

Sabal Lakes Phase 4 Homeowners Association, Inc.

PURCHASE INFORMATION INSTRUCTIONS:

Please complete and submit with all required documentation to:

Sabal Lakes Phase 4 Homeowners Association
c/o Allied Property Management Group
1711 Worthington Rd. Ste 103
West Palm Beach, FL 33409

Please note: 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.

- **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 required such as a print out from Sunbiz.org.

- 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.

*** 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 (SL4/ Last Name – Property address) in your email(s).

Applicant (s) Email: _____ Email: _____

Agent (s) Email: _____ Email: _____



NEW RESIDENT INFORMATION

PROPERTY ADDRESS: _____

Resident 1

Name: _____ Maiden Name: _____

DOB: _____ Phone: (_____) _____

Cellular: _____ Work: _____ Email: _____

Resident 2

Name: _____ Maiden Name: _____

DOB: _____ Phone: (_____) _____

Cellular: _____ Work: _____ Email: _____

Other Occupants That Will Reside With You

Name	DOB	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pets

Type: _____ Breed: _____ Weight: _____ Age: _____

Type: _____ Breed: _____ Weight: _____ Age: _____

Vehicles to be Parked at Residence

Vehicle #1: Make: _____ Model: _____ Tag#: _____ Yr: _____

Vehicle #2: Make: _____ Model: _____ Tag#: _____ Yr: _____

Emergency Contact

Name: _____ Address: _____

Relationship: _____ Phone: _____

Signature of Applicant:

Signature of Applicant:

Date:

SABAL LAKES PHASE 4 HOA

You application and approval are based on the information provided at the time of application. All occupants 18 years or older are required to be approved by the Association through this application process. In addition, all vehicles that will be parked in the community on a regular basis must be listed and owned by the approved occupant(s) and must be parked in the driveway or if needed one in the garage as required by the community Declaration, Conditions, and Restrictions.

Failure of the owner and tenants to follow these guidelines will result in the board exercising their process of violation to include fining and/or legal action for eviction of the additional occupants as well as non-renewal of the lease for those occupants that were initially approved.

I/We understand the conditions of the approval as stated above and agree to abide by the Declaration, Conditions, and Restrictions of Sabal Lakes Phase 4 HOA.

Applicant Signature and Date

Applicant Signature and Date

Applicant Signature and Date

Applicant Signature and Date



APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that **Allied Property Management Group, Inc.**, may now, or any time while I am renting, conduct a verification of my current and previous tenant history, current and previous employment, credit history, contact personal references, and to receive any criminal history information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the Tenant requirements. The results of this verification process will be used to determine tenant eligibility under **Allied Property Management Group, Inc.**, tenant policies.

I authorize **Background Info USA** and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative **Allied Property Management Group, Inc.**

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, current and former landlords and other organizations and Agencies to provide **Background Info USA** with all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

Applicant Signature

Print Name Clearly

Co-Applicant Signature

Print Name Clearly

Co-Applicant Signature

Print Name Clearly

Date: _____