

Carolina Management Services

Springdale Homeowners' Association, Inc.
590 Springdale Circle, Palm Springs, FL 33461
Office: 561-967-6442

info@carolinapm.com

PURCHASE APPLICATION

Unit #: _____ Closing Date: _____ Submission Date: _____

Please Note:

- The Application Fee is \$100 per adult applicant (over 18 years of age) made payable to **Springdale Homeowners' Association, Inc.** and \$100 per application made payable to **Carolina Management Services**
- The Application Fee is Non-Refundable. No Exceptions.
- All Documents on the checklist must be included before an Orientation will be scheduled.

REQUIRED DOCUMENTATION CHECKLIST

- Completed application.
- Valid ID for all occupants.
(If not a US Citizen, applicant(s) must provide valid Passport and Visa)
- Valid registration for all vehicles to be parked on property.
- Veterinary inoculation records for your pet.
- Secured funds (certified bank check or money order) for \$100 per person made payable to "Springdale HOA" and \$100 application fee made payable to Carolina Management Services.
- A copy of the sales contract signed by both parties.

Applications will not be accepted via fax or email. If an application is submitted incomplete, it will not be accepted or processed until all the required information is received. Please return this completed application, along with payment to the address below:

Carolina Management Services
6778 Lantana Rd; Suite 9
Lake Worth, FL 33467
561-968-2182

APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Cell Phone: _____ Email: _____

Driver's License #: _____ Occupation: _____

CO-APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Relationship to Applicant: _____ Driver's License #: _____

Cell Phone: _____ Email: _____

LIST ALL OTHER OCCUPANTS UNDER 18 THAT WILL RESIDE IN THE HOME: (Additional adults need to apply)

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT EMPLOYMENT INFORMATION

Employer's Name: _____ Position: _____

Supervisor's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

CO-APPLICANT EMPLOYMENT INFORMATION

Employer's Name: _____ Position: _____

Supervisor's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

READ AND INITIAL EACH LINE

I agree to the following statement: _____

I represent that the information provided in this application is true, complete and accurate to the best of my knowledge. I understand that any misrepresentation or omission of information is grounds for cancellation of the lease or purchase contract and/or eviction.

I agree to the following statement: _____

I understand that the information provided might be used by the **Springdale Homeowners Association, Inc. or their assigns** to determine whether to accept this application. I authorize the Springdale Homeowners Association to verify all the information given in this application, including past rental information, personal references and employment information provided.

I agree to the following statement: _____

I understand that this application does not create any obligation on the Springdale Homeowners Association, Inc.

I agree to the following statement: _____

I have read and understand the Governing Documents of Springdale Homeowners Association, Inc. including (Declaration of Covenants, Bylaws, Articles of Incorporation, and Rules & Regulations).

APPLICANT

Print Name: _____

Signature: _____ Date: _____

CO-APPLICANT

Print Name: _____

Signature: _____ Date: _____

OFFICE ONLY	
ORIGINALLY SUBMITTED _____	COMPLETED _____
REVIEWED BY _____	REVIEWED BY _____
ORIENTATION SCHEDULED FOR _____	SECURED FUNDS _____

Springdale Homeowners' Association, Inc.
CERTIFICATE OF APPROVAL FOR SALE

This is to certify that the following named sales applicant has hereby obtained the approval to purchase by the Board of Directors of Springdale Homeowners' Association, Inc.

Address: _____

Owner: _____

Buyer: _____

Closing Date: _____

Signature and Title

Date

Print Name

State of Florida
Palm Beach County

The foregoing instrument was acknowledged before me this day _____(day) of _____
(month), _____(year) by _____(name) _____
(title), who is personally known or provided _____as identification and who did/did not take
an oath.

Signature of Notary: _____

(Seal)