Covent Garden At Twin Eagles Section III Condominium Association

c/o Capital Realty Advisors, Inc. 600 Sandtree Drive, Suite 109

Palm Beach Gardens, FL 33403

Phone: 1- 800-940-1088 Fax: 561-624-5827

APPLICATION FOR LEASE/SALE

| Name(s) of Lessee(s)/Purchaser(s): | | Date: | | |
|---|--|---|--|--|
| Property Address: | | | | |
| Realtor: | or:Telephone: | | | |
| Mailing Address: | | | | |
| Home Telephone: | phone:Cell/Alternate Telephone:Email: | | | |
| FILL OUT THIS SECTIO | N IF LEASING | | | |
| governing documents of the Asso processing time. <u>Approval must</u> Name of Landlord: | hirty (30) days and no more than two (2) time ciation, please submit this form at least twent be received prior to occupancy. | y (20) days prior to occupancy to allow for | | |
| | SS#(s) | | | |
| Personal References: | 00/(0) | | | |
| NAME | ADDRESS | TELEPHONE | | |
| | | | | |

FILL OUT THIS SECTION IF SALE OR TRANSFER

NOTE: In accordance with the governing documents of the Association, please submit this form at least twenty (20) days prior to closing to allow for processing time. <u>Approval must be received prior to closing.</u>

| Owner of Record: | | | | |
|--|------------------------------|---------------------------|--------------------|---------------------------|
| Closing Date: | Date of New Owner Occupancy: | | | |
| I/we are purchasing this unit with the Lease the unit (Tenant applied) | | | bases Reside | here on a part-time basis |
| If residing part-time or leasing, | please complete the fol | llowing for all correspor | dence dealing with | n the Association: |
| Address: | City: | | State: | Zip: |
| Phones: Home: | _Business: | Cell: | Email: | |
| Emergency Contact: Name: | | Phone #(s): | | |
| Street Address: | City | : | State: | Zip: |

<u>PETS</u>

Pets: Yes _____ No _____ (Copy of vaccination must be included with this application for all pets)

| BREED | COLOR | AGE | SEX | NEUTERED |
|-------|-------|-----|-----|----------|
| | | | | |
| | | | | |

Pit Bulls, "wolf hybrids" or other dogs prone to or exhibiting aggressive behavior are not allowed. See "Use Restrictions, Item 9.6 in governing documents.

OCCUPANTS

List all regular occupants, relationship and age of minors:

| NAME | AGE | RELATIONSHIP |
|------|-----|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Note: Occupancy is restricted to no more than two (2) persons per bedroom, including children.

VEHICLES

**PARKING IN THE ROADWAY IS PROHIBITED. THE ASSOCIATION SHALL BE PERMITTED TO ORDER THE TOWING OF ANY VEHICLE THAT IS IN VIOLATION OF THE COVENT GARDEN AT TWIN EAGLES SECTION III DOCUMENTS. (See "Use Restrictions", Section 9.7, of governing documents.)

| MAKE | MODEL | YEAR | STATE | TAG # |
|------|-------|------|-------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

APPLICATION INSTRUCTIONS

This application has been designed for the purpose of protecting you and the current property owners. It is the desire of the present members of the Association to welcome you to an environment in which pride in ownership and adherence to all the Rules and Regulations will ensure an ideal private and community life.

The following items MUST be included at the time the application is submitted to Capital Realty Advisors. An incomplete Sales/Lease application will cause delays in processing.

\$100.00 Non-refundable Application Fee (*If Leasing* add \$70.00 per unrelated applicant over 18 years of age) Payable to "Covent Garden at Twin Eagles Section III"

- Payable to Covent Garden at Twin Ea
- Fully Completed Application Clear and Legible Photo ID

Copy of Executed Sales/Lease Contract

Return ALL of the above items to: Covent Garden at Twin Eagles Section III c/o Capital Realty Advisors, Inc. 600 Sandtree Dr., Suite 109, Palm Beach Gardens, FL 33403

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR APPROVAL FOR OWNERSHIP OR TO LEASE IN COVENT GARDEN AT TWIN EAGLES SECTION III, IN ACCORDANCE WITH THE DECLARATION OF COVENANTS, CONDITIONS & RESTRICTION. THE APPLICANT(S) REPRESENT THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND CONSENT TO FURTHER INVESTIGATION CONCERNING THIS INFORMATION OR ANY INFORMATION WHICH COMES FROM THAT INQUIRY WHICH IS NECESSARY FOR APPROVAL OF THIS REQUEST.

BY MY/OUR SIGNATURE(S) I/WE ACKNOWLEDGE THAT I/WE HAVE RECEIVED, READ AND AGREE TO COMPLY WITH THE RULES AND REGULATIONS AND/OR USE RESTRICTIONS FOR COVENT GARDEN AT TWIN EAGLES SECTION III. SIGNATURES BY BOTH PARTIES ARE MANDATORY.

| SIGNATURE OF APPLICANT(S): | DATE: |
|----------------------------|-------|
| | |

SIGNATURE OF APPLICANT(S):______DATE:_____

IF LEASING please sign and date below:

I/WE GIVE PERMISSION FOR A NATIONWIDE LAW ENFORCEMENT BACKGROUND INVESTIGATION AND CREDIT CHECK; THAT THE HOA MAY DENY THE LEASE BASED ON EVIDENCE THAT ANY OCCUPANT MAY POSE A RISK TO THE COMMUNITY OR BE UNLIKELY TO COMPLY WITH THE FINANCIAL REQUIREMENTS OF THE LEASE. THE BOARD RESERVES THE RIGHT TO WAIVE THIS RESTRICTION ON A CASE BY CASE BASIS.

| SIGNATURE OF APPLICANT(S): | DATE: |
|----------------------------------|-------|
| SIGNATURE OF APPLICANT(S): | DATE: |
| SIGNATURE OF OWNER (If leasing): | DATE: |