Prosperity Pines Homeowners Association, Inc.

PURCHASE/RENTAL INFORMATION INSTRUCTIONS:

Please complete and submit with all required documentation to:

required such as a print out from Sunbiz.org.

Prosperity Pines Homeowners Association

c/o Allied Property Management Group 1711 Worthington Rd. Ste 103 West Palm Beach, FL 33409

• **Please note:** If purchasing under a business entity the application must be filled out with said person as signer for such business entity. Proof of authorized signer

<u>Please note:</u> Form must be turned in complete. All must check / initial next to each item above to ensure you are submitting all required documentation prior to mailing or dropping off.

1) _____ No Application fee is required.
2) _____ Legible copy of each applicant's valid DL or government issued picture ID.
3) _____ Signed INFORMATION form.
4) _____ Executed copy of the Purchase Agreement or Signed Lease Agreement.
5) _____ Completed Gate Box Change Request Form
* PLEASE do not schedule closing or occupy until you have provided the required information.

* Once all information has been provided it will be reviewed for completeness. If you have not heard anything after 14 days, you may follow up via email to: applications@alliedpmg.com
Please include the following subject line (PPH/ Last Name – Property address) in your email(s).

Applicant (s) Emeil: ______ Email: ______

Agent (s) Email: _____ Email: ____

PPH



NEW RESIDENT INFORMATION

Resident 1	IT ADDRES	5		
Name:			Maiden Name:	
DOB:	Phone	e: ()		
		Work:	Email:	
Resident 2				
Name:			Maiden Name:	
DOB:	Phone	e: ()		
Cellular:		Vork:	Email:	
Other Occupan	ts That Will Res	ide With You		
Name		DOB	Relationship	
Pets				
Туре:	Breed:	Weight:	Age:	
Туре:	Breed:	Weight:	Age:	
	Parked at Resid			
Vehicle #1: Make:			_	Yr:
Vehicle #2: Make:		Model:	Tag#:	Yr:
Emergency Col	ntact			
Name:		Address:		
Relationship:		Phone: _		
Signature of Applicant:		Signature of Applica	 ant: Date:	
Signature or App	nicatit.	Signature of Applica	ani. Dale:	

Signature

GATE BOX CHANGE REQUEST FORM

Please fill out the following information to request a change to the gate entry box information and return it to the management company, Allied Property Management Group. Check one: [__] Owner [__] Tenant Address: Homeowner Name(s): **Phone Number:** Add/Remove/Change: Reason: **Multiple Entries Requested?** YES NO (If yes, need first initials to append to standard last name entry) *Requested Private Gate Code: (Enter "random" if you would like one generated for you) * Private Gate Code must adhere to the following guidelines: • No 4-digit repeated numbers (i.e. 1111, 2222, 3333, etc.) • No 4-digit sequential numbers (i.e. 1234, 5678, etc.) Cannot match an existing entry (we will notify if your requested code already exists) **Comments / Questions? Date** Name of Person Requesting Change (Print)