



MANAGEMENT, INC.

902 CLINT MOORE ROAD, SUITE 110

BOCA RATON, FL 33487

Ph: 561-982-8633

info@managing-property.com

Fax: 561-982-8655

Revised July 15, 2014

THE GREENS AT BOCA GOLF AND TENNIS HOMEOWNERS
ASSOCIATION

Dear prospective owner,

Please fill out all of the attached pages. Once you have completed the application, you can drop off or mail the application and the application fees to the A&N Management office at the address shown above.

Thank you,

A&N Management, Inc.



902 CLINT MOORE ROAD, SUITE 110
BOCA RATON, FL 33487

Ph: 561-982-8633

info@managing-property.com

Fax: 561-982-8655

THE GREENS AT BOCA GOLF AND TENNIS HOMEOWNERS
ASSOCIATION
RESALE APPLICATION

Revised July 15, 2014

Please complete all forms and return to:

A&N Management, Inc., 902 Clint Moore Road, Suite 110, Boca Raton, Florida 33487

RESALE APPLICATION CHECK OFF LIST

Do not submit application unless all items are checked off.

- _____ All sections of application complete
- _____ All signature lines signed
- _____ Clear copies of all drivers licenses
- _____ Copy of the signed contract
- _____ Certified check or money order for \$100.00 payable to A&N Management
- _____ Certified check or money order for \$100.00 to THE GREENS at Boca Golf and Tennis Homeowners Association



MANAGEMENT, INC.

902 CLINT MOORE ROAD, SUITE 110
BOCA RATON, FL 33487

Ph: 561-982-8633

info@managing-property.com

Fax: 561-982-8655

THE GREENS at Boca Golf and Tennis Homeowners Association Resale Application

Revised July 15, 2014

The Board of Directors has imposed a non-refundable application fee totaling \$200.00 all of which must be in the forms of certified checks or money order only. The first is to be made payable to A&N Management for \$100.00 for application fee; the other is to be made payable to THE GREENS at Boca Golf and Tennis Homeowners Association for \$100.00 as an administrative fee.

Please be advised that the Board of Directors may take up to 30 days to approve all applications.

Property Address: _____

New Owner(s) Names: _____

Make of each vehicle: _____

License plate # for each vehicle: _____

New Owner(s) Telephone: _____

New Owner(s) Emergency Contact: _____

New Owner(s) Email Address: _____

Anticipated Closing Date: _____

For the seller of the unit, please advise where you can be reached.

Old Owner New Mailing Address: _____

Old Owner New Phone Number: _____

Old Owner Email Address: _____

Approved by
Board Member

Date

3Tuesday, July 15, 2014



MANAGEMENT, INC.

902 CLINT MOORE ROAD, SUITE 110
BOCA RATON, FL 33487

Ph: 561-982-8633

info@managing-property.com

Fax: 561-982-8655

THE GREENS at Boca Golf and Tennis Homeowners Association Authorization Form

You are hereby authorized to release any and all information requested with regards to verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references to Tenant Evaluation LLC. This information is to be used for my/our credit report for my/our Application for Occupancy.

I/We hereby waive any privileges I/We may have with respect to said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to Tenant Evaluation LLC, Property Manager, Board of Directors and the Landlord for their exclusive use only.

PLEASE INCLUDE COPY OF DRIVER'S LICENSE(S) TO CONFIRM IDENTITY. If you do not have a Social Security Card, please include a copy of your Passport or current identification card.

Please notify your Landlord(s), Employer(s), and Character References that we will be contacting them to obtain a reference pursuant to your application.

I/We further state the Authorization Form was signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper signature.

I/We certify under penalty of perjury that the foregoing is true and correct.

If you or the co-applicant have falsified, deliberately mislead or omitted to mention any information on your application, you may not be approved for a purchase, lease and or occupancy.

_____	_____	_____
(Applicant's Signature)	(Social Security Number)	Date

Print: _____

_____	_____	_____
(Co-Applicant's Signature)	(Social Security Number)	Date

Print: _____



MANAGEMENT, INC.

902 CLINT MOORE ROAD, SUITE 110
BOCA RATON, FL 33487

Ph: 561-982-8633

info@managing-property.com

Fax: 561-982-8655

This is to certify that I have received a copy of and will abide by all the rules and regulations for THE GREENS at Boca Golf and Tennis Homeowners Association, property address: _____, Boca Raton, FL 33487.

Have you declared bankruptcy in the last five (5) years? _____ Yes _____ No

Have you ever been convicted of a crime? _____ Yes _____ No

Please state the names and relationship of all other persons who will be occupying the unit regularly.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pets		
Type	Breed	Weight
_____	_____	_____

Buyer #1 Signature

Buyer #2 Signature

5Tuesday, July 15, 2014

RESIDENCY

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LANDLORD: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMPLOYMENT

PRESENT EMPLOYER: _____ PHONE: _____

ADDRESS: _____

POSITION: _____ NUMBER OF YEARS: _____

SALARY: _____

PREVIOUS EMPLOYER: _____ PHONE: _____

ADDRESS: _____

POSITION: _____ NUMBER OF YEARS: _____

SALARY: _____

CHARACTER REFERENCES

(Do not give relative's name)

NAME: _____ RELATIONSHIP: _____

PHONE (HOME): _____ PHONE (WORK): _____

NAME: _____ RELATIONSHIP: _____

PHONE (HOME): _____ PHONE (WORK): _____