



OCCUPANT APPLICATION

For Association:

- Palm Isles Condominium I
 - Palm Isles Condominium II
 - Palm Isles Condominium III
 - Southwind Estates
-

Upon submitting your application for approval by the Board of Directors, please include the following items:

- A copy of all applicants driver's licenses.
- Your application fee.
- Your email address for orientation purposes.
- Your Current Address and Phone Number.

Address: _____

Occupant Phone Number: _____

Occupant E-mail Address: _____

**We appreciate your cooperation and
we look forward to welcoming you to Palm Isles**
9545 Palm Isles Drive, Boynton Beach, FL 33437
(561) 369-2995

Check # _____



- This application for occupancy must be completed in detail by the proposed occupant.
- Please attach a non-refundable processing fee to this application, *made payable to the Palm Isles Master Association*. A check must be made out for each applicant other than husband/wife or parent/dependent child (which are considered one applicant). Acceptance of the processing fee does not in any way constitute approval of this transaction.

Application Fees are as follows:

- Condominium I: \$100.00
 - Condominium II: \$100.00
 - Condominium III: \$150.00
 - Southwind Estates: \$100.00
- Use of this unit is for single family residence only.
 - No commercial vehicles, trucks, trailers, motor homes, boats, mobile homes, campers, recreational vehicles, motorcycles, mopeds, vans, etc. are permitted to park on the premises overnight without board approval.
 - Occupancy prior to final approval is prohibited.
 - Animal registration form is required if applicable and based on approval by Board of Directors.
 - The completed application must be submitted to the association office at least thirty (30) days prior to the expected closing date.
 - All applicants must make themselves available for an orientation after closing.

INSTRUCTIONS:

- If applicants are not legally married, a separate application for each occupant must be submitted with an application fee for each.
- If any question is not answered or left blank, this application may be returned, not processed and not approved.
- Please print legibly. Telephone numbers and complete addresses are required.
- Missing information will cause delays in processing your application.
- Only the applicants are authorized to sign all forms.

APPLICATION FOR OCCUPANCY

Application Date _____ Date Received (Office Only): _____

Name(s) of prospective occupant(s):

1. _____ 2. _____

Address of Unit: _____

Number of people who will occupy this unit (over 18): _____

Other persons who will occupy the unit with you (If not on title, a separate occupancy application must be submitted):

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Current owner(s) name: _____

In case of emergency notify (name): _____

Address of emergency contact: _____

Phone number of emergency contact: _____

PART 1 – RESIDENCE HISTORY

- A. Present Address: _____
Name of Association: _____ Date lived here: _____
- B. Previous Address: _____
Name of Association: _____ Date lived here: _____

PART 2 – EMPLOYMENT & OCCUPANCY INFORMATION

- A. Employed by (or retired from): _____ Phone: _____
Duration of Employment: _____ Title of Position: _____
Monthly Income: _____
Address: _____
- B. Spouse’s Employment (or retired from): _____ Phone: _____
Duration of Employment: _____ Title of Position: _____
Monthly Income: _____
Address: _____

PART 3 – CHARACTER REFERENCES

- 1. Name: _____ Phone: _____
Address: _____
- 2. Name: _____ Phone: _____
Address: _____
- 3. Name: _____ Phone: _____
Address: _____

PART 4 – VEHICLE AND DRIVER INFORMATION

- Number of cars to be parked here: _____
- 1. Make: _____ Model: _____ Year: _____ Plate #/State: _____
- 2. Make: _____ Model: _____ Year: _____ Plate #/State: _____
- Driver’s License No. 1: _____
- Driver’s License No. 2: _____



1. I/We hereby agree for myself/ourselves and on behalf of all persons who may use the unit which I/we seek to purchase that I/we will abide by all of the restrictions contained in the By-laws, Rules & Regulations documents and restrictions which are or may be in the future imposed by the applied association.
2. I/WE HA VE RECEIVED AND READ A COPY OF ALL DOCUMENTS AND RULES & REGULATIONS. YES: _____ NO: _____
3. I/We understand that I/we will be advised by the Board of Directors within thirty days (30) of either acceptance or denial of this application.
4. I/We understand a Animal Registration form is required and that I/we must have both Board and Master approval.
5. I/We understand the acceptance for purchase of a unit at the selected Association is conditional upon the truth and accuracy of this application and upon the approval of the Board of Directors. Occupancy prior to approval is prohibited.
6. I/We understand that the Board of Directors of the selected Association may cause to be instituted such an investigation of my background as the Board may deem necessary. Accordingly, I/we specifically authorize the Board of Directors or their agent to make such investigation and agree that the information contained in this and the attached application(s) may be used in such investigation and that the Board of Directors and the officers of itself shall be held harmless from any action or claim by me/us in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

APPLICANT SIGNATURE: _____ **DATE:** _____

APPLICANT SIGNATURE: _____ **DATE:** _____



PALM ISLES MASTER ASSOCIATION, INC.

ANIMAL REGULATION FORM

All Unit Owners in Palm Isles having or desiring to obtain Pets or Animals in Palm Isles, must submit the below "Animal Registration Application Form". This registry shall **include forms of vaccination, and documentation of inoculations**; the breed, weight at maturity, and attestation of proper inoculations as follows:

No owner is permitted to obtain or keep a domestic pet, whether permanent or temporary, in his Dwelling Unit without the prior written permission of Palm Isles Master Association, Inc. Such permission in one instance shall not be deemed to institute a blanket permission in any other instance and any such permission may be revoked at any time in the sole discretion of the Master Association Board of Directors. Service animals or emotional support animals may require additional paperwork to be submitted or requested outside this form.

The following rules apply to all Palm Isles Associations:

Pets or animals weighing over thirty-five (35) pounds at maturity are forbidden. Under no circumstances may a pit bull be permitted in Palm Isles. All pets and animals must be leashed when allowed out of the units. All owners must curb their dogs. All animal waste must be picked up by the Owner or his/her representative from any property outside his/her unit. No animal shall be kept on any enclosed porch or patio unless someone is present within the unit. All Owners must take whatever steps are necessary to assure their neighbors will be free from any nuisance caused by their animals, such as, but not limited to dog barking and other conduct which interferes with the peaceful and quiet enjoyment of Palm Isles residents. Each Owner who owns an animal agrees to indemnify Palm Isles Master Association, Inc. and all Palm Isles Associations, and hold them harmless against any loss or liability of any kind or character whatsoever arising from or growing out of his/her having any animal in Palm Isles. Visitors, accompanied by animals, must comply with all regulations including registration if visit is more than a week. All residents are responsible for their visitors' compliance with the above rules and regulations. Animals are not permitted in any part of the Palm Isles Master Association Clubhouse, pools, tennis courts, shuffle board courts and cafe.

All animals residing in Palm Isles shall be registered, on the following form, with the Master Association Board of Directors.

NAME OF OWNER _____ DATE: _____

ADDRESS: _____

ASSOCIATION: _____

NUMBER OF ANIMALS: _____ CLASS OF ANIMAL DOG _____ CAT _____ OTHER _____

NAME OF ANIMAL(S) _____

BREED OF ANIMAL(S) _____

SIZE OF ANIMAL(S) SMALL _____ MEDIUM _____ OTHER _____

WEIGHT OF ANIMAL(S) AT MATURITY _____ AGE OF ANIMAL(S) _____

COLOR OF COAT _____

INOCULATION INFORMATION _____

IS ANIMAL LICENSED: YES _____ NO _____ IF YES, WHAT INFORMATION IS ON THE LICENCE:

RESIDENT SIGNATURE: _____ CONTACT INFO: _____

ASSOCIATION APPROVAL: _____ MASTER APPROVAL: _____