

RETURN COMPLETED APPLICATION TO:  
PHOENIX MANAGEMENT SERVICES, INC.  
6131-B Lake Worth Road, Greenacres, FL 33463  
PH: (561) 964-1550 – FAX # (561) 964-8731

**APPLICATION FOR SALE**  
(please print or type)

APPLICANT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

REALTOR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PRESENT OWNER'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ ASSOCIATION: COASTAL BAY HOA

UNIT ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SS # \_\_\_\_\_

SPOUSE/CO-APPL: \_\_\_\_\_ DOB: \_\_\_\_\_ SS # \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

# OF ADULT OCCUPANTS: \_\_\_\_\_

NAMES/AGES OF CHILDREN OCCUPANTS: 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

PETS (describe): \_\_\_\_\_

IN AN EMERGENCY, NOTIFY: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

**RESIDENCY (SECTION #1)**

**PRESENT ADDRESS:** *Allow 2-3 weeks to process applications for potential buyers with out of country addresses.*

STREET: \_\_\_\_\_ Apt. # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

LANDLORD/MGT. CO: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

**PREVIOUS ADDRESS:**

STREET: \_\_\_\_\_ Apt. # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

LANDLORD/MGT. CO: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

**EMPLOYMENT (SECTION #2)**

**PRESENT EMPLOYER:** \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ POSITION: \_\_\_\_\_ SALARY: \$ \_\_\_\_\_

**PREVIOUS EMPLOYER:** \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ POSITION: \_\_\_\_\_ SALARY: \$ \_\_\_\_\_

**SPOUSE/CO-APPL. EMPLOYER:** \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ POSITION: \_\_\_\_\_ SALARY: \$ \_\_\_\_\_

**BANK INFORMATION (SECTION #3)**

**BANK NAME:** \_\_\_\_\_ ACCT # \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE OF ACCOUNT: \_\_\_\_\_ years CHECKING: \_\_\_\_\_ SAVINGS: \_\_\_\_\_ (please check one)

**BANK NAME:** \_\_\_\_\_ ACCT # \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

AGE OF ACCOUNT: \_\_\_\_\_ years CHECKING: \_\_\_\_\_ SAVINGS: \_\_\_\_\_ (please check one)

**CHARACTER REFERENCES (SECTION #4)**

**NAME:** \_\_\_\_\_ HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**NAME:** \_\_\_\_\_ HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**AUTOMOBILE INFORMATION (SECTION #5)**

NUMBER OF CARS: \_\_\_\_\_ DRIVER'S LIC. # \_\_\_\_\_ STATE/EXP. DATE: \_\_\_\_\_

SPOUSE LIC. # \_\_\_\_\_ STATE/EXP. DATE: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ TAG #: \_\_\_\_\_ STATE: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ TAG #: \_\_\_\_\_ STATE: \_\_\_\_\_

**\*\*\*Driver's license(s) in color must be attached to application.\*\*\***

Have you ever been evicted? \_\_\_\_\_ If yes, where/why? \_\_\_\_\_

Have you ever refused to pay rent? \_\_\_\_\_ If yes, why? \_\_\_\_\_

**Attached is my nonrefundable application fee of \$150.00 per adult OR \$125.00 per adult for foreign background checks (business check, cashier's check or money order) made payable to PHOENIX MANAGEMENT SERVICES, INC., along with a copy of the Sales Contract, as well as a color copy of each applicant's driver's license. If any question is left blank, this application will not be processed and returned to you. This application is subject to approval. If potential buyer has a foreign address, they need to contact Phoenix for another form to fill out.**

Willful misrepresentation will void any lease, contract or agreement entered in connection with this application.

I declare the above information to be true and correct. I authorize the landlord or agent(s) to verify and obtain a consumer credit report.

I understand an investigation of my background will be conducted to determine my character, general reputation, personal characteristics, mode of living, and specifically authorize LexisNexis to make such an investigation.

I release Resident Data, its employees and members from any loss, expenses, or damages sustained directly or indirectly from information or reports furnished by LexisNexis, as well as Phoenix Management and Association.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

(APPLICANT)

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

(CO-APPLICANT)

# **RULES AND REGULATIONS FOR PETS**

Common household pets, such as dogs and cats, may be kept by Residents as long as the following conditions are observed:

- A. All pets must be hand-carried in all covered common areas. In all other areas, they must be leashed.
- B. The exercising of pets is limited to the areas established from time to time by the Board.
- C. Under no circumstances are pets permitted on the pool deck area or the clubhouse.
- D. Residents shall clean up any accident their pets might have on the premises and waste must be properly disposed of in the container provided by the fountain area.

Not more than two (2) domestic pets (limited to either dogs, cats or other common household pets) having a weight of no more than fifty (50) pounds per pet may be kept in a home, provided said pets: (i) are not kept, bred or maintained for any commercial purpose; (ii) are not a nuisance or annoyance to neighbors; and (iii) are not left unattended on balconies or outside the homes.

Under the Documents, an Owner agrees to indemnify the Association and hold it harmless against any loss or liability of any kind or character whatsoever arising from or growing out of having any animal on the Property.

If a dog or any other animal becomes obnoxious to other Residents by barking or otherwise, the resident thereof must cause the problem to be corrected and, if the problem is not corrected, the Resident, upon written notice by the Association, will be required to permanently remove such animal from the Property.

## **Description of Pet** (please print unless otherwise instructed)

1) Name of Pet: \_\_\_\_\_

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

2) Name of Pet: \_\_\_\_\_

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Signature: \_\_\_\_\_ Coastal Bay Address: \_\_\_\_\_

**a)** Attach a photograph of your Pet(s)

**b)** Attach the Veterinarian's Certificate(s) stating current weight of pet and including weight of pet at maturity, along with updated shot record.