



1001 Summit Trails Circle  
West Palm Beach, Florida 33415  
(561) 640-0024 • Fax (561) 640-8094

**RENTAL/RESALE APPLICATION**

**CHECK LIST**

- \_\_\_\_\_ Application must be completely filled out and information must be legible. (Print or type)
- \_\_\_\_\_ All information must be returned to Summit Trails H.O.A. at least **20 or 30 days** prior to desired date of occupancy,
- \_\_\_\_\_ A meeting time (date/time) will be set up with you and the screening committee. A **\$150.00 non-refundable** processing fee + \$30 for out of state applicants \$65.00 N.Y.
- \_\_\_\_\_ A copy of the Contract/Lease Agreement must be attached to the application.
- \_\_\_\_\_ Complete pet application for all pets
- \_\_\_\_\_ Return completed application, **copy of lease or contract** and **\$150.00** processing fee **+\$30 for ea.** state other than Florida, **N.Y. \$65.00 (buyer/renter)**
- \_\_\_\_\_ **Room mate** processing fee \$150.00 +\$30 per state N.Y. \$65.00

**Note: EACH VILLA ONLY HAS 2 RESERVE PARKING PLACES**

Summit Trails Homeowner's Association, Inc.  
1001 Summit Trails Circle  
West Palm Beach Florida, 33415  
(561) 640-0024  
FAX (561) 640-8094

**NOTE: MAINTENANCE, ASSESSMENTS, AND ESTOPPEL LETTER PAYMENTS MUST BE CURRENT PRIOR TO CLOSING**

# PET REGISTRATION FORM

Registration Date: \_\_\_\_\_

The term 'Pet' shall mean a cat or dog, and dogs shall not exceed 40 pounds in weight (at its full size)...

OWNER/TENANTS NAME: \_\_\_\_\_

OWNER/TENANTS ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EVENING NUMBER: \_\_\_\_\_

## ANIMAL INFORMATION:

Dog(s)

Total Number \_\_\_\_\_

AGE: Years\ Months

Dog 1 \_\_\_\_\_ \ \_\_\_\_\_

Dog 2 \_\_\_\_\_ \ \_\_\_\_\_

Cat(s)

Total Number \_\_\_\_\_

AGE: Years\ Months

Cat 1 \_\_\_\_\_ \ \_\_\_\_\_

Cat 2 \_\_\_\_\_ \ \_\_\_\_\_

**A 4X6 COLOR PHOTOGRAPH  
MUST BE ATTACHED FOR EACH  
PET LISTED**

## SIZE:

Dog 1  Under 20 lbs.  20-40 lbs.  40-60 lbs.  61-80 lbs.  81-100 lbs.  Over 100 lbs.

Dog 2  Under 20 lbs.  20-40 lbs.  40-60 lbs.  61-80 lbs.  81-100 lbs.  Over 100 lbs.

## DOG'S NAME:

Dog 1 Name: \_\_\_\_\_

Dog 2 Name: \_\_\_\_\_

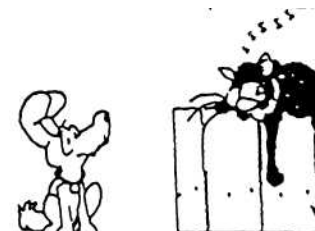
Cat 1  Under 15 lbs.  Over 16 lbs.

Cat 2  Under 15 lbs.  Over 16 lbs.

## CAT'S NAME:

Cat 1 Name: \_\_\_\_\_

Cat 2 Name: \_\_\_\_\_



## SEX:

Dog 1  Male  Neutered Male  Female  Spayed Female

Dog 2  Male  Neutered Male  Female  Spayed Female

Cat 1  Male  Neutered Male  Female  Spayed Female

Cat 2  Male  Neutered Male  Female  Spayed Female

## BREED AND COLOR

Dog 1 Primary Breed \_\_\_\_\_  
Secondary Breed \_\_\_\_\_

Dog 2 Primary Breed \_\_\_\_\_  
Secondary Breed \_\_\_\_\_

Dog 1 Primary Color \_\_\_\_\_  
Secondary Color \_\_\_\_\_  
Other Color \_\_\_\_\_

Dog 2 Primary Color \_\_\_\_\_  
Secondary Color \_\_\_\_\_  
Other Color \_\_\_\_\_

CAT BREED AND COLOR  
Breed (If Known): \_\_\_\_\_

Cat 1  Short Hair  Medium Hair  Long Hair

COLORS: \_\_\_\_\_

Cat 2  Short Hair  Medium Hair  Long Hair

COLORS: \_\_\_\_\_

PALM BEACH COUNTY

RABIES LICENSE TAG NUMBER

(Required by Palm Beach County Ordinance 98-22)

Dog 1: County License Tag # \_\_\_\_\_  
Dog 2: County License Tag # \_\_\_\_\_

Cat 1: County License Tag # \_\_\_\_\_  
Cat 2: County License Tag # \_\_\_\_\_

**SUMMIT TRAILS HOMEOWNERS ASSN., INC.**

1001 SUMMIT TRAILS CIRCLE  
WEST PALM BEACH, FL 33415

BLDG. \_\_\_\_\_

VILLA \_\_\_\_\_

**APPLICATION FOR PURCHASE, TRANSFER GIFT, DEVISE OR INHERITANCE APPROVAL**

- 1 - This application, an application for approval, and authorization forms must be completed in detail by each proposed adult occupant, other than a dependent child under the age of 21.
- 2 - If any question is not answered or left blank, this application will be returned, not processed and not approved.
- 3 - Please attach a copy of the sales contract to this application.
- 4 - Please attach a non-refundable processing fee of \$100.00 to this application, made payable to SUMMIT TRAILS HOMEOWNERS ASSN., INC. for each applicant, other than husband/wife or parent/dependent child (which is considered one applicant).
  - Acceptance of the processing fee does not in any way constitute approval of this transaction.
- 5 - The completed application must be submitted to the Association office at least 30 days prior to the expected closing date.
- 6 - All applicants must make themselves available for a personal interview prior to final Board of Directors approval. Occupancy prior to Board of Directors approval is prohibited.
- 7 - No pets allowed in excess of 40 pounds at maturity.
  - No more than 2 pet allowed.
- 8 - Use of this villa is for single family residence only. No corporation, company, partnership, or trust may purchase a villa.
- 9 - No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, motorcycles, mopeds, etc. permitted to park in any parking space.
  - Only 2 assigned parking spaces available per villa.
- 10 - The seller (current owner) must provide the purchaser with a copy of all Association Documents otherwise, you must purchase them from the Association for \$30.00.
- 11 - Purchaser must notify the Association office with the exact date of their closing.
- 12 - Occupancy regulations:
  - One bedroom villa - no more than 2 occupants.
  - Two bedroom villa - no more than 4 occupants.
  - Three bedroom villa - no more than 6 occupants.

MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Date \_\_\_\_\_ Bldg. No. \_\_\_\_\_ Villa No. \_\_\_\_\_ Approx. Closing Date \_\_\_\_\_

Current Owner's Name \_\_\_\_\_ Tele. No. \_\_\_\_\_

Owner's Present Address \_\_\_\_\_

Name of Realtor Handling Sale \_\_\_\_\_ Tele. No. \_\_\_\_\_

NAME of Prospective Purchaser (as Title will appear):

a. \_\_\_\_\_ b. \_\_\_\_\_ (Spouse)

MORTGAGE INFORMATION: (If villa will be mortgaged):

Name of Lender \_\_\_\_\_ Tele. No. \_\_\_\_\_

Address \_\_\_\_\_

OTHER PERSONS who will occupy the villa with you: '

<u>Name</u>	<u>Age</u>	<u>Relationship / Occupation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever seasonally resided in Florida before?\_\_\_ If yes, please state the name, address and dates of residency:

\_\_\_\_\_

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

Have you ever been convicted or pled to a crime?\_\_\_ If yes, please state the date(s), charge(s) and disposition(s):

1. In making the foregoing application, I represent to the Board of Directors that the purpose for the Purchase of a villa at SUMMIT TRAILS is as follows:

Permanent Residence \_\_\_ Seasonal Residence \_\_\_ Other (Explain)\_\_\_\_\_

2. I hereby agree for myself and on behalf of all persons who may use the villa which I seek to purchase that I will abide by all of the restrictions contained in the Bylaws, Rules and Regulations, Association Documents, and restrictions which are or may in the future be imposed by the SUMMIT TRAILS HOMEOWNERS ASSN., INC.

3. I have received a copy of all Association Documents: Yes \_\_\_ No \_\_\_  
I have received a copy of the Rules & Regulations: Yes \_\_\_ 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 of Directors approval is prohibited.

5. If this application is accepted, I will provide the Association with a copy of the Closing Statement and a copy of the recorded Deed within 30 days after closing.

6. I understand that there is a restriction on pets and that I may not have a pet that is in excess of 40 pounds at maturity and that I may not have more than 2 pets.

7. I understand that the acceptance for purchase of a villa at **SUMMIT TRAILS** is conditioned in part upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of the information on these forms will result in the automatic disqualification of my application. Occupancy prior to Board of Directors approval is prohibited.

8. I understand that the Board of Directors of **SUMMIT TRAILS HOMEOWNERS ASSN., INC.** may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management and **RENTERS REFERENCE OF FLORIDA, INC.** to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors, Officers and Management of the **SUMMIT TRAILS HOMEOWNERS ASSN., INC.** 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 **SUMMIT TRAILS HOMEOWNERS ASSN., INC.** 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 \_\_\_\_\_ APPLICANT \_\_\_\_\_

- INSTRUCTIONS: 1 - Applicants are not legally married, an application on each person must be completed.  
 2 - Print legibly or type all information. Account and telephone numbers and complete addresses are required.  
 3 - If any question is not answered or left blank, this application may be returned, not processed or not approved.  
 4 - Missing information will cause delays in processing your application.  
 5 - Only the applicants are authorized to sign all forms.  
 6 - Any misrepresentation or falsification of information may result in your disqualification.

## APPLICATION FOR OCCUPANCY/APPROVAL

PRINT OR TYPE

Purchase \_\_\_\_\_ or Lease \_\_\_\_\_ (How Long)

Apt. No. \_\_\_\_\_ Bldg. No. \_\_\_\_\_ Special Address of Unit \_\_\_\_\_

Date \_\_\_\_\_ 20 \_\_\_\_\_ Desired date of occupancy \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec No. \_\_\_\_\_  
(Passport, Alien, Green Card, Social Insurance No.)

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
(Passport, Alien, Green card, Social Insurance No.)

[ ] Sngl. [ ] Married [ ] Window(er) [ ] Sep. \_\_\_\_\_ [ ] Div. \_\_\_\_\_ Maiden Name \_\_\_\_\_  
(How Long) (How Long)

Number of people who will occupy. Adults (over age 18) \_\_\_\_\_ Children (over 18) \_\_\_\_\_ Children (under 18) \_\_\_\_\_

Names & ages of children who will occupy: \_\_\_\_\_

Description of Pets (Breed, Size, Color, Weight, Etc.) \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_  
Name Address Telephone

PRINT OR TYPE

### RESIDENCE HISTORY

A. Present Address \_\_\_\_\_ Phone \_\_\_\_\_  
(Street Address, Apt No., City, State, Zip)

Name of Apt./Condo \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

B. Previous Address \_\_\_\_\_ Your Apt. No. \_\_\_\_\_  
(Street Address, Apt. No., City, State, Zip)

Name of Apt./Condo \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

C. Prior Address \_\_\_\_\_ Your Apt. No. \_\_\_\_\_  
(Street Address, Apt. No. City, State, Zip)

Name of Apt./Condo \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

PRINT OR TYPE

### EMPLOYMENT & BANK REFERENCES

A. Employed By (Business Name) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
(or retired from)

How long \_\_\_\_\_ Dept. or Position \_\_\_\_\_ Mo. Income \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

B. Spouse's Employment (Business Name) \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
(or retired from)

How long \_\_\_\_\_ Dept. or Position \_\_\_\_\_ Mo. Income \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

C. Bank Reference \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

How Long \_\_\_\_\_ Ck. Acct. No. \_\_\_\_\_ Sav. Acct. No. \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

D. Bank Reference \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

How Long \_\_\_\_\_ Ck. Acct. No. \_\_\_\_\_ Sav. Acct. No. \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

PRINT OR TYPE

### CHARACTER REFERENCES

1. \_\_\_\_\_ Res. Phone (\_\_\_\_\_) \_\_\_\_\_ Ofc. Phone (\_\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_

2. \_\_\_\_\_ Res. Phone (\_\_\_\_\_) \_\_\_\_\_ Ofc. Phone (\_\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_

3. \_\_\_\_\_ Res. Phone (\_\_\_\_\_) \_\_\_\_\_ Ofc. Phone (\_\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_

Driver's Lic. No. #1 \_\_\_\_\_ #2 \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate No. \_\_\_\_\_ Color \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate No. \_\_\_\_\_ Color \_\_\_\_\_ State \_\_\_\_\_

If this application is NOT legible or is not completely and accurately filled out, Renters Reference of Florida, Inc. (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.  
 By signing, the applicant recognizes that the Association or their agent, Renter Reference of Florida, Inc. may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature \_\_\_\_\_ Signature \_\_\_\_\_  
Applicant Applicant's Spouse

**APPLICANT(S):** Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure ALL THREE Authorization Forms are completed as indicated.

**ALL PARTS OF THESE FORMS ARE REQUIRED • DO NOT CUT OR SEPARATE THEM.**

**AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND POLICE RECORD INFORMATION**

**I have named you as a reference on my application for residency.**

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my/our application made for residency.

**DESIGNATED PARTY: RENTERS REFERENCE OF FLORIDA, INC.**

**I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).**

**Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.**

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Applicant's Name Printed)

\_\_\_\_\_  
(Spouse's Signature)

\_\_\_\_\_  
(Spouse's Name Printed)

DATE \_\_\_\_\_

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\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Applicant's Name Printed)

\_\_\_\_\_  
(Spouse's Signature)

\_\_\_\_\_  
(Spouse's Name Printed)

DATE \_\_\_\_\_

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\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Applicant's Name Printed)

\_\_\_\_\_  
(Spouse's Signature)

\_\_\_\_\_  
(Spouse's Name Printed)

DATE \_\_\_\_\_