

THE COURTS AT BOYNTON PLACE HOMEOWNERS ASSOCIATION, INC.

LEASE APPLICATION

DATE: _____ UNIT ADDRESS: _____

APPLICANT INFORMATION:

NAME 1: _____ DATE OF BIRTH: _____

PRESENT ADDRESS: _____

DRIVERS LICENSE/STATE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

NAME 2: _____ DATE OF BIRTH: _____

DRIVERS LICENSE/STATE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

NO. OF ADULTS: _____ NO. OF CHILDREN: _____

LIST ALL PERSONS TO OCCUPY UNIT NOT LISTED ABOVE:

NAME	RELATIONSHIP	AGE
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1) _____		
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2) _____		
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3) _____		
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.....
EMPLOYER: _____

TITLE: _____ YEARS: _____

ADDRESS: _____ WORK NUMBER: _____

SPOUSE'S EMPLOYER:

TITLE: _____ YEARS: _____

ADDRESS: _____ WORK NUMBER: _____
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PET INFORMATION:

TYPE	BREED	COLOR	WEIGHT	AGE	LICENSE NUMBER
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1. _____					
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THE COURTS AT BOYNTON PLACE HOMEOWNERS ASSOCIATION, INC.

2. _____

BANK INFORMATION

BANK NAME: _____

ADDRESS: _____ **ZIP CODE:** _____

AGE OF ACCOUNT: _____ **YEARS** **CHECKING:** _____ **SAVINGS:** _____

PHONE NUMBER: _____

CHARACTER REFERENCES

NAME: _____ **PHONE NUMBER#:** _____

ADDRESS: _____

NAME: _____ **PHONE NUMBER#:** _____

ADDRESS: _____

AUTOMOBILE INFORMATION

VEHICLE #1

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

TAG: _____ **STATE:** _____

VEHICLE #2

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

TAG: _____ **STATE:** _____

VEHICLE #3

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

TAG: _____ **STATE:** _____

EMERGENCY CONTACT INFORMATION:

NAME: _____

PHONE: _____ **RELATIONSHIP:** _____

ADDRESS: _____



THE COURTS AT BOYNTON PLACE HOMEOWNERS ASSOCIATION, INC.

- I (We) fully authorize investigation of all answers and references given on the application.
- I/ (We) authorize the Association to perform a criminal and financial background check on all applicants.
- I (We) fully acknowledge and agree that lessee may not park a trailer, boat, van, camper, truck, or commercial vehicle at The Courts at Boynton Place H.O.A. community.
- I (We) hereby agree to abide by all Documents and Rules and Regulations of The Courts at Boynton Place H.O.A. Owner must review the documents with the Lessee.
- Lessee agrees that the terms of the attached lease are within the requirements of The Courts at Boynton Place H.O.A. Rules and Regulations pertaining thereto.
- Renters are not allowed to sub-lease their apartment at any time.
- Lessor/Owner acknowledges that they are responsible for Association assessments.
- The Association has the right to pursue legal action against the Lessee if Owner fails to pay association dues.
- Attached is the non-refundable application fee of **\$ 100.00** per adult or per married couple, made payable to **The Courts at Boynton Place H.O.A.** and the non-refundable processing fee of **\$ 75.00** made payable to **Carolina Management Services, Inc.** Please mail application and checks to: Carolina Management Services Inc., P.O. Box 740425 Boynton Beach, FL 33474.
- 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.
- This application is subject to approval by the Board of Directors.
- Willful misrepresentation will void any lease, contract, or agreement entered in connection with this application.
- I (We) declare that the above information to be true and correct.
- I (We) release the screening service company, its employees, and its members from any loss, expenses, or damages sustained directly or indirectly from information or reports furnished by the screening service company, as well as Carolina Management Services, Inc. and the Association.

LESSEE(S): (TENANT)

_____ DATE: _____

_____ DATE: _____

LESSOR(S): (OWNER)

_____ DATE: _____

_____ DATE: _____

BOARD APPROVAL:

_____ DATE: _____

_____ DATE: _____

_____ DATE: _____