



**Palm Lake Condominium Association**

**Application and Instructions for Purchase**

1. A complete application for residency.
2. Copy of the Purchase Contract.
3. Two form of ID (one being a photo).
4. Copy of Homeowners Casualty & Liability Insurance Quote with the required coverage per Florida Statute.
5. A money order for \$100.00 per applicant or \$150.00 per married couple.
6. If Non-U S Citizen International Background check must be provided by Purchaser.
7. Pet registration fee of \$100.00, vaccination, and a picture.
8. A copy of the vehicle registration.
9. Realtors must include a business card with the listing.

627.714 Residential condominium unit owner coverage; loss assessment coverage required.- (1) For the policies issued or renewed on or after July 1,2010, coverage under a unit owner's residential property policies must include at least \$2,000 in property loss assessment coverage for all assessments as a result of the same direct loss to the property, regardless of the number of assessment, owned by all members of the association collectively if such loss is of the type loss covered by the unit owner's residential property insurance policy, to which a deductible of no more than \$250 per direct property loss applies. If a deductible was or will be applied to other property loss sustained by the unit owner resulting from the same direct loss to the property, no deductible applies to the assessment coverage.

**Upon approval, applicants must turn in the following.**

- Gate Registration form.
- Submit the final copy of HUD (closing statement).
  - Copy of the Warranty Deed.
  - H06 {insurance policy}.

NOTE: Payment of the \_\_\_\_\_ Screening Fee does not in any way constitute approval for this transaction.

**PALM LAKE CONDOMINIUM ASSOCIATION**  
**APPLICATION FOR RESALE**

NAME OF COMMUNITY:           PALM LAKE CONDOMINIUM ASSOCIATION          

PROPERTY ADDRESS: \_\_\_\_\_ UNIT # \_\_\_\_\_

CURRENT OWNER(S) \_\_\_\_\_ PHONE: \_\_\_\_\_

I/We submit the following information to Palm Lake Condominium Association, Inc. regarding my/our resale of the unit above and community listed above:

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

Owners Mailing Address for Association matters other than unit address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Prospective purchaser must complete the following information:

***Any applicable Application/Transfer Fee must accompany this application and all maintenance must be current.***

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DL or ID Number \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DL or ID Number \_\_\_\_\_

\*If not husband and wife each applicant must complete a separate application with fee.

NOTE: As a result of the Fair Housing Act, the following information is required to be provided. Name and ages of all occupants including owners and/or tenants residing in the unit.

NAME	DATE OF BIRTH	REALTIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

Vehicle Make & Model	Year	Tag Number	State
_____	_____	_____	_____
_____	_____	_____	_____



Palm Lake Condominium  
Application for Pet Permit

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

Resident Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Pet Description

\_\_\_\_\_ Dog

\_\_\_\_\_ Cat

Breed: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Age of Pet: \_\_\_\_\_ Approximate Weight: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ County License (tag): \_\_\_\_\_

**(Office use only) Permit number:** \_\_\_\_\_

A picture **MUST** be included with the Pet registration.

I further understand that I am fully responsible for the actions of my pet and have read the Rules and regulations regarding the control of my pet.

\_\_\_\_\_  
Unit Owner Signature

\_\_\_\_\_  
Tenant Signature



Palm Lake Condominium  
Addendum

**A) Per Declaration of Condominium Section 35.17.8**

The Association has standing authority to evict and tenant of a Unit Owner who is in breach or violation of the lease agreement or this Declaration or the Rules and Regulation.

**B) Per By-Laws: Rules and Regulations Section 8.39.F**

Any Unit Owner who is renting shall provide in the lease that the Lessee must carry general liability insurance coverage (**Renters Insurance**) in excess of \$100,000.00, and provide proof of such insurance to the Unit owner and the Association.

**C) Surety Deposit**

Exterior Surety Deposit issued to the Association \_\_\_\_\_  
Must be issued by the Unit Owner in the amount equal to one month's rent \$ \_\_\_\_\_.  
All parties involved understand that in the event of exterior property damage, the designated dollar amount will be deducted from the deposit and the remainder will be returned to the Owner listed above proper move out of the community, and according to F.S 718 Condominium Act.

\_\_\_\_\_  
Unit Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Unit Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date



Palm Lake Condominium  
Screening Question

1. Have you read and reviewed the Rules and regulation of Palm Lake Condominium? \_\_\_\_\_
2. How many people will be living in the unit? \_\_\_\_\_
3. Have you reviewed your lease as is applied to visitors/guest? \_\_\_\_\_
4. How many vehicles do you currently have or expect to have on the property? \_\_\_\_\_
5. How many pets do you have? \_\_\_\_\_
6. Have you ever been evicted and / or terminated from a place of residency? \_\_\_\_\_
7. Have you ever been arrested? \_\_\_\_\_
8. Have you ever been convicted of a felony? \_\_\_\_\_

**Statement of Acknowledgement**

I \_\_\_\_\_, acknowledge that all the answers within this screening questionnaire is true and correct to the best of my ability. I further acknowledge that I/We have read the Rule and Regulations of the Association and have initialed such; agreeing to meet compliance as per the Association guidelines. I/we have received a copy of the Rules and regulations of the Association.

**I also acknowledge that if any of these items come to be false, without notifying the Association prior that I could be Subject to eviction and/or non-approval by the Association.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Palm Lake Condominium Association

In connection with my application for occupancy for a dwelling and or residential with **Palm Lake Condominium Associations, Inc.**, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as but not limited to: my driving record, workers' compensation claims, judgements, bankruptcy proceedings, evictions, criminal records etc., from federal, state and other agencies that maintain such records.

In addition, investigate consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

### **This authorization is conditioned upon the following representation of my rights:**

I understand that I have the right to make a request to the consumer reporting agency: United Screening Services, Corp.(name) ("Agency"), **P.O. Box 55-9046, Miami, FL. 33255-9046** (address), telephone number **(305) 774-1711 or (800) 731-2139**, upon proper identification, to obtain copies of any reports furnished to Company by the agency and to request the nature and substance of **all information**, in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The agency will also disclose the recipients of any such reports on me, which the Agency has previously furnished within the two-year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information for the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: [www.unitedscreening.com](http://www.unitedscreening.com).

I understand that if the company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any Report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5 p.m. (PTZ) Monday through Friday) to obtain all information in the Agency's file for my review. I may obtain such information as follows: 1) in person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency ; and 4) Agency has trained personnel to explain any information in my file to me and if the contains any information that is coded, such will be explained to me.

I understand that I have rights under the Fair Credit reporting Act, and I acknowledge receipt of the Summary of Rights  
\_\_\_\_\_ (initials).

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

Signature: \_\_\_\_\_

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

For Identification Purposes:

Social Security Number: \_\_\_\_\_; Date of Birth \_\_\_\_\_

Driver's License Number: \_\_\_\_\_; State of Issue \_\_\_\_\_

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



**Palm Lake Condominium Association**  
Fitness Center Rules and Release Form

I, the undersigned, hereby request permission to enter the premises located at **4775 Via Palm Lake, West Palm Beach, FL 33417** and identified as Common area facilities to use the equipment and facilities therein. The Common Area Facilities include the Clubhouse with Fitness Center, Pool with Deck and Tennis Courts. I represent that I am in good physical condition and able to use the equipment therein.

I further represent and certify that I am at least **18 (eighteen) years of age**; that I am using the Fitness Center voluntarily and solely for my own personal benefit. It is recommended that you consult a physician before beginning an exercise program.

I further represent and certify that I have inspected the Fitness Center and the equipment and facilities therein and that I know how to use said equipment and facility without assistance or instruction and that I know of the risks and danger involved in their use.

I understand and agree that in participating in a fitness program or using the equipment and facilities therein, there is the possibility of accident, physical, injury and / death. I hereby agree to assume fully the risk of such injury and further agree to indemnify its Officers, Directors, Agents, and/or employees from any and all claims made against them by Myself, My Estate, Members of my Family, or any Third Party as a result of my use of the Fitness Center.

In consideration of and for permission to enter the Fitness Center and to participate in exercise activities and/or to use the equipment and facilities therein without charge, I do release and discharge – **Palm Lake Condominium**, its Officers and Agents and/or employees of claims, action and causes of action of any sort, for injuries sustained by my person during presence in the Fitness Center due to negligence or any other fault and agree to all terms and conditions of this request and Release.

I further agree not to permit any member of my family or third party to use the Fitness Center without obtaining the prior written consent of that. I will not smoke or bring minor children, food, or beverages, or pets to any kind in to the Fitness Center at any time.

I understand that **Palm Lake Condominium** assumes no responsibility for providing personnel to assist and/or instruct me or other in the use of the equipment and facilities in the Fitness Center.

I understand and agree **Palm Lake Condominium** may without notice at any time, close the Fitness Center, or limit its use in any manner it chooses or terminate my right to use/or enter the Fitness Center.

I have read and understand the forgoing Request and Release, and I understand that is an agreement, which legally binds me to abide me to abide to the terms, conditions and representation made therein.

I further acknowledge receipt of the **Medco Key** necessary to access the Fitness room. The **Medco Key** cannot be duplicated and must be transferred and/or conveyed when selling the Unit. THE KEY STAYS WITH THE UNIT, replacement cost of worn, lost or stolen keys are **\$75.00** each.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

-----  
Signature

\_\_\_\_\_  
Date





**Palm Lake Condominium Association**  
POOL / SPA / DECK AREA ROLES AND REGULATIONS

The safety and enjoyment of the Association's members and the protection of the Association investments are the primary concern in the operation of the Pool Area. Please remember any damage to the furniture or equipment could affect the Association's dues.

**Reminder:** If we show, Courtesy and Consideration for others in the use of the Pool Area a minimum of guidelines will be needed.

1. The Pool/Spa/Deck hours are **DAWN to DUSK**.
2. **ALL PERSONS MUST EXIT THE POOL WHEN LIGHTENING AND/OR THUNDER ARE OBSERVED.**
3. **WARNING – NO LIFE GUARD ON DUTY.**
4. **GUEST MUST BE ACCOMPANIED BY OWNER OR LESSEE. Unaccompanied guest will be asked to leave. Non-compliance could result in loss of recreational privileges.**
5. Night Bathing is not allowed as per: **(Chapter 64-E9 of the Florida Administrative Code and County Ordinance).**
6. You must have a Medco Key in order to enter the Pool Area. **(Purchasable in Office at a cost of \$75.00 owner approval is required).**
7. Use of the Pool/Spa during cleaning and servicing is not allowed.
8. Glass and breakable items can be a health and safety hazard and cannot be used in the Pool or on Pool Deck.
9. Pets are prohibited from the pool and pool deck areas.
10. Food is not prohibited within three feet of the perimeter of the pool. **(Ref. Chapter 64-Ed of the Florida Administrative Code).**
11. Proper Swimming attire is required.
12. Swim Diapers are required for all children still in diapers.
13. **NO** diving.
14. **NO** running, rough playing, excessive splashing in or out of the pool.
15. **NO** skateboards, bicycles, scooters or roller blades or any facsimile are allowed in the Pool Area.
16. If you find any problems or issues with the pool area, you may contact Maintenance at 561-478-7205.

NO ONE, UNDER ANY CIRCUMSTANCES, SHOULD ENTER THE POOL EQUIPMENT ARE WITH THE EXCEPTION OF THE POOL MAINTENANCE PERSONNEL.

Applicant Initials \_\_\_\_\_

Management Initials \_\_\_\_\_



**Palm Lake Condominium Association**  
Gate Transponder Purchases and Rules

Request for the purchase of a gate transponder (at a fee of \$75.00 each) are available only to vehicles that are registered with a parking permit to Palm Lake Condominium Association. A copy of the vehicle registration is required at the time of purchase. **All transponders are required to be affixed to the vehicle.**

There will be no "Floating" transponder, (not affixed to a vehicle) allowed. If your transponder is not affixed to your vehicle, the transponder will be deactivated until it is affixed. If you purchase a new vehicle, the process is the same as stated. The location is on the driver side window 2" over and 2" down from the top of the windshield or it can be placed under the rear view mirror. If you have a metallic windshield, please contact the Office, 561-478-7205.

If your unit is leased, transponders must be purchased by the approved tenants. Each new tenant must purchase their own transponder. If the lease is not renewed, the transponder will be deactivated. Please note while your unit is leased, owner(s) are deactivate until the time the lease expires and your unit is empty. Please call Management Office to be sure your transponder(s) are reactive.

All Visitors **MUST** go through the Visitor Gate.

Residents with transponders use the Residents Only lanes in the Association.

**Please contact the gate company to add visitors to the gate.**  
**Envera phone: 877-936-8372**

The Board of Directors and Management reserve the right to limit the quantity of transponders to Unit Owners and Tenants based on occupancy and the Association Guidelines.

Applicant Initials \_\_\_\_\_

Management Initials \_\_\_\_\_