

BOCA LINDA LAKES P.O.A
HOMEOWNERS ASSOCIATION, INC.

RESIDENT SALES APPLICATION

DATE: _____ UNIT ADDRESS: _____

LOT # _____ DATE OF SALE: _____

APPLICANT INFORMATION:

NAME 1: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

NAME 2: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

OF ADULTS: _____ # OF CHILDREN: _____

LIST ALL PERSONS TO OCCUPY UNIT NOT LISTED ABOVE:

NAME	RELATIONSHIP	AGE
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

.....
EMPLOYER: _____

TITLE: _____ **YEARS:** _____

ADDRESS: _____ **WORK NUMBER:** _____

EMPLOYER 2: _____

TITLE: _____ **YEARS:** _____

ADDRESS: _____ **WORK NUMBER:** _____

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PET INFORMATION:

TYPE	BREED	COLOR	WEIGHT	AGE	LICENSE NUMBER
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1. _____

2. _____

AUTOMOBILE INFORMATION:

VEHICLE #1

MAKE: _____ **MODEL:** _____ **YEAR:** _____

TAG: _____ **STATE:** _____

VEHICLE #2

MAKE: _____ **MODEL:** _____ **YEAR:** _____

TAG: _____ **STATE:** _____

VEHICLE #3

MAKE: _____ **MODEL:** _____ **YEAR:** _____

TAG: _____ **STATE:** _____

VEHICLE #4

MAKE: _____ **MODEL:** _____ **YEAR:** _____

TAG: _____ **STATE:** _____

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EMERGENCY CONTACT INFORMATION:

NAME: _____

PHONE: _____ RELATIONSHIP: _____

ADDRESS: _____



PLEASE COMPLETE APPLICATION AND RETURN WITH PROCESSING FEE TO:

Boca Linda Lakes P.O.A., Inc.
c/o Carolina Management Services, Inc.
P.O. Box 740425
Boynton Beach, FL 33474

- I (We) fully authorize investigation of all answers and references given on the application.
- I (We) fully acknowledge and agree that owner may only park a trailer, boat, van, camper, truck, or commercial vehicle on the side or back of the home in the BOCA LINDA LAKES P.O.A. community.
- I (We) hereby agree to abide by all Documents and Rules and Regulations of the Boca Linda Lakes P.O.A, Inc.
- Owner acknowledges that they are responsible for Association assessments.
- Attached is the non-refundable processing fee of \$ 75.00 made payable to Carolina Management Services, Inc.
- Please include a copy of a Driver's License for each applicant.
- If any question is left blank, this application will not be processed and it will be returned to you.
- I (We) declare that the above information to be true and correct.

OWNER(S):

_____ DATE: _____

_____ DATE: _____