport).
- \_\_\_13. Please be advised that all landlords in Parrot Cove HOA, Inc. must obtain Renter's License in order to rent their unit. This may be obtained at the City of Lake Worth. No application will be accepted without this license, and failure to obtain one may result in your name being given to the City as an unlicensed landlord.
- \_\_\_14. \$100.00 **CASH, MONEY ORDER OR CASHIER'S CHECK ONLY** per adult (18 and older) for a non-refundable application processing fee made payable to Parrot Cove HOA, Inc.
- \_\_\_15. Out of the country applicants are subject to completing additional paperwork and fees as determined by our screening company. Please contact our office prior to submitting the application to obtain additional paperwork and fee amount. If additional fees are needed this is non-refundable and made payable to Parrot Cove HOA, Inc. **CASH, MONEY ORDER OR CASHIER'S CHECK ONLY will be accepted.**
- \_\_\_16. \$50.00 **CASH, MONEY ORDER OR CASHIER'S CHECK ONLY** for a non-refundable processing fee made payable to Sea Breeze CMS, Inc.
- \_\_\_17. A security deposit in the amount of \$1,000.00 or one months rent, whichever is greater, not to exceed \$2,000.00 made payable to Parrot Cove HOA, Inc. **CASH, MONEY ORDER OR CASHIER'S CHECK ONLY will be accepted.** The security deposit is refundable if applicant is turned down or tenant has moved out. Monies may be deducted as needed to cover damages to Common Property or fines from the Association.
- \_\_\_18. If the application is not completed in its entirety, the application will be RETURNED and WILL NOT be approved. **Interview is required prior to approval. It is critical for the interview that occupant(s) speak and read English or you must bring an interpreter with you.**

## CURRENT INFORMATION

(All information must be printed and readable)

Parrot Cove Address: \_\_\_\_\_

Name of Current Owner: \_\_\_\_\_

Current Owner Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Tenant(s): \_\_\_\_\_

Tenant(s) Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Lease Term: Start \_\_\_\_\_ End \_\_\_\_\_

Realtor Name & Phone Number: \_\_\_\_\_

### Application Criteria

An applicant **may be DENIED** based on one or more of the following:

1. Application not completed in full.
2. False information provided in application.
3. Background reports.
4. Credit reports.
5. Subleasing is not permitted.
6. Maximum of two (2) persons per bedroom.
7. Owner must own property for the first twenty four (24) months before property can be leased.
8. Minimum lease term is twelve (12) months.
9. Maximum property can be leased is once (1) in a twelve (12) month period.
10. There is a twenty (20%) cap on leases. If the cap has been reached no additional lease will be permitted.
11. Lease renewals or extensions must be approved by the Board.
12. Residents who are not related to the owner, but residing at the property for sixty (60) days or more are subject to completing a lease application.
13. A maximum of two dogs or two cats or one of each or two birds is currently permitted. Maximum weight 35 lbs.

**APPLICATION FOR OCCUPANCY**

**OCCUPANT(S) INFORMATION:**

Information regarding each person to reside in the unit (including children). (Use a separate sheet of paper for information regarding all additional residents, as needed.)

Name [Print-must be legible.]	Age	Relationship to Tenant
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

**LICENSED DRIVERS:** To be residing in the community

Name: \_\_\_\_\_ License # \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ License # \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ License # \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ License # \_\_\_\_\_ State: \_\_\_\_\_

Others: \_\_\_\_\_

**VEHICLES:** Provide a copy of registration and proof of insurance for each vehicle.

Make & Model of Vehicle	License Number	Color	State Registered

**EMERGENCY CONTACTS:**

1) In case of Emergency notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2) In case of Emergency notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERSONAL REFERENCES: (DO NOT LIST RELATIVES.** Each adult (18 and over) occupant must have 3 references.

1) Tenant Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2) Tenant Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3) Tenant Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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1) Tenant Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2) Tenant Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3) Tenant Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**CURRENT RESIDENCE:** Provide current residence for each adult (18 and over) occupying the unit. Use separate sheet of paper, if necessary.

1) Tenant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

I/We have \_\_\_\_\_ owned (give length of time) \_\_\_\_\_

I/We have \_\_\_\_\_ rented Start (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ End (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Landlord or Mortgage holder: \_\_\_\_\_

Address of Landlord or Mortgage holder: \_\_\_\_\_

Phone Number of Landlord or Mortgage holder: \_\_\_\_\_

CURRENT RESIDENCE CONTINUED:

2) Tenant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

I/We have \_\_\_\_ owned (give length of time) \_\_\_\_\_

I/We have \_\_\_\_ rented Start (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ End (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Landlord or Mortgage holder: \_\_\_\_\_

Address of Landlord or Mortgage holder: \_\_\_\_\_

Phone Number of Landlord or Mortgage holder: \_\_\_\_\_

RESIDENCE HISTORY: Provide previous residence history for each adult (18 and over) occupying the unit. If less than 5 years, provide residence history on a separate sheet, if necessary.

1) Tenant Name: \_\_\_\_\_

Previous Address: \_\_\_\_\_

I/We have \_\_\_\_ owned (give length of time) \_\_\_\_\_

I/We have \_\_\_\_ rented Start (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ End (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Landlord or Mortgage holder: \_\_\_\_\_

Address of Landlord or Mortgage holder: \_\_\_\_\_

Phone Number of Landlord or Mortgage holder: \_\_\_\_\_

2) Tenant Name: \_\_\_\_\_

Previous Address: \_\_\_\_\_

I/We have \_\_\_\_ owned (give length of time) \_\_\_\_\_

I/We have \_\_\_\_ rented Start (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ End (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Landlord or Mortgage holder: \_\_\_\_\_

Address of Landlord or Mortgage holder: \_\_\_\_\_

Phone Number of Landlord or Mortgage holder: \_\_\_\_\_

**WORK HISTORY:** Provide work history on all adult (18 and over) occupants, use separate page if necessary. If less than 5 years, provide previous employer info on separate page.

1) Tenant Name: \_\_\_\_\_

2) Tenant Name: \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Supervisors Name \_\_\_\_\_

Supervisors Name \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**I give authorization to Parrot Cove HOA, Inc. or its agents to contact any and all references listed.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**CRIMINAL BACKGROUND:**

I understand a Nationwide Law Enforcement Investigation is required and will be done.

1) Have you (or any other occupants) ever been convicted of a State or Federal offense:

\_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes provide detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Are you (or any other occupants) presently awaiting trial on any criminal offense?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes provide detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes to any of the above, give occupants name, dates, name of court, and details of conviction (use separate sheet of paper, if necessary).

**ADDENDUM TO LEASE**

Fill in the blanks. Both landlord(s) and tenant(s) must print name and sign. A witness to both the landlord(s) and tenant(s) signature is required, witness must print name and sign.

THIS ADDENDUM is made between \_\_\_\_\_ (“Landlord”) and \_\_\_\_\_ (“Tenant(s)”) effective this \_\_\_\_\_ day \_\_\_\_\_ 20\_\_\_\_ and is intended to and shall supplement, amend and modify that certain Lease dated \_\_\_\_\_ regarding Unit \_\_\_\_\_, in the following respects:

1. Tenant(s) are subject to and shall abide by all covenants and restrictions and rules and regulations set forth in the Declaration of Covenants, Conditions and Restrictions for Parrot Cove HOA Inc. If the tenant(s) fails to comply with the rules and regulations the association has the right to evict the tenant(s).

2. In the event the landlord/owner becomes delinquent in payment of assessments (regular or special) or other charges to the Association, the Association may notify the tenant. Upon such notification the tenant shall be obligated to pay the rent required under the lease to the Association, until all delinquent assessments and other charges have been paid in full. During the period of time the tenant is paying the rent to the Association, the Landlord shall not seek to evict the tenant for non-payment of rent.

Witness:

LANDLORD(S)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

Witness:

TENANTS(S)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

# Pet Registration Form

Fill in the blanks. Submit a recent picture of each pet. Sign and date acknowledgement.

Unit Owner or Resident \_\_\_\_\_

Unit # \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Type of pets; (Please circle) Dog Cat Bird Other (specify) \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_ Veterinarian's Phone # \_\_\_\_\_

1) Pet Name \_\_\_\_\_ Pet Age \_\_\_\_\_ Pet Current Weight \_\_\_\_\_

Pet license/ Tag Number \_\_\_\_\_ Pets Estimated Maximum Weight at Maturity \_\_\_\_\_

Breed \_\_\_\_\_

Please attach recent photo of pet here

Please list pet's rabies shot record below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) Pet Name \_\_\_\_\_ Pet Age \_\_\_\_\_ Pet Current Weight \_\_\_\_\_

Pet license/ Tag Number \_\_\_\_\_ Pets Estimated Maximum Weight at Maturity \_\_\_\_\_

Breed \_\_\_\_\_

Please attach recent photo of pet here

Please list pet's rabies shot record below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am aware of the association's rules, regulations and restrictions regarding pets on property and agree to abide by them.

Unit/ Pet owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE RETURN COMPLETED FORM WITH PHOTO(S) TO THE OFFICE



## OCCUPANT CERTIFICATION

Each adult (18 and over) renting or residing in unit to print name, sign and date.

By my signature below, I *hereby* certify

- 1) That all of the information contained in this application is true and complete and I/we give my/our permission for a nationwide law enforcement background investigation and credit history verification.
- 2) That I/We understand and agree that *False* or Misleading information given in this application constitutes grounds for rejection of this application and revocation of my right to reside on this property.
- 3) That the unit I/We occupy may not be leased or sub-leased without the express written approval of the Parrot Cove HOA, Inc.
- 4) That no persons other than those shown on this application will reside in the unit and I/We agree that anyone moving into the unit at a later date will be registered with the Association and a background investigation done at the occupant's expense prior to occupancy.

\_\_\_\_\_  
Print Name of Occupant 1

\_\_\_\_\_  
Signature of Occupant 1

\_\_\_\_\_  
Print Name of Occupant 2

\_\_\_\_\_  
Signature of Occupant 2

\_\_\_\_\_  
Print Name of Occupant 3

\_\_\_\_\_  
Signature of Occupant 3

\_\_\_\_\_  
Print Name of Occupant 4

\_\_\_\_\_  
Signature of Occupant 4

**Date Signed** \_\_\_\_\_

**OWNER CERTIFICATION**

Owner to sign and date. A witness to the owners(s) signature is required, witness must sign and date.

By my signature below I/We hereby certify:

- 1) That the information contained in this application is true and accurate to the best of my knowledge.
- 2) That a copy of the lease agreement or sales contract is attached, and that there are no other agreements concerning this lease, rental, or potential purchase.
- 3) That the unit owner is responsible for any and all costs related to damages to community property and/or violation of the Documents of Parrot Cove HOA, Inc and that these costs include actual damage and all costs and fees paid for the Association’s attorney as may relate to the owners, tenants and/or the guests of such tenants.

I/we hereby authorize the Association to evict a tenant at my (unit owner) expense in any case where my tenant fails to abide by the Documents of Parrot Cove HOA, Inc.

I/We understand and agree to pay the fines issued by the Association Fining committee for violations of the Association’s Documents and Parrot Cove HOA, Inc. any and all remedies available by law to correct a violation of governing documents.

Signature of Owner: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Co Owner: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date \_\_\_\_\_

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**OFFICE USE ONLY:**

Sale ( ) Lease ( ) Unit Address: \_\_\_\_\_

APPROVED ( ) DENIED ( ) DATE: \_\_\_\_\_

Board of Director’s Signature or Authorized Board Representative: \_\_\_\_\_

REASON DENIED: \_\_\_\_\_

LEASE DATES: Start \_\_\_\_\_ End \_\_\_\_\_ By \_\_\_\_\_

Parrot Cove / Ref# \_\_\_\_\_

**RESIDENTIAL SCREENING REQUEST**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_\_

Tel#: \_\_\_\_\_ Cell#: \_\_\_\_\_

**Current Employer**

Company: \_\_\_\_\_ N/A \_\_\_\_\_ Tel#: \_\_\_\_\_ N/A \_\_\_\_\_

Supervisor: \_\_\_\_\_ N/A \_\_\_\_\_ Salary: \_\_\_\_\_ N/A \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_ N/A \_\_\_\_\_

**Current Landlord**

Company: \_\_\_\_\_ N/A \_\_\_\_\_ Tel#: \_\_\_\_\_ N/A \_\_\_\_\_

Landlord: \_\_\_\_\_ N/A \_\_\_\_\_ Rent: \_\_\_\_\_ N/A \_\_\_\_\_

Rented From: \_\_\_\_\_ N/A \_\_\_\_\_ To: \_\_\_\_\_ N/A \_\_\_\_\_

*I have read and signed the Disclosure and Authorization Agreement.*

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

DISCLOSURE AND AUTHORIZATION AGREEMENT  
REGARDING CONSUMER REPORTS

**DISCLOSURE**

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for residence.

**AUTHORIZATION**

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheckUSA with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. 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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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.

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## **POOL RULES**

1. Each unit is limited to a maximum of SIX (6) non residents for no more than FOUR (4) hours a day. This will be strictly enforced
2. There is only ONE (1) guest parking space by the pool. Any additional vehicles parked there will be towed.
3. Any units that are ninety (90) days or more delinquent in assessments (H.O.A. fees) are denied access to the pool until payments are current.
4. Any resident that allows access to the pool to anyone other than someone residing in their unit will be denied further use of the pool.
5. All guests must be accompanied by a resident AT ALL TIMES while at the pool. Children under the age of sixteen (16) must be supervised by an adult at ALL TIMES.
6. Showering before entering the pool is mandatory. All lotions and sunscreens must be removed prior to entering the pool.
7. All residents must keep noise to a minimum while at the pool and in the common areas. Playing loud music is prohibited.
8. Any noise or activity that is offensive to neighboring residents is prohibited.
9. All furnishings, including, chairs, tables, umbrellas, etc, must be put back in their original location DO NOT TOUCH POOL EQUIPMENT SUCH AS THE LIFE RING UNLESS USED FOR AN EMERGENCY.
10. No animals are allowed in the pool or on the pool deck.
11. No glass containers or bottles are to be brought to the pool area.
12. Skateboards, rollerblades and bicycles are prohibited on the pool deck.
13. Large multi person inflatable's, with the exception of life vests, water wings and noodles are prohibited in the pool. Water balloons are prohibited.
14. Running, diving or jumping is prohibited.
15. ALL foods must be washed off the decking, tables and chairs. The BBQ must be cleaned after use and the area under and around the BBQ must be free of food and grease. DO NOT SWEEP OR WASH GREASE OR FOOD INTO THE POOL. ALL TRASH MUST BE REMOVED FROM THE POOL AREA.
16. Restrooms must be left clean and neat.

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## **ACKNOWLEDGEMENT OF POOL RULES**

By signing below, you are indicating that you have read and understand the Parrott Cove Pool Rules as outlined above. Any resident that does not comply with any of the aforementioned rules, as set forth by the Board of Directors, will be fined \$100.00 per occurrence. Repeat offenders to the rules will be denied access to the pool. These rules will be **STRICTY ENFORCED**. If you witness any infractions of the rules, please contact Sea Breeze Community Management Services, Inc. Please provide, in writing, the Homeowners name, exact address, nature of the problem and a picture. (If possible).

Thank you in advance for your cooperation.

Sincerely,  
The Board of Directors for Parrot Cove Homeowner's Association, Inc.

Unit: \_\_\_\_\_

Date: \_\_\_\_\_

Resident Name: \_\_\_\_\_  
(Printed)

Resident Signature: \_\_\_\_\_

**NOTE:** ANY OWNER OR TENANT THAT CURRENTLY HAS ACCESS TO THE POOL, PLEASE SIGN AND RETURN THIS ACKNOWLEDGEMENT, IN THE ENCLOSED STAMPED ADDRESSED ENVELOPE, WITHIN SEVEN (7) DAYS OF RECEIPT, OR YOU WILL BE DENIED ACCESS TO THE POOL.

## **Parrot Cove HOA, Inc.**

### **Rules and Regulations**

**Parking:** Parking is not permitted in the common areas (i.e. behind garages or on the pavers) except for loading and unloading of vehicles. All vehicle maintenance and repairs – excluding washing and waxing - is prohibited in the common areas.

**Guest Parking:** is not to be used by residents at any time. If you have an overnight guest, a parking pass must be displayed from rear view mirror. These passes are available from the Management Company. All vehicles that are not in compliance are subject to tow.

**Garages:** All garage doors must be kept closed except for vehicle or pedestrian ingress and egress.

#### **Trash Pick-up:**

1. Trash (black bin) pick up on Mondays and Thursdays.
2. Recycle bins (green) pick up on Fridays.
3. **Garbage Reminder:** The City will not pick up any bagged or loose trash that is on the ground or along side of bins: if it does not fit in bins it will not be picked up. Put bins out no earlier than 6:00pm evening prior to pick-up and return them to your garage as soon as possible after pick-up but no later than 6:00pm day of pick up.

**Pets:** Domestic birds, dogs and cats are permitted; however pets may not cause a disturbance to others. State of Florida, Palm Beach County, City of Lake Worth and Parrot Cove HOA, Inc. state you must pick up after your pets. Pets must be leashed at all times when outside of your unit. Pets are not allowed in the pool area. A maximum of two dogs or two cats or one of each or two birds is currently permitted. Maximum weight 35 lbs.

**Pool:** All children under the age of sixteen (16) must be accompanied by an adult. It is the responsibility of everyone who uses the pool area or barbecue to clean up after themselves: remove your trash and leave tables and chairs clean and orderly. All residents that are ninety (90) days or more delinquent in payment of Home Owner Fees will be denied access to the pool and pool area.

**Banner & Signs:** The display of any kind of sign or banner is prohibited.

**Satellite Dishes or Antennas:** Are not permitted to be attached to the exterior of any portion of the building or anywhere in common areas.

**Perimeter Walls:** Association shall be responsible for maintaining any perimeter walls of the community even if such walls lay within one or more lots.

## **Leasing:**

An applicant **may be DENIED** based on one or more of the following:

1. Application not completed in full.
2. False information provided in application.
3. Background reports.
4. Credit reports.
5. Subleasing is not permitted.
6. Maximum of two (2) persons per bedroom.
7. Owner must own property for the first twenty four (24) months before property can be leased.
8. Minimum lease term is twelve (12) months.
9. Maximum property can be leased is once (1) in a twelve (12) month period.
10. There is a twenty (20%) cap on leases. If the cap has been reached no additional lease will be permitted.
11. Lease renewals or extensions must be approved by the Board.
12. Residents who are not related to the owner, but residing at the property for sixty (60) days or more are subject to completing a lease application.
13. A maximum of two dogs or two cats or one of each or two birds is currently permitted.  
Maximum weight 35 lbs.

## **Sharing of Repair, Replacement and Maintenance for Party Walls:**

1. Generally: The cost of reasonable repair and maintenance of party walls shall be shared equally by the Owner of the town homes sharing improvements.
2. Failure to Contribute: In the event that an Owner shall fail or refuse to pay their pro rata share of costs of repair, maintenance or replacement of Party Wall (whether or not their own fault or the failure of their insurance company to pay any claim), in that event, the Owner advancing monies shall have the right to file a Claim of Lien for such monies advanced in the Public Records and shall have the right to foreclose said lien.

In addition (a townhome owner) shall be responsible for expenses personal to each townhome such as but not limited to the following:

1. Property taxes on the townhome, telephone, electric, water sewer, etc.
2. Fire and extended coverage in the townhome.

**(Parrot Cove HOA, Inc. does not carry insurance on individual units; it is up to each owner to obtain proper coverage for exterior, interior and contents.)**



Please help us keep Parrot Cove beautiful and a delightful community that we all can enjoy, by complying with the rules and regulations and respecting your neighbors. Please clean up after yourself to help keep costs down.

I/We agree abide by the Declaration of Covenants, Articles of Incorporation, By-laws, rules and regulations and any Amendments there to.

(1) \_\_\_\_\_  
Signature

(2) \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

**Sea Breeze CMS, Inc.**  
**4227 Northlake Boulevard**  
**Palm Beach Gardens, Florida 33410**  
**561-626-0917 Fax 561-626-7143**  
[www.seabreezecms.com](http://www.seabreezecms.com)

**CERTIFICATE OF APPROVAL FOR LEASE**

The undersigned authorized representative **Parrot Cove HOA Inc.** here by certifies that the proposed conveyance of the following unit has been approved as written below:

Unit Number: \_\_\_\_\_ Unit Address: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Tenant(s): \_\_\_\_\_

The above Tenant(s) as evidenced by Tenant(s) signature(s) below hereby acknowledge receipt of the Rules and Regulations for association and agree and understand that condition of approval is adherence to all the community rules. Failure to abide by the rules and regulations for the association will result in non-renewal of lease approval and possible eviction from the unit.

\_\_\_\_\_  
Tenant(s) Printed Name

\_\_\_\_\_  
Tenant(s) Printed Name

\_\_\_\_\_  
Tenant(s) Signature

\_\_\_\_\_  
Tenant(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

This is to certify that the above named Tenant(s) have complied with the above statements and hereby obtain the approval of **Parrot Cove HOA Inc.**

By: \_\_\_\_\_ As: \_\_\_\_\_ Date: \_\_\_\_\_