

PINE RIDGE NORTH VILLAGE IV CONDOMINIUM ASSOCIATION, INC
800 SKY PINE WAY GREENACRES, FL 33415
OFFICE PHONE # 561.439.4705 FAX # 561.721.3394

NOTICE OF INTENT TO SELL OR LEASE

REQUIRED ITEMS:

- Check for \$150.00 made payable to **Pine Ridge North IV** (\$150.00 per each person over the age of 18-unless married couple)
- Copy of *Purchase Contract or Lease*
- Copy of Driver's License

Note: No double-sided printed applications. All applications should be printed single-sided, 1 paper per page.

This application is for:

____ Sell (Transfer of Title)
____ Lease (If Lease: _Yearly or _Seasonal)
____ Additional Resident

In accordance with the provisions of Article 12 of the Declaration of Condominium for Pine Ridge North IV, I/We hereby serve notice that I/We desire to accept a bona fide offer made to me/us by: _____ to purchase/lease unit# _____.

If applicable, the proposed lease term would be as follows: _____ through _____ which is a period of at least three (3) months in accordance with Article 12.l(b) of the Declaration.

In the event that the Association and/or its Agent approves a lease, it is hereby authorized to act as our Agent with full power to take such action as may be required, if necessary to compel compliance by lessee(s) and/or their guests with provisions of the Declaration of Condominium, its supportive exhibits, Condominium Act, and the Rules and Regulations of the Association, or in instance of violation of any of the above by the lessee(s) and/or their guests, under appropriate circumstances to terminate the leasehold. *If this is an application for a lease, the lessor agrees to such enforcement or lease termination, whether or not such enforcement results in a lawsuit being filed.*

Enclosed with this notice is a check for \$150.00 for the screening fee, the WTC background check form and a completed application.

Unless the Board notifies me/us to the contrary within thirty (30) days from the date of receipt of this notice and all required information, I will advise purchaser/lessee, and his/her application is approved.

NON-REFUNDABLE APPLICATION FEE – Applicant agree to pay \$150 for a non-refundable application processing fee.

DATE : _____ SIGNATURE SELLER/LESSOR : _____
SIGNATURE SELLER/LESSOR : _____

APPLICATION FOR LEASE, GIFT DEVISE OR INHERITANCE APPROVAL

1. The attached application for occupancy and authorization forms must be completed in detail by **EACH** proposed purchaser/lessee, other than husband/wife (which is considered one applicant.)
2. If any questions are not answered or left blank, this application may be returned, not processed and not approved.
3. Please attached a copy of the lease/purchase (or estate document) to this application.
4. Please attach a non-refundable \$150.00 processing fee to this application made payable to **RIDGE NORTH VILLAGE IV CONDOMINIUM ASSOCIATION, INC** for each applicant, other than husband/wife (which is considered one applicant.)
5. The completed application must be submitted to the Association office at least 30 days prior to the desired date of occupancy (lease/closing date).
6. All applicants must be interviewed prior to final Board of Director's approval. Occupancy prior to Board Approval is **prohibited**.
7. No lease shall be for less than 3 months nor for more than 12 months. Renewals or extensions of leases are subject to the re- approval by the Board of Directors.
8. PINE RIDGE NORTH VILLAGE IV CONDOMINIUM ASSOCIATION, INC., is a community designed and intended to provide housing for residents who are age 55 or over. **No permanent occupancy of any unit is permitted by a person the under age of 35.** In addition, units must be permanently occupied by at least one person age 55 or over.
9. One domestic pet is allowed, must be 25 lbs. or less, and Pet Registration form must be completed.
10. Use of this unit is for single family residence only. No corporation, company, partnership, or trust may lease an apartment.
11. No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers' recreational vehicles, etc., permitted to park on the premises overnight. Only 1 assigned parking space available per unit and 2 vehicles per unit only.
12. The owner (landlord) must provide the lessee/buyer with a copy of the Association Rules and Regulations
13. Moving of furniture in or out of an apartment is not permitted on Sundays or Holidays. Hours for moving are from 8:00 A.M. to 8:00 P.M. Monday through Saturday.

Signature: _____
Signature: _____

Date: _____
Date: _____

APPLICATION FOR RESIDENCY

Date of Application : _____

Purchase: ____ Lease: ____ (Yearly ____ or Seasonal ____)

Inheritance/Gift: ____

Duration of lease: _____ Months From: _____ to _____
(*Minimum 3 months/Maximum 12 months*)

Unit address: _____

Present Owners Name: _____

Owners telephone number: _____

Realtor's name & Realty agency: _____

Phone number: _____

New Applicant Information: (*Note: Name must be the same as title/lease*)

Name: _____ S.S Number: _____ D.O.B. _____

Phone number: _____ Email: _____

Name: _____ S.S Number: _____ D.O.B. _____

Phone number: _____ Email: _____

Current address: _____

(*If less than 3 years, please also provide previous address & landlord information*)

1. Name of lender or landlord: _____ Phone: _____
Address: _____

2. Name of lender or landlord: _____ Phone: _____
Address: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

APPLICATION FOR RESIDENCY

(Continued)

List all individuals who will reside in the unit:

Name and Relationship: _____ D.O.B: _____

Name and Relationship: _____ D.O.B: _____

Name and Relationship: _____ D.O.B: _____

Have you ever had an eviction filed or left owing money to an owner or landlord?

Yes: ____ No: ____

Have you ever had adjudication, been convicted of or pled guilty to a crime?

Yes: ____ No: ____

If yes to any of the questions above, please explain:

Have you ever seasonally resided in Florida before: Y / N

If YES, please list the address and dates of residency:

**Non-refundable application fee – Applicants agree to pay
a \$150 non-refundable processing fee.**

List vehicles to be parked on property (enter number of vehicles here): _____

(Only 2 vehicles per unit permitted & Commercial vehicles are prohibited)

Vehicle Make/Model: _____ Year: _____ Color: _____

License plate Number: _____ State: _____

Vehicle Make/Model: _____ Year: _____ Color: _____

License plate Number: _____ State: _____

Applicant #1: Employers name: _____ Phone: _____

Position/Title: _____ Monthly Salary: _____

Dates of employment: (From/To): _____

Other Income: _____

Applicant #2: Employers name: _____ Phone: _____

Position/Title: _____ Monthly Salary: _____

Dates of employment: (From/To): _____

Other Income: _____

APPLICATION FOR RESIDENCY

(Continued)

If retired, please state the company's name and address retired from and when retired: _____

Non-family member character references:

1. Name: _____ Phone: _____
Address: _____
2. Name: _____ Phone: _____
Address: _____
3. Name: _____ Phone: _____
Address: _____

Signature: _____ Date: _____
Signature: _____ Date: _____

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APPLICATION FOR RESIDENCY

(Continued)

1. I hereby agree with myself and on behalf of all people who may use the unit which I seek to lease:
 - a. I will abide by all the restrictions contained in the declaration of condominium, by-laws, rules & regulations and restrictions which are or may in the future be imposed by Pine Ridge North Village IV Condominium Association, Inc.
 - b. I understand that there is a restriction on pets and that I may not bring a pet, nor may any guest or visitor bring a pet into Pine Ridge North Village IV Condominium Association, Inc., nor acquire one wither temporarily or permanently after occupancy without association approval.
 - c. I understand that I must be present when any guest, relatives, visitors or children who are not permanent residents occupy the apartment or use the recreational facilities.
 - d. I understand that sub-leasing or unapproved occupancy of this unit in my (our) absence is prohibited.
2. I understand that any violation of the terms, provisions, conditions, and covenants of the Pine Ridge North Village IV, Condominium Association Inc. documents provide cause for immediate action as therein provided or termination of the leasehold under appropriate circumstances.
3. I have received a copy of the rules and regulations: Yes: _____ or No: _____
4. I understand that I will be advised by the board of directors of either acceptance or denial of this application. Occupancy prior to board approval is prohibited.
5. I understand that the acceptance for sale/lease at Pine Ridge North Village IV Condominium Association, Inc. is conditioned upon the truth and accuracy of this application and upon the approval of the board of directors. Any misrepresentations or falsifications of information on these forms will result in the automatic disqualification of my application. Occupancy prior to board approval is strictly prohibited.
6. I understand that the board of directors of Pine Ridge North Village I Condominium Association, Inc. may cause them to be instituted and investigation of my background as the board of directors may deem necessary. Accordingly, I specifically authorize the board of directors, First Service Residential property management and WTC backgrounds & drug testing, inc. to make such investigation and agree that the board of directors, officers and management of Pine Ridge North Village IV Condominium Association, Inc. itself shall be held harmless from any action or claims by me in connection with the use of the information contained herein or any investigation conducted by the board of directors. I agree to be governed by the determination of the board of directors.

Print Name : _____

Signature: _____ Date: _____

Print Name : _____

Signature: _____ Date: _____

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AGE QUALIFIED COMMUNITY CERTIFICATION

Dear Owner/Renter:

Our community is an "adult community", and it is necessary that we maintain records to comply with HUD occupancy information. We will copy the proof of age you submitted for the screening process to meet that requirement, but we also need you to complete the form below. Thank you for your cooperation.

Building Number: _____ Unit Number: _____

Date of Purchase /Lease: _____

Complete Ownership Status Below (check only one)

- ☐ At lease one owner is age 55
- ☐ Owner is not age 55 or older
- ☐ Complete Status of Occupant (check one only)
- ☐ Unit for occupancy by owner age 55
- ☐ Unit for occupancy by guest age 55 or over
- ☐ Unit for occupancy by lessee 55 or over
- ☐ Unit held for seasonal occupancy for owner age 55 or older (seasonal means 3 months or more)
- ☐ Unit held for rental/investment property and owner occupancy will not exceed 72 days per year.

To be completed by Lessee **ONLY**:

Lease period from: _____ To: _____

- ☐ Yes, at least one lessee is age 55 or older

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

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Exhibit "A"
Fair Housing Act – Census

Pine Ridge North Village IV Condominium Association, Inc.

I am/We are the occupant(s) of Unit No. _____ Pine Ridge North Village IV, a
Condominium.

I/We understand that the Association is required by Federal law to verify the age of the occupants of
the units if the Association Is to qualify for the Housing for Older Persons Exemption to the Federal
Fair Housing Amendments Act of 1988 as amended.

The following information is true and correct:

a. As of the date shown on this document, there was at least one (1) person occupying the unit who
was age 55 or over.

Yes: _____ No: _____

b. Please identify the current occupant(s) who is/are over 55

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

c. Please identify all other occupants:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

I/we have provided photocopies of one of the following items (at least one must be photographic) as
proof of age for each occupant for the Association's records, and the same are attached here to

Occupant 1 – Name: _____

() Birth Certificate () Driver's License () Medicare Card () Voter's Registration

() Other (specify): _____

Occupant 2 – Name: _____

() Birth Certificate () Driver's License () Medicare Card () Voter's Registration

() Other (specify): _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

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PET REGISTRATION FORM

DATE: _____

NAME OF OWNER: _____

BUILDING#: _____ UNIT#: _____ TELEPHONE#: _____

PET NAME: _____ TYPE OF PET: _____ PET LICENSE #: _____

DESCRIPTION OF PET (BREED, COLOR, WEIGHT):

PROOF OF ALL MEDICAL SHOTS - REQUIRED BY FLORIDA LAW:

COPY ATTACHED: YES NO

PICTURE OF PET – REQUIRED YES NO

Pine Ridge North Village IV

Use ONLY:

___ All documents received

___ NO PET

WHEN WALKING DOGS ON THE GROUNDS OF THE ASSOCIATION THE FOLLOWING
RULES APPLY:

- DOGS MUST BE WALKED IN DOG WALKING DESIGNATED AREAS ONLY.
- DOG WALKING IS PERMITTED ONLY ON THE PERIMETER OF THE PROPERTY.
- DOGS MUST BE ON A LEASH AT ALL TIME
- ALL DROPPINGS MUST BE PICKED UP/BAGGED AND PLACED IN A DUMPSTER
- NO DOG WALKING AROUND COMMUNITY LAKES OR GARDEN AREA.
SIGNS ARE POSTED.

Signature: _____ Date: _____

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MASS EMAIL CONSENT FORM

A new Florida statute states it is against the law to send mass emails to owners without their written consent. By completing, signing, and returning this form, you are authorizing the Board of Directors of Pine Ridge North Village IV Condominium Association, Inc. and FirstService Residential to email notifications of Association meetings, minutes or other correspondence in lieu of receiving them by regular mail, as well as any type of emergency communication. Your email address will NOT be used for any other purpose than those listed in the previous sentence.

I also understand that Annual Owner Meetings and Special Meetings require membership voting or establishing a quorum, which will NOT be sent via E Mail but via regular or certified mail as prescribed by law.

I am also aware that this consent form is only for "Mass Emails" and not private emails or communications with the Association.

I authorize Pine Ridge North Village IV Condominium Association, Inc. and FirstService Residential to email me appropriate meeting notices, minutes, reports, emergency communications, and other correspondence. Please fill out below.

Email Address: _____
Property Address: _____
Phone Number: _____
Print Name(s): _____
Signature(s): _____

I **DO NOT** want to receive emails from Pine Ridge North Village IV Condominium Association, Inc. and FirstService Residential.

○ **NO:** _____
(Print name and sign)

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USE AND OCCUPANCY RULES AND REGULATIONS

- A. Each unit is restricted to residential use only by the unit owner, immediate family, guests, and tenants. The unit may not be used by more people than for which it was designed, to which: five persons in 2-bedroom convertible den units, five persons in 3-bedroom units, and four persons in 2-bedroom units.
- B. All prospective owners and tenants must be screened. Guests shall register in the office.
- C. No alteration, modification, or addition may be made to any unit without the prior written approval of the Association (See Section 9(e) of the Declaration of Condominium).
- D. All units are required to have wall-to-wall carpeting or other flooring material with provision for sound proofing.
- E. Pets: One domestic pet per unit may be kept providing that the pet does not exceed 25 lbs. and does not create a nuisance. All pets shall be walked on a leash. All owners of pets shall pick up after their pet. No pet shall be "tied out" or left unattended on the patio or balcony. Pets should be walked on the outer perimeter of the property along the fence.
- F. No nuisance or any unreasonable annoyance to other unit owners is permitted.
- G. Age: No person under the age of 35 may reside in any unit except to visit and no visit may exceed two consecutive months or 75 days in one calendar year. At least one occupant must be 55 years of age (See section 9U) Declaration of Condominium and Amendment to Declaration on June 5, 1989.)
- H. No person under the age of 18 is permitted to use the recreational facilities unless supervised by an adult owner or occupant.
- I. Personal property shall be stored within the unit. No personal belongings which are unsightly shall be left or stored on a balcony, porch, or other appurtenance to a unit. Nothing may be stored under the steps or in the hallways.
- J. Common elements and limited common elements shall be kept clear and free of rubbish, debris and personal articles. No laundry, linen or similar articles may be hung or shaken from porches, patios or balconies.
- K. All trash must be tied up in plastic bags for disposal in dumpster.
- L. Parking: No vehicle which cannot operate on its own may remain on the property. No repair, except in an emergency, shall be made to a vehicle on the premises. No boat, camper or recreational vehicle shall be kept on the property. (See section 11.3 (I) or Bylaws). No commercial vehicles may be parked overnight.
- M. Each occupant of a unit must park in their designated parking space. Guest parking is on a first-come, first-serve basis. Owners must have a parking permit and any guest staying more than 3 days must get a temporary permit. Any worn or yellow permit must be replaced.
- N. No cooking or fires on patios or balconies are permitted. No eating or beverages are permitted in areas other than those areas specifically designated for such.
- O. The Association must retain a pass key to all units. Each owner or occupant of a unit must provide a key to the office for access in case of an emergency.
- P. After the Closing, new owners must go to the Association office to obtain parking permits for their vehicle(s).

ALL OWNERS WHO ARE RENTING MUST SHARE THESE RULES AND REGULATIONS WITH THEIR TENANTS

PLEASE NOTE: These rules are only summary in nature. A full explanation of each can be found in the Declaration of Condominium. Each owner/occupant is responsible for abiding by these and all other rules as described In the Declaration.

Signature: _____ Date: _____
Signature: _____ Date: _____

POOL AND SPA RULES AND REGULATIONS

1. All persons using the pool and/or spa do so at their own risk. The association is not responsible for accidents or injuries.
2. Owners must inform their families/guests/tenants about all rules.
3. Pool and spa hours are between 8:30 a.m. and sunset. The board of directors may change these hours as deemed necessary.
4. All bathers must shower before entering the pool or spa.
5. Person with infectious or contagious diseases are not permitted to use the pool or spa.
6. No soap of any kind may be used at the shower or in the pool.
7. No floats, air mattresses, or like toys are permitted in the pool or pool area.
8. No running or ball playing is allowed.
9. No skateboards or skates are permitted in the pool area.
10. No child under the age of 3 or children not toilet trained regardless of age are permitted in the pool/spa.
11. No person under 12 years of age is permitted on the deck or in the pool/spa unless accompanied by an adult.
12. Proper swimwear is required to enter the pool. No cut-offs are permitted.
13. No diving or jumping in the pool permitted.
14. No animals are permitted in the pool area.
15. Pool chairs must be covered with a towel when suntan oil, lotion or spray is used.
16. Pool chairs cannot be reserved at any time.
17. Food and beverages are prohibited in the pool and on the pool deck.
18. All smoking materials must be disposed of in the appropriate disposal containers prior to entering the pool area.

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Signature: _____ Date: _____
Signature: _____ Date: _____

TENNIS COURT RULES AND REGULATIONS
(SHUFFLEBOARD AND BOCCE)

1. Proper tennis attire required, tennis shoes must be worn.
2. *Bathing suits, bare chests prohibited.*
3. Profanity/yelling prohibited.
4. Roller skates, bicycles or the like are prohibited on tennis courts
5. Court use is limited to residents and their guests. The board of directors may grant usage by neighboring villages when deemed appropriate.
6. No alcoholic beverages are permitted on the tennis courts.
7. Court hours are 8:00 a.m. - 10:00 p.m. players are responsible for locking the gate and turning off the light after playing.
8. Gate code is available in the office
9. Open tennis play: designated dates and times are reserved for this purpose during peak season - January 1st to March 31st.
10. All players shall use proper etiquette when on the courts.

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Signature: _____ Date: _____
Signature: _____ Date: _____



WTC Backgrounds & Drug Testing, Inc.

"We're The Choice!"

ACTION REQUEST

- | | |
|--|---|
| <input type="checkbox"/> Rental Package [Credit, Criminal & Eviction] | <input type="checkbox"/> Employment Verification |
| <input type="checkbox"/> Criminal History <input type="checkbox"/> FL <input type="checkbox"/> Out of State [Include state address] OR <input type="checkbox"/> Nationwide | <input type="checkbox"/> SSN Verification |
| <input type="checkbox"/> F.D.L.E. [Florida Department of Law Enforcement] | <input type="checkbox"/> Sexual Offender Search <input type="checkbox"/> FL <input type="checkbox"/> Nationwide |
| <input type="checkbox"/> DL Records/History Include DL #: <input type="checkbox"/> 3 Year <input type="checkbox"/> 7 Year | <input type="checkbox"/> Credit Report ONLY |
| <input type="checkbox"/> FACIS | <input type="checkbox"/> Education Verification |

Last Name, First Name, MI./Apellido, Nombre, MI.

Address/DIRECCIÓN

City, State & Zip Code/ Código postal

DOB/ fecha de nacimiento

SSN/ Número de seguro social

Sex M/F

Driver's License Number & State Issued/ Número de licencia de conducir y estado emitido

Company

Company Fax.

Applicant Release

For employment and/or residency, I understand that investigative background inquiries are to be made on me including consumer credit, criminal conviction, motor vehicles, and other reports. I further understand that WTC Backgrounds & Drug Testing, Inc. will be requesting information from various states and other agencies which maintain records about my history. These records include, but are not limited to, driving, credit, criminal, and civil history.

I authorize any party or agency contacted by WTC Backgrounds & Drug Testing, Inc. to furnish the above-mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

Para empleo y/o residencia, entiendo que se me deben realizar investigaciones de antecedentes, incluidos crédito al consumo, condena penal, vehículos motorizados y otros informes. Además, entiendo que WTC Backgrounds & Drug Testing, Inc. solicitará información de varias agencias estatales y de otro tipo que mantienen registros sobre mi historial. Estos registros incluyen, entre otros, antecedentes de conducción, crediticios, penales y civiles.

Autorizo a cualquier parte o agencia contactada por WTC Backgrounds & Drug Testing, Inc. a proporcionar la información mencionada anteriormente y libero a todas las partes involucradas de responsabilidad por hacerlo. Esta autorización y consentimiento serán válidos en original, fax o copia.

APPLICANT SIGNATURE/ FIRMA DEL SOLICITANTE

DATE/FECHA

1645 PALM BEACH LAKES BLVD. ♦ SUITE 1200 ♦ WEST PALM BEACH, FLORIDA ♦ 33401
OFFICE: 561-207-2103 ♦ FAX: 561-370-6850 ♦ WWW.WTCBACKGROUNDS.COM