



PALM SHORES AT GABLES END
ASSOCIATION, INC.

8530 LEEWARD PASSAGE • BOYNTON BEACH, FL 33436 • 561-364-8501 • FAX 561-364-4941

INSTRUCTIONS FOR SUBMITTING AN APPLICATION TO PURCHASE A HOME

Applications must be submitted to the Palm Shores office *at least 30 days* prior to your closing date.

No home will be allowed to close without an original, signed *Certificate of Approval*. Failure to submit a **COMPLETE** application may result in a delayed closing.

Applications can be picked up or dropped off at the Clubhouse Office. Our Property Manager is available Monday through Friday between the hours of 8:30 am and 4:30 pm. Office is closed from 12:30 pm to 1:30 pm. The application & all accompanying forms must be completed in full, or they will be returned.

Management office phone: 561-364-8501

Email address: palmshores@davenportpro.net

Property Manager: Tara Rodgers, LCAM

Please include the following with your application:

- \$225.00 application fee for the first 2 applicants, \$150.00 per person for any additional applicant, or \$150.00 if only one person is applying. Application fee must be paid by check/money order/cashier's check and must be made payable to Palm Shores at Gables End Association, Inc. This fee is for the processing of the application and the background and credit checks and is nonrefundable.
- Copy of each person's driver's license or legal ID card.
- Pet form must be completed and include a photo of the pet(s). If you do not have a pet, you must still fill out and sign the form. If you acquire a pet later, you are required to complete the pet form and submit it to our Property Manager.
- Copy of your sales contract.

Note: Each person that will be residing in the residence must be included in the application and have a background and credit check done.

A brief orientation will be scheduled *before* closing to receive your COA (certificate of approval).

PALM SHORES AT GABLES END ASSOCIATION, INC.

Sale of Residence

DISCLOSURE SUMMARY (SELLERS TO PURCHASERS)

TO PURCHASER(S) _____ PHONE/CELL _____

LOT# _____ ADDRESS _____

DATE OF CLOSING _____ MOVE-IN DATE (if known) _____

THIS SUMMARY IS BASED ON CURRENT FLORIDA STATUTES AND OUR GOVERNING DOCUMENTS.

1. AS A PURCHASER OF PROPERTY IN THIS COMMUNITY, YOU ARE AUTOMATICALLY A MEMBER OF THE HOMEOWNERS' ASSOCIATION.
2. RESTRICTIVE COVENANTS EXIST THAT GOVERN THE USES AND OCCUPANCY OF PROPERTIES IN THIS COMMUNITY, INCLUDING BUT NOT LIMITED TO, NO COMMERCIAL VEHICLES, RV'S OR BOATS, NO PICK UP TRUCKS IN THE DRIVEWAY OVERNIGHT (MUST FIT IN THE GARAGE) AND NO AGGRESSIVE DOG BREEDS SUCH AS PITBULLS.
3. THE RESTRICTIVE COVENANTS CANNOT BE AMENDED WITHOUT THE APPROVAL OF THE ASSOCIATION MEMBERSHIP.
4. MAINTENANCE FEES ARE DUE BY THE FIRST OF JANUARY, APRIL, JULY & OCTOBER.
5. IF APPLICABLE, YOU WILL BE OBLIGATED TO PAY ASSESSMENTS TO THE ASSOCIATION.
6. YOUR FAILURE TO PAY THESE ASSESSMENTS COULD RESULT IN A LIEN BEING PLACED ON YOUR PROPERTY.
7. THE STATEMENTS CONTAINED IN THIS DISCLOSURE ARE SUMMARY IN NATURE. PURCHASER MUST REFER TO THE COVENANTS & GOVERNING DOCUMENTS FOR MORE DETAILS.

At the time of closing, the Title company must collect from Purchaser(s), a check payable to Palm Shores at Gables End Association, Inc. for a non-refundable Capital Contribution equaling one (1) quarterly maintenance (\$1,350.00). Please make sure the seller provides you with their Medco key(s) for the clubhouse and it's amenities, or you will be charged \$50.00 per key. Also, please make sure the seller provides you with a copy of the Association's Governing Documents, commonly referred to as the "Blue Book". **In lieu of closing, inheritance or other means of title transfer, the capital contribution is still due from the purchasers.**

RECEIPT ACKNOWLEDGED:

PURCHASER: _____ (Signature)

PURCHASER: _____ (Signature)

DATE: _____

PALM SHORES AT GABLES END ASSOCIATION. INC.

Sale of Residence

Seller(s): _____ Lot No: _____

Address: _____ Boynton Beach, FL 33436

Phone/Cell: _____

I/We hereby request that the Association approve such transaction. I/We are providing the following information regarding the prospective Purchaser and I/We warrant same to be true.

1) Name(s) of Purchaser(s): _____

2) Current Address of Purchaser(s): _____
City: _____ State: _____ Zip: _____ Phone/Cell: _____

3) Closing Date: _____ Move-in Date: _____

4) Lender: _____

5) Copy of Contract attached? Yes _____ No _____

6) Number of adults to reside in house: _____

7) Will the purchaser be provided with two (2) keys to the Clubhouse and a copy of the Declaration of Covenants and Restrictions of the Association at closing? Yes _____ No _____

Seller (signature)

Purchaser (signature)

Seller (print)

Purchaser (print)

Date

Date

Note: All applications must be submitted at least thirty (30) days before closing date.

A home MAY NOT be leased until purchaser has owned the property for a minimum of two (2) years.

Palm Shores Property Manager must be notified of any change in data or dates on this form.

PALM SHORES AT GABLES END ASSOCIATION, INC.

AGE VERIFICATION FORM

LOT NUMBER: _____ ADDRESS: _____

PURCHASER(S):

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

OCCUPANT(S), if different from PURCHASER(S):

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Copy of driver's license or birth certificate of new occupants must accompany this form.

The undersigned certifies that the above-stated information is true and correct.

PURCHASER/OCCUPANT: _____ (signature)

PURCHASER/OCCUPANT: _____ (signature)

PHONE/CELL #: _____ DATE: _____

LIST OF VEHICLES

Vehicle #1

Year _____ Make _____ Model _____

Color _____ License Plate # _____

Vehicle #2

Year _____ Make _____ Model _____

Color _____ License Plate # _____

Vehicle #3

Year _____ Make _____ Model _____

Color _____ License Plate # _____

Vehicle #4

Year _____ Make _____ Model _____

Color _____ License Plate # _____

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**IN CASE OF EMERGENCY
CONTACT INFORMATION FORM**

Resident's Name: _____

Resident's Address: _____

Phone #: _____ Lot #: _____

**CONTACT PERSON
(Not a spouse)**

Name: _____

Home Phone #: _____ Cell Phone #: _____

Relation to Resident: _____

ALTERNATE CONTACT PERSON

Name: _____

Home Phone #: _____ Cell Phone #: _____

Relation to Resident: _____

PALM SHORES AT GABLES END ASSOCIATION, INC.

Release of Information & Authorization

Date: _____

To: Davenport Professional Property Management, LLC
6620 Lake Worth Rd., Suite F
Lake Worth, FL 33467

cc: Board of Directors & Property Manager

I/WE GIVE MY/OUR AUTHORIZATION FOR THE ABOVE TO VERIFY INFORMATION, OBTAIN A CREDIT REPORT, CRIMINAL HISTORY REPORT, AND VERIFY EMPLOYMENT INFORMATION AND AGREE SCREENING MAY RESULT IN THE APPLICATION BEING APPROVED OR DISAPPROVED. THIS AUTHORIZATION IS GOOD FOR THIRTY (30) DAYS FROM THE DATE ABOVE. ANY INFORMATION OBTAINED IN A CREDIT REPORT, CRIMINAL HISTORY REPORT AND EMPLOYMENT MAY BE PROVIDED TO THE OWNER OF THE PROPERTY STATED ON THIS APPLICATION.

Signature: _____ Print Name: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State: _____

Current Address:

Previous address if less than five (5) years at the above address:

Please provide an email:

SPOUSE:

Signature: _____ Print Name: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State: _____

Current Address:

Previous address if less than five (5) years at the above address:

Please provide an email:

PALM SHORES AT GABLES END ASSOCIATION, INC.

APPLICATION FOR PET REGISTRATION

NO AGGRESSIVE DOG BREEDS SUCH AS PITBULLS ARE ALLOWED

NAME: _____

ADDRESS: _____

LOT #: _____ PHONE/CELL: (_____) _____

(Note: No more than two (2) pets are permitted per Unit. ALL future pets must also be registered.)

Hereby applies to the Palm Shores Association for registration of the following pet(s):

a. Breed: _____

b. Pets Name: _____

c. Weight of Pet: _____

d. Age of Pet: _____

No animals, livestock or poultry of any kind shall be permitted within the SUBJECT PROPERTY except for common household domestic pets. **No pit bull terriers or other canines with history of aggressive behavior are permitted without the consent of the ASSOCIATION.** Any pet must be carried or kept on a leash when outside of the UNIT or fenced-in area. No pet shall be permitted to go or stray on any other LOT without the permission of the OWNER of the LOT. No pet shall be kept outside of a UNIT, or in any screened porch or patio, unless someone is present in the UNIT. Any pet must not be an unreasonable nuisance to other residents of the SUBJECT PROPERTY. Any resident shall immediately pick up and remove any solid animal waste deposited by his pet on the SUBJECT PROPERTY. The ASSOCIATION may require any pet to be immediately and permanently removed from the SUBJECT PROPERTY due to a violation of this paragraph. If any pet interferes with the ASSOCIATION'S maintenance obligations, upon written demand by the ASSOCIATION the applicable OWNER will be required to assume the obligation for such maintenance, without reduction in ASSESSMENTS for ASSOCIATION expenses.

I/WE HAVE READ THE ABOVE AND I/WE WILL COMPLY WITH THESE RULES.

SIGNATURE of OCCUPANT: _____

SIGNATURE of OCCUPANT: _____

APPROVAL - President of the Board, or Property Manager

BY: _____ TITLE: _____ DATE: _____