## SARATOGA BAY HOMEOWNERS ASSOCIATION, INC. PO Box 222486 West Palm Beach, Fl. 33422

## APPLICATION FOR CERTIFICATE OF APPROVAL OF LEASE

\$200.00 Application Fee Required

I	<b>Date:</b>	Lot:			
I Please print (		CERNING APPLICANT			
Name:		Marital Status			
Present Add	ress				
Email addres					
Cell Phone#	hono#				
Additional P	hone#	(work)			
Driver's Lice	ense No. & State				
Date of Birth	Priver's License No. & StateSocial Security Number				
Do you inten	d to occupy the home?	No. of Children			
Cell Phone#		Email address			
	ges of children residing				
Occupants in	the home other than i	•			
		Relation:			
Name:	<del> </del>	Relation:			

<b>Applicant 1: Employer:</b>	Title:
No. of years:	Address:
Phone:	Supervisor:
Applicant 2 : Employer:	Title:
No. of years:	Address:
Phone:	Supervisor:
Make of Vehicle:	Type: Car [ ] SUV [ ] Truck [ ] Tag. No
Make of Vehicle:	Type: Car [ ] SUV [ ] Truck [ ] Tag. No
Make of Vehicle:	Type: Car [ ] SUV [ ] Truck [ ] Tag. No
Please be aware that truck	ks are to be parked in the garage.
There is <u>no</u> overnight parl	king on the street.
References:	
Name of Bank:	
Personal References:	
Phone N	No. ( )
Personal References:	
Phone N	No.( )
<b>Personal References:</b>	
Phone N	No.( )
Dlagga Est all mater	
Please list all pets:	Dogs: # Dwood
Cats: #	Dogs: # Breed
	in breeds, such as Pit-bulls, German shepherd, and
Rottweiler are not allowed	· · · · · · · · · · · · · · · · · · ·
There is a limit of two pets	
•••••	
Nearest Relative in case of	f emergency:
Phone #: ( )	f emergency:Relationship:
Address:	

	estigation of all answers and references givenInital
of Saratoga Bay Homeov	oide by all the Documents and Rules and Regulations mers Association, Inc. a copy of which I received wed on our community website
Initial	Initial
<u> </u>	ms of the attached fully executed "Contract to uirements of Saratoga Bay Homeowners Association rtaining thereto.
Renters or lessees are no	allowed to sub-lease the property at anytime.
<b>Estimated Lease Date:</b> _	
PRINT NAME:	DATE:
LESSOR:	DATE.
PRINT NAME:	DATE:
	DATE:

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## ACKNOWLEDGEMENT FOR CREDIT CHECK/BACKGROUND INVESTIGATION

I understand that the Board of Directors of the SARATOGA BAY HOMEOWNERS ASSOCIATION may require an investigation of my background.

Accordingly, I specifically agree to obtain such an investigation and agree that the information contained in this report may be used in the application process. SARATOGA BAY HOMEOWNERS ASSOCIATION, itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

In making the foregoing application, I am aware that the decision of the SARATOGA BAY HOMEOWNERS ASSOCIATION, will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

APPLICANT SIGNATURE		
Print name:		
APPLICANT SIGNATURE		
Print name:		