

SARATOGA BAY H.O.A., INC.  
P. O. Box 220656  
West Palm Beach, FL 33422-0656

APPLICATION FOR CERTIFICATE OF APPROVAL  
\$100.00 Application Fee Required

Date \_\_\_\_\_ Lot # \_\_\_\_\_

INFORMATION CONCERNING APPLICANT:

Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Present Address \_\_\_\_\_

e-mail Address \_\_\_\_\_

Do you intend to occupy the home ? \_\_\_\_\_ Present Phone # (\_\_\_\_) \_\_\_\_\_  
Cell Phone # (\_\_\_\_) \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_  
Names and ages of children: \_\_\_\_\_

Occupants in the home other than immediate family:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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Applicant's Employer: \_\_\_\_\_ Title: \_\_\_\_\_ No. of Years \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Make of Vehicle: \_\_\_\_\_ Type: Car [ ] SUV [ ] Truck: [ ] Other: \_\_\_\_\_ Tag No. \_\_\_\_\_  
Make of Vehicle: \_\_\_\_\_ Type: Car [ ] SUV [ ] Truck: [ ] Other: \_\_\_\_\_ Tag No. \_\_\_\_\_  
Make of Vehicle: \_\_\_\_\_ Type: Car [ ] SUV [ ] Truck: [ ] Other: \_\_\_\_\_ Tag No. \_\_\_\_\_  
Make of Vehicle: \_\_\_\_\_ Type: Car [ ] SUV [ ] Truck: [ ] Other: \_\_\_\_\_ Tag No. \_\_\_\_\_

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References:

Name of Bank: \_\_\_\_\_  
Personal References: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Personal References: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Personal References: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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Please List All Pets:

Dogs: # \_\_\_\_\_ Breed \_\_\_\_\_ # \_\_\_\_\_ Breed \_\_\_\_\_  
Cats: # \_\_\_\_\_ Other Pets, Describe: \_\_\_\_\_

Nearest Relative in case of emergency: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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I (We) fully authorize investigation of all answers and references given.

**I (We) hereby agree to abide by all the Documents and Rules and Regulations of Saratoga Bay Homeowners Association, Inc. a copy of which I received from the seller.**

***I UNDERSTAND THAT THIS PROPERTY CANNOT BE LEASED OR RENTED FOR A PERIOD OF TWENTY FOUR MONTHS AFTER THE DATE OF PURCHASE.***

Owner agree that the terms of the attached contract are within the requirements of Saratoga Bay Homeowners Association Rules and regulations pertaining thereto.

**All assessment billings and official mail should be sent to:**

The Saratoga Bay Address

Other: \_\_\_\_\_  
\_\_\_\_\_

**Please notify The Board of Directors of any change of address.**

Estimated Closing Date \_\_\_\_\_

**BUYER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

**SELLER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

**Board Approval:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Title:** \_\_\_\_\_