

THE SANCTUARY @ RIVER BRIDGE HOMEOWNERS ASSOCIATION, INC.
c/o Property Management Resources
4000 South 57th Avenue, Suite 101
Lake Worth, FL 33463

(561) 969-2700 * (561) 969-2703

APPLICATION FOR PURCHASE
INSTRUCTION SHEET

- This application must be completed in detail by the proposed purchaser and returned to the address on the top of this page.
- Please attach a copy of the sales agreement.
- Please attach a non-refundable processing fee of \$50.00, **made payable to the Sanctuary @ River Bridge Homeowners Association.**
- **NO** commercial vehicles, trucks with more than two axles, trailers, jet skis, and/or campers or boats are allowed to be parked within the community. All vehicles must be able to park within the confines of one lined parking space of 10 feet x 20 feet.
- No parking is permitted on the streets, lawns or any other areas other than driveways, garages and any paved portion of the common areas intended for parking.
- No more than two (2) pets are allowed per unit. A picture of the pet(s) must be submitted along with this application.
- A screening interview is required for approval. A Certificate of Approval for Residency will be issued upon approval.
- An owner must own their home one year before they can rent it

This completed application must be submitted to the Association office no later than thirty (30) days prior to the desired date of occupancy.

I understand the requirements and obligations, as set forth above, and agree to comply with same, and further agree to abide by the Rules and Regulations of the Sanctuary @ River Bridge Homeowners Association.

Signature: _____

Date: _____

Signature: _____

Date: _____

PURCHASE APPLICATION FOR RESIDENCY AT THE SANCTUARY @ RIVER BRIDGE

| | | | |
|---|-------------|-----------------------------|------------------------|
| Sanctuary Address: | | | |
| Name (1): | | LOT #: | Closing Date: __/__/__ |
| Driver' s License # (1): | | Telephone #: | |
| Marital Status: | | Alternate Telephone #: | |
| Date of Birth: | | Social Security Number: | |
| Name (2): | | Telephone #: | |
| Marital Status: | | Alternate Telephone #: | |
| Date of Birth: | | Social Security Number: | |
| Purchaser' s Present Address: | | | |
| # of People to Occupy Unit: | | | |
| Name of Occupant (1): | | Age of Occupant (1): | |
| Name of Occupant (2): | | Age of Occupant (2): | |
| Name of Occupant (3): | | Age of Occupant (3): | |
| Name of Occupant (4): | | Age of Occupant (4): | |
| Number of Pets Owned: | | | |
| Type of Pet (1): | Weight (1): | Age of Pet (1): | Tag #: |
| Type of Pet (2): | Weight (2): | Age of Pet (2): | Tag #: |
| PLEASE NOTE: All pets must be on a leash when being walked on the property. You must pick up after your pet. | | | |
| Please provide two references that are not relatives: | | | |
| Reference Name: | | Reference Telephone Number: | |
| Reference Address: | | | |
| Reference Name: | | Reference Telephone Number: | |
| Reference Address: | | | |
| Previous Address (1): | | | |
| Telephone #: | | Years Lived There: | |
| Previous Address (2): | | | |
| Previous Telephone #: | | Years Lived There: | |
| Number of Cars: | | | |
| Car Make: | Car Model: | Tag#: | Year: |
| Car Make: | Car Model: | Tag#: | Year: |
| <u>In Emergency, please contact:</u> | | | |

| | |
|--|---------------|
| Emergency Contact Address: | |
| Phone Number: | Relationship: |
| <i>I (we) confirm that I (we) have received and read the following: the Declarations, Articles of Incorporation and the Rules and Regulations of the Sanctuary @ River Bridge H.O.A. and agree to abide by them.</i> | |
| Signature: | Date: |
| Signature: | Date: |

THE SANCTUARY AT RIVER BRIDGE

AGREEMENT AND INFORMATION RELEASE

I hereby agree for myself and on behalf of all persons who may use the home which I seek to lease:

(A) I will abide by all the restrictions contained in the By-Laws, Rules and Regulations, and Restrictions which are or may in the future be imposed by THE SANCTUARY @ RIVER BRIDGE HOMEOWNERS ASSOCIATION.

(B) I understand that pets must be kept on a leash and all solid waste must be removed.

(C) I understand that sub-leasing or occupancy of this unit in my absence is prohibited.

(D) I understand that I must be present when any guests, visitors or children who are not permanent residents occupy the unit.

(E) I understand that any violation of the terms, provisions, conditions and covenants of the SANCTUARY @RIVER BRIDGE HOMEOWNERS ASSOCIATION documents provides cause for immediate action as therein provided, or termination of the leasehold under appropriate circumstances.

I understand that the acceptance for the lease of a unit is conditioned upon the truth and accuracy of this application (see reverse side) and upon the approval of the Board of Directors. Any misrepresentation or falsification of information contained in these forms will result in the automatic rejection of this application. Occupancy prior to approval is prohibited.

I understand that the Board of Directors of Sanctuary @ River Bridge Homeowners Association may cause to be instituted such as investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors or its representative to make such investigation and I agree that the information contained in this application may be used in such investigation and that the Board of Directors and Officers and agents of SANCTUARY @ RIVER BRIDGE HOMEOWNERS ASSOCIATION itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors or its agent.

In making the foregoing application, I am aware that the decision of SANCTUARY @ RIVER BRIDGE HOMEOWNERS ASSOCIATION will be final and no reason will be given for any action taken by the Board. I agree to be governed by the determination of the Board of Directors.

Applicant's Signature

Applicant's Signature

Print Applicant's Name

Print Applicant's Name