



The Cove Owner's Association, Inc.
c/o Sea Breeze Community Management Services, Inc.
4227 Northlake Boulevard
Palm Beach Gardens, FL. 33410
Phone: (561) 626-0917 Fax: (561) 626-7143
www.seabreezecms.com

APPLICATION INSTRUCTIONS AND ACKNOWLEDGEMENT

RESIDENT APPLICATION FOR: (circle one) PURCHASE OR LEASE

1. The attached application for occupancy must be completed in detail by the proposed purchaser(s) or lessee(s). All questions must be completed and the application signed by all applicants. If any question is not answered or left blank, the application will be returned, not processed and not approved.
2. A copy of the signed sales contract or lease agreement must be submitted along with the application.
3. If you are purchasing a unit, the seller (current owner) must provide the purchaser with a copy of the Association Documents.
4. A non-refundable application fee of \$100.00 is required along with \$35.00 for each adult over the age of 18 for a Background Screen Fee **made payable to The Cove Owners' Association, Inc.** Also, a non-refundable administrative fee of \$100.00 is required and **made payable to Sea Breeze CMS, Inc. Money order or Cashier's checks Only.**
5. Please allow 14 days for review of application. Occupancy prior to approval is prohibited.
6. A photo ID for each adult who will be residing in the home.
7. Provide a copy of registration, proof of insurance and a picture for each vehicle.
8. Picture of pet(s) and a copy of an up to date Rabies Certification.

NOTE: Leases are a minimum of 3 months and only one lease per 12-month period.

Please do not staple application together.

ACKNOWLEDGEMENT

I hereby agree on behalf of all persons who may use the unit, which I seek to purchase or lease and myself, that I (we) will abide by all the Restrictions in the By-Laws, Rules and Regulations and Association Documents.

I understand that the acceptance for purchase or lease of a unit at The Cove Owner's Association, Inc. is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors.

SIGNATURE OF APPLICANT

SIGNATURE OF APPLICANT

DATE: _____

DATE: _____

THE COVE OWNERS' ASSOCIATION, INC.

PRINT OR TYPE ALL INFORMATION ON THESE FORMS

___ Check here if lessee is an active member of the military service.

DATE: _____ OCCUPANCY DATE: _____
(CLOSING DATE OR IF LEASING-LEASE TERM FROM - TO)

Lease term: Minimum of 3 months, no more than 1 tenant per 12-month period.

PROPERTY ADDRESS: _____
(BEING PURCHASED OR LEASED)

PRESENT OWNER'S NAME(S): _____

PRESENT OWNER'S PHONE NUMBER(S): _____ EMAIL ADDRESS: _____

PRESENT OWNER'S REALTOR: _____ PHONE#: _____

APPLICATION FOR OCCUPANCY

APPLICANT(S): _____
NEW OWNER NAME (AS IT WOULD APPEAR ON TITLE) OR NEW TENANT NAME

PRESENT ADDRESS: _____
(If less than 5 years complete Part 1)

PHONE NUMBERS: _____

EMAIL ADDRESSES: _____

I/WE HAVE ___ OWNED OR ___ RENTED THIS HOME FOR (LENGTH OF TIME) _____

NAME OF LANDLORD OR MORTGAGE HOLDER: _____

LANDLORD/MORTGAGE HOLDER PHONE: _____

INFORMATION REGARDING EACH PERSON TO LIVE IN THE UNIT. (INCLUDING CHILDREN)

NAME (PRINT)	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART I – APPLICANT’S HISTORY

PREVIOUS ADDRESS: _____

I/WE HAVE ___ OWNED OR ___ RENTED THIS HOME FOR (LENGTH OF TIME) _____

NAME OF LANDLORD OR MORTGAGE HOLDER: _____

LANDLORD/ MORTGAGE HOLDER PHONE: _____

PART II - PERSONAL REFERENCES

NAME: _____ CONTACT # _____ RELATIONSHIP _____

NAME: _____ CONTACT # _____ RELATIONSHIP _____

NAME: _____ CONTACT # _____ RELATIONSHIP _____

PART III – EMPLOYMENT

EMPLOYED BY: _____ PHONE: _____
(OR RETIRED FROM) (BUSINESS NAME IF SELF EMPLOYED)

HOW LONG: _____ POSITION: _____ ADDRESS: _____

SPOUSE/PARTNER’S EMPLOYMENT: _____ PHONE: _____

HOW LONG: _____ POSITION: _____ ADDRESS: _____

PART IV – VEHICLES & LICENSED DRIVERS

COMMERCIAL VEHICLES NOT ALLOWED. PICK-UP TRUCKS ARE ALLOWED BUT MUST TO BE PARKED INSIDE THE UNIT’S GARAGE WITH THE GARAGE DOOR CLOSED AT ALL TIMES.

MAKE OF VEHICLE	MODEL	TAG #	YEAR	COLOR	STATE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DRIVER LICENSE # _____ DRIVER LICENSE # _____

DRIVER LICENSE # _____ DRIVER LICENSE # _____

PART V – EMERGENCY CONTACT INFORMATION

NAME _____ CONTACT # _____ RELATIONSHIP _____

PART VI - PETS

NOTE: COMMONLY ACCEPTED HOUSEHOLD PETS SUCH AS DOGS AND CATS MAY BE KEPT IN REASONABLE NUMBERS ALL AS DETERMINED BY ASSOCIATION IN ITS SOLE DISCRETION. AGGRESSIVE PETS, INCLUDING, WITHOUT LIMITATION, PIT BULL TERRIERS ARE SPECIFICALLY PROHIBITED. SWINE, GOATS, HORSES, PIGS, CATTLE, SHEEP, CHICKENS AND THE LIKE ARE SPECIFICALLY PROHIBITED. ANIMALS, FOWL AND REPTILES, WHICH ARE DEEMED BY THE BOARD TO BE OBNOXIOUS, ARE PROHIBITED.

A PICTURE OF PET(S) MUST BE INCLUDED FOR IDENTIFICATION PURPOSES AND AN UP TO DATE RABIES CERTIFICATION FROM A VETERINARIAN MUST BE SUBMITTED.

NAME (answer to)	AGE	COLOR	WEIGHT	BREED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PART VII - BANK & CREDIT REFERENCES

BANK: _____ PHONE: _____

ADDRESS: _____ ACCOUNT#: _____

BANK: _____ PHONE: _____

ADDRESS: _____ ACCOUNT#: _____

PART VIII - SECURITY BACKGROUND

I UNDERSTAND A NATIONWIDE LAW ENFORCEMENT INVESTIGATION IS REQUIRED.

Have you [or other applicant] ever been convicted of a state or federal offense? ____ yes ____ no

Have you [or other applicant] been convicted of a felony in the last 7 years. ____ yes ____ no

Are you [or other applicant] presently awaiting trial on any criminal offense? ____ yes ____ no

IF YOUR ANSWER IS YES TO ANY OF THE ABOVE, GIVE NAME, DATES, NAME OF COURT, AND DETAILS OF CONVICTION ON AN ATTACHED PAGE. FAILURE TO DISCLOSE WILL RESULT IN THE APPLICATION BEING DENIED.

ACKNOWLEDGEMENT BY APPLICANT(S)

By signing below, I/We hereby understand and certify:

1. That I/We agree on behalf of all persons who may use the unit, which I will purchase or lease, that I/We will abide by all the Restrictions and Requirements of the Association's governing legal Documents.
2. That I/We agree that all of the information contained in this application is true and complete to the best of my/our knowledge and that any False or Misleading information given in this application by a prospective applicant constitutes grounds for rejection of this application and revocation of the right to reside on this property.
3. That I/We give my/our permission for a Nationwide Law Enforcement Background investigation and credit history verification, which requires disclosure of my Social Security number that I agree to provide to the Association.
4. That the unit may not be leased without the express written approval of the Cove Owners' Association, Inc. Sub leases are prohibited.
5. 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, a background investigation done at the applicant's expense and receive approval by Association.
6. That I/We hereby authorize the association to evict a tenant at my/our (owner's) expense in any case where the tenant fails to abide by the Association's Governing Documents.
7. That I/We as Owner(s) are responsible for the tenant, invites and/or guests of such tenant, in regards to unpaid violation fines, any costs related to damages to community property and/or fees paid to the Association's attorney relating to tenant, invites and/or guests of such tenant.

Signature of Applicant 1: _____ **Date:** _____

Signature of Applicant 2: _____ **Date:** _____

Signature of Owner: _____ **Date:** _____
(If Leasing)

=====

OFFICE USE ONLY:
APPROVED [] **DENIED** [] **REASON DENIED:** _____

BOARD APPROVAL: _____ **DATE:** _____

THE COVE OWNERS ASSOCIATION
COMMUNICATIONS REGISTRATION AND AUTHORIZATION FORM

Please provide the information you would like to have included in the Owner Directory:

COVE ADDRESS: _____ HOME PHONE: _____

RESIDENT # 1 LAST NAME: _____ FIRST NAME: _____

CELL PHONE: _____ EMAIL: _____

RESIDENT # 2 LAST NAME: _____ FIRST NAME: _____

CELL PHONE: _____ EMAIL: _____

RESIDENT # 3 LAST NAME: _____ FIRST NAME: _____

CELL PHONE: _____ EMAIL: _____

THIS INFORMATION, ALTHOUGH DESIGNATED ONLY FOR THE ASSOCIATIONS USE, MAY POTENTIALLY BE VIEWED BY NON-RESIDENTS. THIS INFORMATION **WILL NOT** BE SOLD OR SHARED WITH ANY THIRD PARTY.

EMAIL PERMISSION:

I, _____, as an owner of the property at _____
(print name) (The Cove Property Address)

and on behalf of all the owners of the Property hereby provide Written Consent to receive all official notices from the Association by Electronic Transmission to the following e-mail address.

E-Mail Address: _____

NOTE: I understand that I am responsible to ensure such Electronic Transmissions are not blocked by a spam filter or other type of filter. I further understand that notwithstanding such opt-in the Association may, from time to time, still provide notices to me via U.S. mail at my official mailing address maintained with the Association.

Signature

Date

PERMANENT MAILING ADDRESS

(TO BE RETURNED TO THE MANAGEMENT COMPANY WITH APPLICATION FORM)

Name of Community: _____

Anticipated Date of Closing: _____

Title Company/Attorney Closing Transaction: _____

Contact Information for Above: _____

Address of Property Being Purchased: _____

The information below will be used to mail maintenance bills and all Association correspondence so please provide permanent mailing address. Please print.

Purchaser's Name: _____

Mailing Address: _____

City / State / Zip: _____

Telephone #s: _____

E-Mail Address: _____

(You are hereby giving permission for the Association to communicate with you via email.)

Purchaser's Signature: _____ Date: _____

Purchaser's Signature: _____ Date: _____

THE COVE OWNERS ASSOCIATION, INC.

WELCOME TO THE COVE

Hopefully you will find the following information helpful as you settle into your new home:

Your Board of Directors:

Lauraine Hoensheid, President

Marc Hirschorn, Vice President/Treasurer

Julie Bell, Secretary

Property Management Company:

Laura Carlisle, Community Association Manager

Sea Breeze CMS, Inc.

4227 Northlake Blvd.

Palm Beach Gardens, FL 33410

PH: 561-626-0917 Fax: 561-626-7143 Email: laura@seabreezecms.com

Office hours: 9 to 5 M-F...Answering Service after hours for emergencies: 561- 801-3067

Cable TV:

Cable is not provided in your HOA fees. Contact Comcast - Local customer service 561-655-3842

Gate Remotes and Keys:

Gate access is via a RFID decal. Decals and keys to the pedestrian gates are available through the management company. RFID reader decals are \$25 each, new residents first two decals are no charge. Pedestrian gate keys are \$20 each, new residents first key is issued at no charge. Any issues with the gates should be reported immediately to the management company for the safety and security of all.

Access for Vendors and Visitors:

Contact the management company to register your name on the gate directory. Visitors will find your name on the directory and dial the number next to your name on entry key pad. The phone number that you have registered (landline or cell) with the management company will ring. To provide access push "9" on your keypad.

Lawn Maintenance/Landscape Services:

Your landscape maintenance service is included in your HOA fees. B&B Diversified (Bob Storey) is the vendor. Any issues with landscaping should be reported to the management company and a work order will be issued.

Sprinkler (Irrigation) System:

Your sprinkler system will be checked by the landscape vendor on a regular basis. However, the property owner is responsible for any repairs other than sprinkler heads broken by the lawn maintenance crew.

Tree and Palm Trimming:

Palm tree trimming services are provided annually in your HOA fees by B&B Diversified.

Mangrove Trimming: (The Board is looking into this and it may be changing)

Each property owner is responsible for maintaining the mangroves on their property. Please be aware that the mangroves are heavily regulated by the State and not just any vendor is qualified to trim the mangroves. We have found that Only Trees is a good vendor for this service. Their contact number is 561-747-8050. Mangroves that are not properly maintained and interfere with the navigability of the canal will be trimmed by the HOA and will be billed back to the appropriate property owner.

Pest Control – Lawn and Plants Only:

Pest control is included in your HOA fees. B&B Diversified is the vendor. For whitefly treatment is services by Highlands Pest Control. Any issues with pest control should be reported to the management company and a work order will be issued.

Lift Stations:

Every home has a lift station installed in the ground with an electrical panel located on the exterior of the home. Lift stations are inspected on a quarterly basis by On-Site Water Management which is included in your HOA fees. However, if you notice a red light on your panel box, you will require additional service and you must contact the vendor immediately for a service call. Service calls are not included in your HOA fees and are \$450 plus parts/materials and electrical, mechanical and plumbing work, if needed. On-Site Water Management's phone number is 561-432-9696.

Swimming Pool Maintenance:

If your home has a swimming pool, regular weekly pool maintenance is included in your HOA fees. Griffis Pool is the vendor. Only maintenance is included. You are responsible for any additional services or repairs. If you have an issue with your pool, contact the management company who will issue a work order to the vendor to come out and provide a solution.

Rodent Control:

The HOA provides rodent control for the common areas and along the seawall at the canals only. Each individual homeowner is responsible for their own residence.

Lights:

Street lights are maintained by the HOA. If there is a street light or column light out in your area, contact the management company who will prepare a work order for it to be repaired. Column lights by the driveways also the responsibility of the HOA. If you have a column light not working, contact the management company.

Trash Collection:

Service is provided by Waste Pro and is included in your property tax bill each year. Waste Pro can be reached at 561-688-8912 should there be an issue with collection.

Pick up Days are: Mondays for household trash, recyclables and bulk items

Thursdays for household and vegetation. Leave vegetation on the side of the house and B & B Diversified will remove it for you.

For recycling bins contact Solid Waste Authority at 561-547-4000

For large bulk items (i.e., appliances, furniture, etc.) call 561-697-2700 to arrange a special pick-up.

For vegetation We do not have pick up; any vegetation waste should be stashed somewhere out of sight for our landscapers to remove.

Water:

Each property owner is responsible for their own water usage including the irrigation system for their yard. Seacoast Utility Authority is the provider and can be reached at 561-627-2920.

Mailboxes:

If you have a problem with your mailbox, i.e. leaking, contact the management company.

Security Alarm Systems:

Security alarms are the responsibility of each individual property owner. You **must** register your alarm with the Palm Beach County Sheriff's office. Contact the Sheriff's office at 561-688-3695 to register. The County does charge a small annual fee of \$25 for this service.

Exterior Changes/Alterations/Additions/Removals, etc.:

Any changes to the exterior of your home, including changes in landscaping, **must** be approved by the ARC in advance of any work starting. Contact the management company for the proper form that will need to be completed and submitted for approval.

Quarterly Assessments:

You will be billed on a quarterly basis for your HOA assessment. Assessments are due on January 1, April 1, July 1 and October 1. You can set up your payment on an automatic payment schedule if you wish. Contact the management company to make arrangements.

Meetings:

The Annual Membership Meeting is held in January of each year. Board of Directors meetings are held as needed and will be posted 48 hours in advance of the meeting at the exit gates. Property owners are invited to attend all Board Meetings. Architectural Review Committee (ARC) Meetings are held on an as needed basis.

Rules You Should Know

Please read your documents for a thorough understanding. Copies of the documents can be obtained through the management company, if needed.

- **Parking:** Owners' automobiles shall be parked in the garage whenever possible. No vehicle, which cannot operate on its own power, shall remain on-site for more than 12 hours unless garaged. No commercial vehicles shall be permitted to be parked for more than 4 hours per day unless residence is under construction, maintenance or repair; nor shall they be parked overnight unless in a garage. No recreational vehicle of any kind shall be parked overnight. No boats, boat trailers, trailers of any kind, campers, motor homes, mobile homes or buses shall be permitted to be parked on-site unless fully enclosed in a garage.
- **Pets:** No pit bull terriers are allowed. No pet shall be "tied out" on the exterior of the property or left unattended in a yard or on a balcony, porch or patio. **All pets shall be walked on a leash. Please pickup after your pet.**
- **Satellite Dishes:** Dishes require ARC approval for location.
- **Signage:** No signs, of any type, are permitted.

Helpful Phone Numbers:

You are in Unincorporated Palm Beach County not Palm Beach Gardens City Limits

Emergency (Police, Fire, Medical)	911
Non-Emergency Police (PBC Sheriff's Dept)	561-688-3400
Teco Gas	1-877-832-6747
Florida Power & Light	561-697-8000
Management company	561-626-0917

As of 2/2020

Sea Breeze – The Cove / Ref# _____

RESIDENTIAL SCREENING REQUEST

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

SSN: _____ DOB (MM/DD/YYYY): _____

Tel#: _____ Cel#: _____

Current Employer

Company: _____ N/A _____ Tel#: _____ N/A _____

Supervisor: _____ N/A _____ Salary: _____ N/A _____

Employed From: _____ N/A _____ To: _____ N/A _____ 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.

The Cove Owner's Association, Inc.
c/o Sea Breeze Community Management Services, Inc.
4227 Northlake Boulevard
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Phone: (561) 626-0917 Fax: (561) 626-7143
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CERTIFICATE OF APPROVAL FOR SALE

The undersigned authorized representative of **The Cove Owners' Association, Inc.** hereby certifies that the proposed conveyance of the following unit has been approved as written below:

Home Address: _____

Owner(s): _____

Buyer(s): _____

The above Buyer(s) 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

This is to certify that the above-named Buyer(s) have complied with the above statements and thereby obtained the approval of **The Cove Owners' Association, Inc.**

By: _____ As: _____ Date: _____

Signed on behalf of the Board of Directors

The Cove Owner's Association, Inc.
c/o Sea Breeze Community Management Services, Inc.
4227 Northlake Boulevard
Palm Beach Gardens, FL. 33410
Phone: (561) 626-0917 Fax: (561) 626-7143
www.seabreezecms.com

CERTIFICATE OF APPROVAL FOR LEASE

The undersigned authorized representative of **The Cove Owners' Association, Inc.** hereby certifies that the proposed conveyance of the following unit has been approved as written below:

Home Address: _____

Owner(s) Name: _____

Applicant(s) Name: _____

The above Tenant(s) 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.

Applicant(s) Printed Name

Applicant(s) Printed Name

Applicant(s) Signature

Applicant(s) Signature

Date

Date

This is to certify that the above-named Tenant(s) have complied with the above statements and thereby obtained the approval of **The Cove Owners' Association, Inc.**

By: _____ As: _____ Date: _____

Signed on behalf of the Board of Directors