

TRAK PROPERTY MANAGEMENT
751 Park of Commerce Drive Suite 116
Boca Raton, FL 33487
561-245-4444 OFFICE 561-245-4447 FAX

**IF YOU REQUIRE A CLOSING LESS THAN 14 DAYS
FROM SUBMISSION OF APPLICATION,
YOU MUST SUBMIT A COMPLETE APPLICATION
AND ADD A SEPARATE RUSH FEE
PAYABLE TO TRAK
IN THE AMOUNT OF \$100.00
IN ADDITION TO THE APPLICATION FEES.**

**PLEASE REVIEW THE CHECKLIST CAREFULLY PRIOR
TO SUBMISSION.**

APPLICATIONS WILL BE PROCESSED

**MONDAY – FRIDAY
FROM
9:00 AM – 12:00 PM**

IN THE ORDER THEY ARE RECEIVED

WARNING: We are not authorized to change an owner's name in our system until we have received a Warranty Deed or copy of change from the Palm Beach Property Appraiser's website. If you do not provide this proof of change of ownership your bills will go to the previous owner and you may incur late fees, interest, and attorney fees

CRESCENT LAKES AT BOCA RATON HOMEOWNERS ASSOCIATION

C/O TRAK PROPERTY MANAGEMENT GROUP, INC.

751 Park of Commerce Drive Suite #116

Boca Raton, Florida 33487

561-245-4444 Office * 561-245-4447 Fax

www.trakpmg.com

APPLICATION FOR SALE/LEASE, GIFT, DEVISE OR INHERITANCE APPROVAL

- THIS APPLICATION AND THE ATTACHED APPLICATION FOR OCCUPANCY MUST BE COMPLETED IN DETAIL BY THE PROPOSED PURCHASER OR LESSEE. IF ANY QUESTION IS NOT ANSWERED OR LEFT BLANK, THIS APPLICATION WILL BE RETURNED, NOT PROCESSED AND NOT APPROVED.
- PLEASE ATTACH A COPY OF THE SALES/LEASE APPLICATION TO THIS AGREEMENT.
- PLEASE ATTACH A NON-REFUNDABLE PROCESSING FEE OF \$100.00 MADE PAYABLE TO CRESCENT LAKES
- PLEASE ATTACH A NON-REFUNDABLE PROCESSING FEE OF \$50.00 MADE PAYABLE TO TRAK PROPERTY MANAGEMENT GROUP INC.
- THE COMPLETED APPLICATION MUST BE SUBMITTED TO THE ASSOCIATION OFFICE AT LEAST THIRTY (30) DAYS PRIOR TO THE DESIRED DATE OF OCCUPANCY/CLOSING.
- ALL RENTALS MUST BE FOR A PERIOD OF NO LESS THAN NINE (9) MONTHS AND NO MORE THAN ONE (1) YEAR.
- NO UNIT OWNER SHALL LEASE HIS/HER UNIT MORE THAN ONCE (1) PER CALENDAR YEAR.
- NO COMMERCIAL VEHICLES, BOATS, TRAILERS OR RV'S ARE PERMITTED ON THE PREMISES. PICK UP TRUCKS AND VANS ARE ALLOWED IF THEY ARE PARKED IN THE GARAGE OVERNIGHT.
- THE OWNER (LANDLORD) MUST PROVIDE LESSEE WITH A COPY OF CRESCENT LAKE'S RULES & REGULATIONS.
- ONLY ONE FAMILY IS TO OCCUPY A HOME AT CRESCENT LAKES.
- NO BUSINESSES ARE ALLOWED TO BE OPERATED FROM THE HOMES AT CRESCENT LAKES

PLEASE PRINT OR TYPE

ADDRESS OF UNIT: _____

PURCHASER'S/LESSEES NAME: _____

PRESENT ADDRESS: _____

PHONE #: _____ ESTIMATED CLOSING DATE: _____

EMAIL ADDRESS _____

NAME/NUMBER OF REALTOR HANDLING SALE/LEASE: _____

NAMES OF PROPOSED LESSEES (as lease would appear):

A) _____ B) _____

PRESENT ADDRESS _____ PHONE # _____

DATE _____ LEASE TERM: FROM _____ TO _____

I HAVE RECEIVED A COPY OF THE DOCUMENTS, AND THE RULES AND REGULATIONS OF THE ASSOCIATION AND:

- 1.) I hereby agree for myself and on behalf of all persons who may use the home which I seek to lease/purchase:
 - a. I will abide by all the restrictions contained in the by-laws, rules and regulations and restrictions which are or may in the future be imposed by CRESCENT LAKES HOMEOWNERS ASSOCIATION.
 - b. I understand that pets (if any) must be kept on a leash and all solid waste must be removed.
 - c. I understand that sub-leasing or occupancy of this in my absence is prohibited.
 - d. I understand that I must be present when any guests, visitors or children who are not permanent residents occupy the unit.
 - e. I understand that any violation of the terms, provisions, conditions and covenants of the Crescent Lakes at Boca Raton Homeowners Association Documents provides cause for immediate action as therein provided or termination of the leasehold under appropriate circumstances.
- 2.) I understand that the acceptance for lease of a unit at Crescent Lakes at Boca Raton is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of information on these forms will result in the automatic rejection of this application.
- 3.) I understand that the Board of Directors of Crescent Lakes at Boca Raton Homeowners Association may cause to be instituted such an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors to make such investigation and agree that the information contained in this and the attached application may be used in such investigation and that the Board of Directors and Officers of Crescent Lakes at Boca Raton Homeowners Association itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

I agree to be governed by the determination of the Board of Directors.

SIGNATURE: _____ SIGNATURE: _____

APPROVED BY: _____

President of the Board of Directors

Secretary of the Board of Directors

CRESCENT LAKES AT BOCA RATON HOMEOWNERS ASSOCIATION

APPLICATION FOR OCCUPANCY

PLEASE PRINT OR TYPE

CURRENT OWNER: _____

UNIT ADDRESS: _____

LESSEE OR PURCHASER NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

SPOUSE/CO-APPL: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

MAIDEN NAME: _____ MARITAL STATUS: _____

NO. OF ADULT OCCUPANTS: _____ NO. OF CHILDREN OCCUPANTS: _____

PETS (DESCRIBE) : _____

IN CASE OF EMERGENCY NOTIFY: _____

ADDRESS/PHONE #: _____

RESIDENCY (SECTION 1)

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LANDLORD/MORTGAGE COMPANY: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMPLOYMENT (SECTION 2)

PRESENT EMPLOYER: _____ PHONE #: _____

ADDRESS: _____

LENGTH OF EMPLOYMENT: _____ POSITION: _____ SALARY: _____

PRESENT EMPLOYER: _____ PHONE #: _____

ADDRESS: _____

LENGTH OF EMPLOYMENT: _____ POSITION: _____ SALARY: _____

SPOUSE/CO-APPLICANT: _____ PHONE #: _____

ADDRESS: _____

LENGTH OF EMPLOYMENT: _____ POSITION: _____ SALARY: _____

BANK INFORMATION (SECTION 3)

BANK NAME: _____ PHONE #: _____

BANK ADDRESS: _____

CHKG ACCT #: _____ SVGS ACCT #: _____

NO. OF YEARS YOU HAVE HELD THIS BANK ACCT. CK: _____ SVGS: _____

BANK NAME: _____ PHONE #: _____

BANK ADDRESS: _____

CHKG ACCT #: _____ SVGS ACCT #: _____

NO. OF YEARS YOU HAVE HELD THIS BANK ACCT. CK: _____ SVGS: _____

CHARACTER REFERENCES (SECTION 4)

NAME: _____ HOME #: _____ WK #: _____

ADDRESS: _____

NAME: _____ HOME #: _____ WK #: _____

ADDRESS: _____

AUTOMOBILE INFORMATION (SECTION 5)

NUMBER OF CARS: _____ DRIVERS LICENSE #: _____

LICENSING STATE: _____

MAKE: _____ MODEL: _____ YEAR _____ TAG #: _____ STATE: _____

MAKE: _____ MODEL: _____ YEAR _____ TAG #: _____ STATE: _____

MAKE: _____ MODEL: _____ YEAR _____ TAG #: _____ STATE: _____

GENERAL INFORMATION (SECTION 6)

HAVE YOU EVER BEEN EVICTED BEFORE? _____

IF YES, WHERE/WHY? _____

HAVE YOU EVER REFUSED TO PAY RENT? _____

IF YES, WHERE/WHY? _____

Attached is a non-refundable application fee payable to Crescent Lakes Homeowners Association, Inc. and mailed to TRAK Property Management Group, 751 Park of Commerce Drive #116, Boca Raton, FL 33487. **If any question is left blank, this application may not be approved. This application is subject to approval.**

I/We declare the above information to be true and correct. I/We authorize the landlord, or agent(s) to verify it.

I/We understand an investigation of my background will be conducted to determine by character, general reputation, personal characteristics, mode of living and specifically authorize TRAK Property Management Company to make such an investigation.

I/We agree to abide by the Rules and Regulations of the Association.

SIGNED _____ DATE _____

SIGNED _____ DATE _____

Please enclose a copy of the sales contract / lease with this application. Thank you!!!

**CRESCENT LAKES AT BOCA RATON
HOMEOWNERS ASSOCIATION, INC.
Purchaser Information**

Community Name: _____

Property Address: _____

Purchaser(s): _____

Mailing Address: _____

Off Season Address: _____

Please list the months you are expected to be in residency at Crescent Lakes. After closing, **you must notify the management company in writing if you wish an out of town address used for your mailing address**, otherwise all mail will be sent to your Crescent Lakes address.

Home Telephone Number #: _____

Business Number(s) : _____

Local Contact Person: _____

Telephone Number(s): _____

In case of Emergency Notify: _____

Telephone Number(s): _____

Number of Cars: _____

| MAKE | MODEL | YEAR | PLATE # | STATE |
|-------|-------|-------|---------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

LEASE INFORMATION (if applicable)

Name of Lessee(s): _____

Lease dates: FROM _____ to _____

Telephone Number: _____

Work Number (s): _____

Number of Occupants: _____

Names: _____

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure ALL THREE Authorization Forms are completed as indicated.

ALL PARTS OF THESE FORMS ARE REQUIRED - DO NOT CUT OR SEPARATE THEM

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND POLICE RECORD INFORMATION

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my/our application made for residency.

DESIGNATED PARTY: TRAK PROPERTY MANAGEMENT GROUP, INC.

I hereby waive and privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

Applicant's Signature / Date

Applicant's Name PRINTED

Spouse's Signature / Date

Spouse's Name PRINTED

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND POLICE RECORD INFORMATION

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Spouse's Signature / Date

Spouse's Name PRINTED

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Applicant's Signature / Date

Applicant's Name PRINTED

Spouse's Signature / Date

Spouse's Name PRINTED

PET REGISTRATION FORM

ALL PETS MUST BE KEPT ON A LEASH WHEN OUTSIDE THE HOUSE AND ALL SOLID WASTE MUST BE REMOVED AND DISPOSED OF PROPERLY

NAME: _____

COMMUNITY ADDRESS: _____

I do not have any pets: Signature: _____

I HAVE THE FOLLOWING PETS:

Number of dogs: _____

Number of Cats: _____

*****NO OUTDOOR CATS ARE PERMITTED IN CRESCENT LAKES HOA*****

1. BREED _____ **WEIGHT** _____

NAME _____

2. BREED _____ **WEIGHT** _____

NAME _____

3. BREED _____ **WEIGHT** _____

NAME _____

4. BREED _____ **WEIGHT** _____

NAME _____

**** RETURN WITH A PHOTO OF EACH PET ****

EFFECTIVE JULY 1, 2010; FLORIDA STATUTE 718.116 (CONDO) 720.3085 HOA:

UNIT OWNERS' CONSENT TO ASSIGNMENTS OF RENTS TO THE ASSOCIATION.

The undersigned, _____, as owner(s) of the property whose address is: _____ of _____, and whose mailing address is _____ and the undersigned tenant (s) _____ agree as follows;

1. That said owner agrees to continue making payments directly to the Association all dues/assessments and/or special assessments as they are due.
2. That in the event that said owner does not pay any one (1) monthly assessment by the 30th day of each month, The Association, or any agent thereof, shall have the right to require that the tenant pay the monthly assessment along with any additional amounts then owed to the Association, including but not limited to, delinquent assessments, special assessments, late fees, attorney's fees, costs from enforcement of this Addendum or other legal action to collect delinquent maintenance/assessments, and fines directly to The Association and to then pay the remainder to the landlord/owner.
3. The Association shall send written notice to both the unit owner and the tenant of the imposition of the requirement, after an owner has failed to pay any one (1) month's dues/assessments by the 30th day of the month.
4. The unit owner hereby assigns that portion of the rents, including any delinquent assessments, special assessments, attorney's fees and court costs, due and payable to the Association, upon the association giving notice as described above of the delinquency and imposition of the requirement that the tenant pay the monthly assessment to the Association.
5. The unit owner agrees that he/she/they will not consider the tenant delinquent in their rental payment, nor commence eviction proceedings against the tenant, in the event that the tenant pays the monthly assessment directly to the Association and deducts same from the tenant's rental payment to the unit owner.
6. After the account balance becomes current by means of tenants payments, the tenant shall continue to deduct the monthly assessments/dues from the rent and pay it directly to the Association unless otherwise notified by The Association or an Agent of the association.
7. In the event it becomes necessary to bring legal action to enforce this agreement, the prevailing party shall be entitled to recover reasonable attorney's fees, costs and interest. Any fees or costs incurred by the Association shall be incurred in the amount paid by the tenant to the Association under this addendum.

THIS AGREEMENT SHALL BIND ALL PARTIES THERETO

Countersigned: _____ or Management

Unit Owner: _____

By: _____

Tenant: _____

Title: _____