

Date Received: _____

Closing or Occupancy Date: _____

Name of Buyer(s): _____

Community: _____

Property Address: _____

ALL ITEMS MUST BE SUBMITTED ALONG WITH THIS CHECKLIST OR YOUR APPLICATION WILL NOT BE PROCESSED

Application Checklist

General Submission Requirements

APPLICATION FULLY EXECUTED WITH REQUIRED SIGNATURE'S _____

COMMUNITY SPECIFIC REQUIREMENTS (if applicable, see application) _____

FULLY EXECUTED SALES CONTRACT _____

APPLICATION FEES and/or DEPOSITS _____

IS THE APPLICANT CURRENTLY SERVING IN THE UNITED STATES ARMED FORCES ON ACTIVE DUTY OR STATE ACTIVE DUTY AND/OR A MEMBER OF THE FLORIDA NATIONAL GUARD AND UNITED STATES RESERVE FORCES? YES /NO (circle one)
IF YES PLEASE PROVIDE A COLOR COPY OF THE MILITARY ID CARD WITH THIS APPLICATION.

Buyer(s) Realtor Info:

- Company Name: _____
- Company Phone: _____
- Company email: _____

Seller(s)/ Realtor Info:

- Company Name: _____
- Company Phone: _____
- Company email: _____

Title Company Info (Optional):

- Company Name: _____
- Company Phone: _____
- Company email: _____

Delivery of Certificate of Approval (COA) to:

- Title Company Email or Pick Up
- Buyer Realtor Email or Pick Up
- Seller Realtor Email or Pick Up

Comments: _____

APPLICATION PROCESSING TIME IS 10-14 BUSINESS DAYS.

OPTIONAL EXPEDITED PROCESSING IS AVAILABLE AT AN ADDITION COST OF \$175.00
PAYABLE TO HARBOR MANAGEMENT OF SOUTH FLORIDA

Ocean Walk Place Homeowners Association, Inc.

c/o Harbor Management of South Florida, Inc.

641 University Blvd., Ste. 205

Jupiter, FL 33458

Phone #: (561)935-9366 Fax #: (561)624-7465

Purchase Application:

Name: _____ Phone #: _____

Property Address: _____

Present Address: _____ How Long: _____ Rent: _____ Own: _____

Email Address: _____

Name of Agent Handling Purchase: _____

IN CASE OF EMERGENCY NOTIFY:

RELATIONSHIP:

ADDRESS: _____ Phone #: _____

PRESENT EMPLOYER: _____ Phone #: _____ From: _____ To: _____

ADDRESS: _____

Name of Spouse: _____ # of Children _____

Ages of Children _____

SPOUSE'S EMPLOYER: _____ Phone #: _____ From: _____ To: _____

ADDRESS: _____

WILL ANYONE OTHER THAN YOUR SPOUSE AND CHILDREN LISTED ABOVE RESIDE WITH YOU?

NO _____ IF YES _____ NAMES _____

DO YOU HAVE PETS WHO WILL BE RESIDING IN THE UNIT? **NOTE: Only 1 dog is permitted in leased units and a picture of the dog must be submitted with this application.**

IF SO, PLEASE LIST: NAME OF DOG: BREED OF DOG: WEIGHT OF DOG:

PERSONAL REFERENCE: ADDRESS: PHONE #:

(1) _____

(2) _____

DRIVER'S LICENSE #: STATE: VEHICLE YEAR: MAKE: MODEL:

DO YOU HAVE ANY COMMERCIAL OR RECREATIONAL VEHICLES, BOATS, CAMPERS, MOTORCYCLES, TRUCKS, TRAILERS, OR PANELLED VANS? YES: NO: _____

THESE VEHICLES ARE NOT ALLOWED TO BE PARKED ON ANY COMMON ELEMENTS AND MUST BE PARKED INSIDE THE GARAGE OVERNIGHT.

OCEAN WALK PLACE HOMEOWNERS ASSOCIATION

ACKNOWLEDGEMENT

I have read and agree to abide by the Rules and Regulations (attached hereto), the Architectural Guidelines, Landscape Guidelines (attached hereto), the Declaration of Covenants, and all other governing documents of the OCEAN WALK PLACE ASSOCIATION and am subject to the Declaration of Covenants of OCEAN WALK PLACE HOMEOWNERS ASSOCIATION. Failure to comply with terms and conditions thereof shall be a material default and breach of the purchase agreement.

Owner

Purchaser

Date: _____

APPLICATION INSTRUCTIONS:

1. Fill out notification completely, and submit to Harbor Management, 641 University Blvd., Ste. 205, Jupiter, FL 33458. Please allow 10-14 business days for review and action to be taken by OCEAN WALK HOA.
2. Above signed acceptance of the Rules and Regulations must be submitted along with the application, as well as, a copy of the purchase contract.
3. Please apply a minimum of 14 days prior to execution. Every effort will be made to expedite the notification process.
4. Application fee of \$200.00 payable to OCEAN WALK HOA.

OCEAN WALK PLACE
AUTHORIZATION FORM

Must be filled out:

I/We understand that this application must be completed in its entirety, and declare that the information provided is true and correct. Willful misrepresentation will void any contract or agreement entered into in connection with this application. I/We authorize the Association or its agent(s) to obtain and verify a consumer credit and background reports and understand an investigation may be conducted to determine mode of living, financial ability, personal character and general reputation.

In the event the Owner rents their property and becomes delinquent in the payment of the Homeowners Association Assessments during the lease term, the parties acknowledge that the Association shall have the right to notify the Tenant of such delinquency, and demand that all Rent payments be paid to the Association until the delinquency is paid in full.

Applicant Signature: _____
Print Name: _____
Date: _____

Applicant Signature: _____
Print Name: _____
Date: _____

Owner Signature: _____
Print Name: _____
Date: _____