

# GARDEN OAKS HOA, INC.

C/O Sea Breeze Community Management Services, Inc.  
4100 Lazy Hammock Road  
Palm Beach Gardens, FL 33410  
Number: 561-625-0311 Fax: 561-630-7592  
[www.seabreezecms.com](http://www.seabreezecms.com)

**Completed Applications can be dropped at the onsite office during the hours listed below:**  
**Monday, Tuesday, Thursday, Friday: 8:00am – 12:00pm /**  
**Wednesday: 2:00pm – 6:00pm**

## **Sales Application**

(last updated 10/2014)

Information is required on all applicants. **COMPLETE ITEMS 1 TO 8 & SUBMIT AT LEAST 15 BUSINESS DAYS PRIOR TO CLOSING DATE.** 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. FAX COPIES WILL NOT BE ACCEPTED IF APPLICATION IS INCOMPLETE.**

**If copies needed a charge of 25 cents per page is required**

- \_\_\_\_ 1. Current information (all information must be completed). (pg. 2)
- \_\_\_\_ 2. Sale application form (all information must be completed). (pg. 3)
- \_\_\_\_ 3. Pet registration form (pg. 4)
- \_\_\_\_ 4. Residential screening request & disclosure & authorization agreement to be completed by all PURCHASERS (18 and over) renting or residing in unit. (pg. 5-6)
- \_\_\_\_ 5. Sign and notarized certificate of approval. **We need the original certificate of approval as it is needed for your closing.** (pg. 7)
- \_\_\_\_ 6. Provide a copy of the sales contract naming buyers
- \_\_\_\_ 7. Provide a picture ID for each adult 18 and over (legible copy of driver's license or passport).
- \_\_\_\_ 8. \$100.00 **CASH, MONEY ORDER OR CASHIER'S CHECK ONLY** per adult (18 and older), or married couple, representing a non-refundable application processing fee made payable to Garden Oaks HOA, Inc.
- \_\_\_\_ 9. 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 Garden Oaks Homeowners Association, Inc. **CASH, MONEY ORDER OR CASHIER'S CHECK ONLY will be accepted.**
- \_\_\_\_ 10. Capital contribution equivalent to two (2) months maintenance assessment.

**CURRENT INFORMATION**  
(All information must be printed and readable)

The Unit Address: \_\_\_\_\_

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

Current Owner Phone Number: \_\_\_\_\_

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

Buyer(s) Phone Number: \_\_\_\_\_

Buyer(s) Email Address: \_\_\_\_\_

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

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

**Email Address:**

Please provide your email address and sign and date if you would like to receive emails related to association related updates.

\_\_\_\_\_ Yes, please provide your email address:

\_\_\_\_\_

\_\_\_\_\_ No

# SALES APPLICATION

## BUYER(S) INFORMATION:

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

Name [Print-must be readable]	Age	Relationship to Buyer
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, proof of insurance and a current picture for each vehicle.**

Make & Model of Vehicle	License Number	Color	State Registered

# Pet Registration Form

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

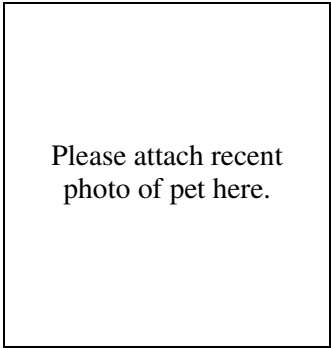
Unit Owner or Resident \_\_\_\_\_

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

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

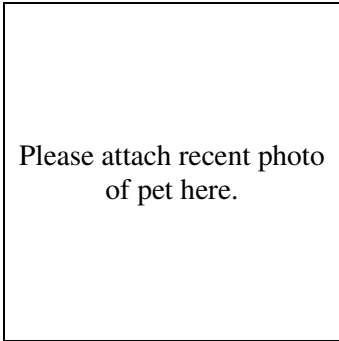
1)  
Pet Name \_\_\_\_\_ Pet Age \_\_\_\_\_ Pet Current Weight \_\_\_\_\_

Pet Breed \_\_\_\_\_ Pets Estimated Maximum Weight at Maturity \_\_\_\_\_



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

Pet Breed \_\_\_\_\_ Pets Estimated Maximum Weight at Maturity \_\_\_\_\_



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

**Garden Oaks HOA, Inc. / 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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**CERTIFICATE OF APPROVAL FOR SALE**

The undersigned authorized representative of **Garden Oaks HOA Inc.** hereby certifies that the proposed conveyance of the following unit has been approved as written below:

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

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

Buyer(s): \_\_\_\_\_

The above Buyer(s) as evidenced by Buyer(s) signature(s) below hereby acknowledge receipt of the Declaration of Covenants, Articles of Incorporation, By-Laws, Rules and Regulations and any amendments to the documents for the association, and agrees to be bound by said documents. Upon closing of the unit, Buyer(s) understands that it is the responsibility of the Buyer(s) to furnish the association with a recorded copy of the deed of conveyance indicating the Buyer(s) mailing address for all future assessments and correspondence from the association.

\_\_\_\_\_  
Buyer(s) Printed Name

\_\_\_\_\_  
Buyer(s) Printed Name

\_\_\_\_\_  
Buyer(s) Signature

\_\_\_\_\_  
Buyer(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

STATE OF FLORIDA COUNTY OF PALM BEACH

The foregoing instrument was sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, By: \_\_\_\_\_ who is personally known to me or who has produced a valid Florida driver's license as identification.

Notary Signature & Stamp:  
\_\_\_\_\_

This is to certify that the above named Buyer(s) have complied with the above statements and thereby obtained the approval of **GARDEN OAKS HOA, INC.**

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

Signed on behalf of the Board of Directors