

# WATERSIDE AT BOCA TRAIL COMMUNITY ASSOCIATION, INC.

## APPLICATION TO PURCHASE OR LEASE

App. Rev. Date 5/26/2023

**Please return this form to:**  
**Hawk-Eye Management, LLC**  
**561.392.1600**

**By Hand or Mail:**  
**1800 NW Corporate Blvd, Suite 200**  
**Boca Raton, Florida 33431**

**By Email:**  
**info@hawkeyefla.com**

**Notes:** You must allow up to 30 days for processing, longer if international processing is required. Additional fees apply to all international background checks; call for pricing. Processing time is calculated from the date we receive a complete application. You will be notified if additional information is required. **Personal checks are not accepted.** Cash is. So are cashier's checks and money orders. All fees are non-refundable. Association documents are not provided to applicants. All association documents must be obtained from the unit's current owner. All residents over the age of 18 are considered applicants even if they are not a party to the contract or lease. All fees are payable to "Hawk-Eye Management, LLC" unless otherwise indicated. All applicants must be interviewed. For assistance with this application, call 561.392.1600, ext. 205.

**DO NOT STAPLE, RE-SORT, FOLD, SPINDLE, OR MUTILATE. PLEASE PRINT LEGIBLY.**  
**WE CAN'T PROCESS WHAT WE CAN'T READ.**

Property Address \_\_\_\_\_ DOCK # \_\_\_\_\_ Please check one:  
(number and street) \_\_\_\_\_ Purchase  Lease  Renewal

Applicant 1 \_\_\_\_\_  
Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Applicant 2 \_\_\_\_\_ Please check one: \*I am Applicant 1's Spouse:  
Name \_\_\_\_\_ Yes  No

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
Current Owner's \_\_\_\_\_  
Name(s) \_\_\_\_\_

Use additional sheet to include additional applicants.

### APPLICATION CHECKLIST

- Application Fee of **\$200** per applicant and/or married couple made payable to **Waterside at Boca Trail Community Association**  
NOTES: \*Proof of marriage may be required; **NO PERSONAL CHECKS ACCEPTED; ONLY CASHIER'S CHECKS, MONEY ORDERS, OR CASH**
- Application Fee of **\$100** per applicant and/or married couple made payable to **Hawk-Eye Management, LLC**  
NOTES: \*Proof of marriage may be required; **NO PERSONAL CHECKS ACCEPTED; ONLY CASHIER'S CHECKS, MONEY ORDERS, OR CASH**
- Background Check Fee of **\$50** per applicant **made payable to Hawk-Eye Management, LLC**
- Refundable **Security Deposit of \$1000.00** payable to **Waterside at Boca Trail Community Association** is required on ALL LEASES to cover any damage to the common areas. (This must be paid by the owner).  
Copy of executed contract of sale or lease
- NOTES: Lease terms must be for no less than 12 months; No more than (1) one time in any 12-months period.**  
**No Leasing within first 12 months of ownership.**
- Copies of valid driver's licenses for all applicants
- Copies of all vehicle registrations
- Please initial to indicate that you acknowledge that you have received, or will receive all association documents from the unit owner, including all rules and regulations. \_\_\_\_\_

Use additional sheets if necessary. Please feel free to include your broker's business card, or a copy of it, if you wish.

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### Applicant 1

Present Address \_\_\_\_\_

Rent  Own  Years there \_\_\_\_\_

Present Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

### Applicant 2

Present Address \_\_\_\_\_

Same as above

Rent  Own  Years there \_\_\_\_\_

Present Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

### List all additional occupants, their ages, and relationships to the applicants.

All occupants over the age of 18 are considered applicants and must submit their information and pay all applicable fees.

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

TOTAL NUMBER OF ADULT OCCUPANTS: \_\_\_\_\_ NUMBER OF CHILDREN: \_\_\_\_\_

### In case of emergency, please notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone 2 (Optional) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Relationship \_\_\_\_\_

### Your Pet (if any)

Breed \_\_\_\_\_ Weight \_\_\_\_\_

Breed \_\_\_\_\_ Weight \_\_\_\_\_

Use additional sheets if necessary.

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### Vehicles Information:

Make & Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Plate \_\_\_\_\_

Make & Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Plate \_\_\_\_\_

Make & Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Plate \_\_\_\_\_

### Personal References: List three (3) references together with their phone numbers (No relatives' names)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### EMERGENCY CONTACT:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## RECEIPT ACKNOWLEDGMENT

**By signing below, I acknowledge that I have read and understand the THE DECLARATION OF COVENANTS AND RESTRICTIONS, ARTICLES OF INCORPATION, BY-LAWS, AND RULES & REGULATION FOR WATERSIDE AT BOCA TRAIL COMMUNITY ASSOCIATION, INC and that I agree to abide by them for as long as I reside in the Association.**

**I further understand that any violation of any of the Rules and Regulations may result in a violation letter and/or a fine.**

**APPLICANT SIGNATURE** \_\_\_\_\_

**APPLICANT SIGNATURE** \_\_\_\_\_

**Date** \_\_\_\_\_

Use additional sheets if necessary.

**AGREEMENT AND INFORMATION RELEASE**

1. I/We hereby agree for myself and on behalf of all persons who may use the home which I seek to buy or lease:
  - a. I/We 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 WATERSIDE AT BOCA TRAIL COMMUNITY ASSOCIATION, INC.
  - b. I/We understand that pets must be kept on a leash and all solid waste must be removed.
  - c. I/We understand that sub-leasing or unapproved occupancy of this unit is prohibited.
  - d. I/We understand that any violation of the terms, provision, conditions and covenants of the WATERSIDE AT BOCA TRAIL COMMUNITY ASSOCIATION, INC. documents provides cause for immediate action as therein provided, or termination of the leasehold under appropriate circumstances.
  
2. I understand that Purchase or Lease of a unit is conditioned upon the truth and accuracy of this application and upon approval of the Board of Directors. Any misrepresentation or falsification of these forms will result in the automatic rejection of this application. Occupancy prior to approval is prohibited.
  
3. I understand that the Board of Directors of WATERSIDE AT BOCA TRAIL COMMUNITY ASSOCIATION, INC. may cause to be instituted such an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors or its agent to make such investigation and that the Board of Directors and Officers and agents of WATERSIDE AT BOCA TRAIL COMMUNITY ASSOCIATION, INC. 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 agents.

In making the foregoing application, I am aware that the decision of WATERSIDE AT BOCA TRAIL COMMUNITY ASSOCIATION, INC. 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** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR BOARD USE ONLY**

# WATERSIDE AT BOCA TRAIL COMMUNITY ASSOCIATION, INC

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**NAME OF REALTOR HANDLING SALE OR LEASE:**

Seller's Agent \_\_\_\_\_ Telephone: \_\_\_\_\_

Buyer's Agent \_\_\_\_\_ Telephone: \_\_\_\_\_

Buyer's Name(s): \_\_\_\_\_

Property Address at Waterside: \_\_\_\_\_

Will the Waterside property be your year-round address? Yes  No

If not, please list address where you would like us to direct all mail:

\_\_\_\_\_

Phone at above address: \_\_\_\_\_ Dates at above address: \_\_\_\_\_

THE WATERSIDE AT BOCA TRAIL COMMUNITY ASSOCIATION, INC. maintains a Membership Directory, which is distributed to the Membership. Please indicate how you would like to be listed in the directory. (This information is optional)

Owners: \_\_\_\_\_

Other residents: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**All buyers please sign below. If a corporation, two officers must sign.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**WATERSIDE AT BOCA TRAIL COMMUNITY ASSOCIATION, INC  
ASSOCIATION RESTRICTIONS**

- The Owner must provide the Buyer/Lessee with a copy of the Governing Documents and Rules and Regulations.
- No Unit shall be rented until the owner **has owned and occupied such unit for a period of one (1) year**. No Unit shall be leased more than one (1) time in any twelve (12) months period. No leases shall be for a period of less than twelve (12) months.
- **No Commercial or Recreational Vehicles** e.g. Boats, Campers, Trailers, and Vans shall be parked or stored overnight on the properties. Non-commercial pick-up trucks must be parked in the garages. No overnight or outside parking of trucks of any kind shall be permitted. parking and storage of automobiles is limited to driveways and designated paved surfaces.
- UNITS ARE RESTRICTED TO OCCUPANCY BY A SINGLE FAMILY. No Subleasing at any time is permitted.
- Pet Restrictions: ONLY TWO (2) PETS PER UNIT ARE ALLOWED. Pets need to be kept on a leash and picked up after.

**RECEIPT ACKNOWLEDGMENT**

**By signing below, I acknowledge that I have read and understand the foregoing WATERSIDE AT BOCA TRAIL COMMUNITY ASSOCIATION RESTRICTIONS and that I agree to abide by them for as long as I reside in Waters Bend at Boca West.**

**I/We further understand that any violation of any of the Rules and Regulations may result in a violation letter and/or a fine.**

APPLICANT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**Capital Fund Acknowledgement:**

**Working Capital Fund:**

Each Lot's share of the Working Capital fund shall be collected and transferred to the Association at the time of closing of the sale of each Lot. As of the effective date of this amendment, upon the sale, transfer of other conveyance of title to a Lot to any Person, other than (i) a spouse or direct blood relative, or (ii) an Institutional Mortgagee, acquiring title by foreclosure or deed in lieu of foreclosure, a new Lot Owner shall pay to the Association a (1) one time, non-refundable sum equal to the THREE (3) MONTHS ASSESSMENTS for that Lot, as a contribution to the Working Capital Fund.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_



**Background Check - Release Authorization**

I hereby authorize your company or any agent of your company, to contact any of my references, previous employers, companies, credit bureaus, corporations, law enforcement agencies, persons and educational institutions to supply any information concerning my background and criminal History. I also hereby release any of the above from liability, including the managing agent for the above, from responsibility arising from their doing so. Applicant acknowledges that false information herein may constitute grounds for rejection of this application, termination of right of occupancy and/or forfeiture of deposit and may constitute a criminal offense under the laws of this state. I believe to the best of my knowledge that all information I have provided is accurate and that I fully understand the terms of this release.

Photocopies of this authorization form may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

**Applicant Name:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_      **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Street Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Co-Applicant Signature:** \_\_\_\_\_      **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_