

# **PALM CHASE CONDOMINIUM ASSOCIATION**

## **RE-SALE APPLICATION**

**Palm Chase Condominium Association  
10755 Palm Lake Avenue  
Boynton Beach, FL 33437**

**Palm Chase Office: (561) 736-3501  
Fax: (561) 736-6512  
Email: [office@palmchasecondo.org](mailto:office@palmchasecondo.org)**

**Revised: 6/12/2020**

**INSTRUCTIONS:**

- 1 -All applicants are processed as separate investigations.
- 2 -Print legibly or type all information. Account and telephone numbers and complete addresses are required.
- 3 -If any question is not answered or left blank, this application may be returned, not processed or not approved.
- 4 -Missing information will cause delays in processing your application.
- 5 -Any misrepresentation, falsification or omission of information may result in your disqualification.
- 6- Only the applicants are authorized to sign all forms on page 2.

**APPLICATION FOR OCCUPANCY/APPROVAL**

**PRINT OR TYPE (Use Black Ink)**

Purchase \_\_\_\_\_ or Lease \_\_\_\_\_ (How long)

Apt. No. \_\_\_\_\_ Bldg No. \_\_\_\_\_ Special Address or Unit \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_\_\_ Desired date of occupancy \_\_\_\_\_

Name (Mr./Mrs./Ms.) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec No. \_\_\_\_\_

(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

Spouse (Mr./Mrs./Ms.) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec No. \_\_\_\_\_

(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

Sngl.  Married  Widow(er)  Sep. \_\_\_\_\_  Div. \_\_\_\_\_ Maiden Name \_\_\_\_\_

(How long) (How long)

Number of people who will occupy. Adults (over age 18) \_\_\_\_\_ Children (over 18) \_\_\_\_\_ Children (under 18) \_\_\_\_\_

Names & ages of children who will occupy: \_\_\_\_\_

Description of Pets (Breed, Size, Color, Weight, Etc.) \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Name Address Telephone

**PRINT OR TYPE (Use Black Ink)**

**RESIDENCE HISTORY**

A. Present Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

B. Previous Address \_\_\_\_\_ Your Apt No. \_\_\_\_\_  
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

C. Prior Address \_\_\_\_\_ Your Apt No. \_\_\_\_\_  
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

**PRINT OR TYPE (Use Black Ink)**

**EMPLOYMENT & BANK REFERENCES**

A. Employed By (Business Name) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(or retired from)

How long \_\_\_\_\_ Dept. or Position \_\_\_\_\_ Mo. Income \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

B. Spouse's Employment (Business Name) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(or retired from)

How long \_\_\_\_\_ Dept. or Position \_\_\_\_\_ Mo. Income \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

C. Bank Reference \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How long \_\_\_\_\_ Ck. Acct. No. \_\_\_\_\_ Sav. Acct. No. \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

D. Bank Reference \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How long \_\_\_\_\_ Ck. Acct. No. \_\_\_\_\_ Sav. Acct. No. \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

(Continued on Back)

**PRINT OR TYPE (Use Black Ink)**

**CHARACTER REFERENCES**

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (Residential & Office) \_\_\_\_\_  
2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (Residential & Office) \_\_\_\_\_  
3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (Residential & Office) \_\_\_\_\_

Driver's Lic. No. #1 \_\_\_\_\_ #2 \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate No. \_\_\_\_\_ Color \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate No. \_\_\_\_\_ Color \_\_\_\_\_ State \_\_\_\_\_

If this application is NOT legible or is not completely and accurately filled out, Applicant Information (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, Applicant Information may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Applicant's Spouse

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure Authorization Form is completed as indicated.

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**AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND CRIMINAL BACKGROUND**

**I have named you as a reference on my application for residency.**

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my /our application made for residency.

**DESIGNATED PARTY: APPLICANT INFORMATION**

**I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).**

**Photocopies of this Authorization 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's Signature)

\_\_\_\_\_  
(Spouse's Signature)

DATE \_\_\_\_\_

\_\_\_\_\_  
(Applicant's Name Printed)

\_\_\_\_\_  
(Spouse's Name Printed)

**PLEASE READ THE APPLICATION INSTRUCTIONS THOROUGHLY.**

- \* **One resident must be 55 years old or older to reside at the residence.**
- \* **No one under the age of 15 years old can reside here.**
- \* **Palm Chase has thirty (30) days to process the application after ALL paperwork is submitted.**

1. Submit Application – Must be turned in with ALL required documents and signed
2. Submit a check for \$100.00 made payable to PALM CHASE ASSOCIATION, INC. (NON REFUNDABLE) (Application Fee)
3. Submit a copy of the Sale Contract, signed by owner(s) & buyer(s)
4. Submit a copy of Driver License or Photo ID for all occupants

**FINANCIAL REQUIREMENTS**

Disclosure and Verification of Income: The Association has a legitimate concern and interest that purchasers and tenants moving in the Palm Chase have sufficient income to pay the carrying costs of a unit. If a unit becomes delinquent, the Association becomes responsible to absorb the bad debt which is passed on to all the other owners. Therefore, the Association is requiring disclosure and verification of income. Please properly set forth the following information about your sources of income and attach to your application.

**Your income copies MUST consist of:**

1. **Most recent Federal Income Tax Return – All Pages Annual Income \$ \_\_\_\_\_**
2. **Copies of 3 recent pay checks or pay stubs for ALL occupants**
3. **Copies of 3 most recent Bank Statements**
4. **If retired, a recent record of your other periodic income you receive. (An example would be social security payment/pension payments).**
5. **(1) most recent statement showing savings account**

**WHEN WE HAVE ALL OF THE ITEMS, YOUR APPLICATION WILL BE SUBMITTED FOR APPROVAL**

**WE HEREBY AUTHORIZE the Association and ort agents to verify the information provided above with the source listed.**

**Buyer #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Printed Name: \_\_\_\_\_**

**Buyer #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Printed Name: \_\_\_\_\_**

**Buyer #3 Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Printed Name: \_\_\_\_\_**

Date: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Buyer #1 Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone #: ( ) \_\_\_\_ - \_\_\_\_\_

Buyer #2 Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone #: ( ) \_\_\_\_ - \_\_\_\_\_

Number of children \_\_\_\_\_ Names: \_\_\_\_\_

No child under 15 years of age may reside here more than 60 days in any 12 months period.

**PREVIOUS ADDRESS (NO P.O. BOXES)**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**OCCUPATION AND BUSINESS ADDRESS**

Buyer #1: \_\_\_\_\_

Buyer #2: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship: \_\_\_\_\_

**AUTHORIZATION TO RELEASE EMAIL ADDRESS, PHONE NUMBER AND EMERGENCY CONTACT INFORMATION.**

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You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my email address, phone number, emergency contact information, in reference with my/our application made for residency.

Buyer #1: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Buyer #2: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

**ALL PROSPECTIVE**

**BUYERS**

**MUST**

**SIGN LAST PAGE**

**SERVICE & EMOTIONAL SUPPORT**

**ANIMAL FORM**

## **Rules and Regulations regarding “Service” and “Emotional Support” Animals**

- 1.1 An application must be submitted to and approved by the Board of Directors prior to Any “Service” or “Emotional Support” Animal is permitted to enter upon the condominium property or occupy any unit.
- 1.2 The Association requires all of the following to be submitted with the application:
  - Recent Picture of Animal
  - Proof of all inoculations requires, including proof the animal has been spayed or neutered
  - Proof of rabies license tag
  - Proof of special skills/training/certification of “Service Animal” AND certification of ESA and documentation from a treating physician for “Emotional Support Animal” and “Service Animal”
  - Proof of homeowner’s insurance covering the animal for any liability must be submitted with the application to the Association.
- 1.3 Animals can only be walked in areas specifically designated for animal walking. When the animal defecates, the owner must immediately remove all animal waste, and must properly clean up after the pet at all times in accordance with any and all provisions of the Association governing documents, including the Rules and Regulations, and any City or County law or ordinance.
- 1.4 Animals must be confined to the Owner’s unit. Animals are not allowed in common areas, except during transit to and from the building and except when being walked in designated areas pursuant to Section 1.3 above. No animals are allowed on the pool deck.
- 1.5 Whenever leaving the dwelling, the Owner must keep the animal on a leash of no more than six feet (6’) in length or placed in an animal carrier, under the custody and control of the Owner at all times, and as otherwise required by Palm Beach County Code of Ordinances. No animal can be left unattended on any patio or balcony at any time.
- 1.6 If a “Service” or “Emotional Support” animal’s behavior constitutes a nuisance as defined in the Declaration of Condominium or is otherwise deemed dangerous in the sole discretion of the Board of Directors, the owner will be required to immediately remove the animal from the premises. For purpose of this rule a “dangerous dog” is any dog which (1) has bitten, attacked, endangered, or inflicted injury to any person or animal (2) when unprovoked, chased or approached any person or animal in the community in a menacing fashion and/or (3) been deemed/classified as “potentially dangerous” or “dangerous” or “vicious” by any governmental authority. In addition, an animal’s behavior is considered a nuisance under the following circumstances:
  - Where the animal causes personal injury or property damage.
  - Where the animal makes an excessive amount of noise for an excessive period, beyond what is considered normal and reasonable.



- Where the animal is allowed to urinate or defecate anywhere other than designated areas.
- 1.7 Failure of the Owner to strictly comply with any provision of the Declaration, Articles, Bylaws, Rules and Regulations, or these Rules and Regulations will result in automatic revocation of approval of the “Service” or “Emotional Support” animal, disapproval of the animal, and requires immediate removal of the animal from the premises.
  - 1.8 All medical information submitted to the Association in reference to the Owner’s disability after having been reviewed by the board, will be kept confidential in an envelope marked “confidential” in the Owner’s folder.
  - 1.9 When the “Service” or “Emotional Support” animal no longer reasonably accommodates the handicap, but the disability still exists, the animal must be immediately removed from the premises, and a new application must be presented to the Board of Directors, if a replacement “Service” or “Emotional Support” animal is required.
  - 1.10 When an owner is no longer handicapped, dies, or no longer resides at Palm Chase, the animal must be immediately removed from the premises.
  - 1.11 Where the requested animal is an “EMOTIONAL SUPPORT” animal, the following documentation must be provided to the Association:
    - Specific detail as to the accommodation requested.
    - Specific detail as to the qualifications and background/treatment history of doctor providing medical opinion.
    - Specific detail regarding handicap.
    - Specific detail as to how handicap substantially impairs major life activity.
    - Specific detail as to whether handicap is permanent or temporary.
    - Specific detail as to whether accommodation is necessary to accommodate the handicap (necessary to afford an equal opportunity to use and enjoy the dwelling).
    - Specific detail as to manner in which the requested accommodation would alleviate the effects of such handicap (the manner in which the accommodation reduces or eliminates the substantial impairment of a major life activity).
  - 1.12 Where the requested animal is a “SERVICE” animal, the following documentation must be provided to the Association:
    - Specific detail as to the accommodation requested.
    - Specific detail as to the qualifications and background/treatment history of doctor providing medical opinion.

- Specific detail regarding handicap.
- Specific detail as to how handicap substantially impairs major life activity.
- Specific detail as to whether handicap is permanent or temporary.
- Specific detail as to whether accommodation is necessary to accommodate the handicap (necessary to afford an equal opportunity to use and enjoy the dwelling).
- Specific detail as to manner in which the requested accommodation would alleviate the effects of such handicap (the manner in which the accommodation reduces or eliminates the substantial impairment of a major life activity).
- Specific detail as to the special skills and/or training possessed by the animal which allow it to specifically accommodate the handicap of the owner.

## Application for a "Service" or "Emotional Support" Animal

Date of application: \_\_\_\_\_  
Buyer's Name: \_\_\_\_\_  
Buyer's Address & Unit #: \_\_\_\_\_  
Type of breed of animal \_\_\_\_\_  
Weight of animal \_\_\_\_\_  
Age of animal \_\_\_\_\_

I, \_\_\_\_\_ (Buyer) acknowledge that I have read the attached Palm Chase Condominium Association, Inc. Rules and Regulations pertaining to Service and Emotional Support Animals and do hereby agree that if this application is approved to fully abide by said Rules and Regulations. Further, I hereby agree to indemnify, defend and hold harmless the Association, its officers, directors, employees and contractors against claim damages, loss or expense, including reasonable attorney fees and costs arising from my Service/Emotional Support Animal.

\_\_\_\_\_  
Buyer's Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Buyer's Signature Date: \_\_\_\_\_

The following are attached to this application:

- \_\_\_\_\_ Picture of Animal
- \_\_\_\_\_ Veterinarian's Certificate verifying current vaccinations, and spaying/neutering proof
- \_\_\_\_\_ Proof of Rabies License Tag
- \_\_\_\_\_ Proof of homeowner's liability insurance covering animal
- \_\_\_\_\_ Proofing of any training/certification provided to a "Service Animal" and any documentation from a treating physician provided for an "Emotional Support Animal".

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PALM CHASE CONDOMINIUM ASSOCIATION, INC.**

# **MUST SIGN**

**Acknowledgement of Rules & Regulations Regarding  
“Service and Emotional Support Animals”  
Palm Chase Condominium Association, Inc.  
Palm Chase Association, Inc.**

**By signing below, I acknowledge that I have read, understand and hereby adhere to the Rules and Regulations regarding “Service and Emotional Support Animals”.**

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

**Buyer #1 Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Buyer #2 Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**WAIVER OF LIABILITY**  
**FOR PROSPECTIVE BUYERS:**

I/We, the undersigned, hereby agree that any and all liability caused by or arising from any acts which may increase the hazard or susceptibility to loss on the premises, shall not hold liable the ASSOCIATIONS, its successors and assigns "as their interest may appear" and they shall be held harmless from any liability arising there from and indemnify them from all losses, costs, expenses and attorney's fees in connection with any existing additions to the unit that is being purchased.

**SIGNATURE OF ALL PROSPECTIVE BUYERS REQUIRED:**

Date: \_\_\_\_\_

Buyer #1 Signature: \_\_\_\_\_

Buyer #2 Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_

Witness: \_\_\_\_\_