

SHADYWOODS HOMEOWNERS ASSOCIATION, INC.

c/o Team Real Estate Management Solutions
11440 Okeechobee Blvd, Suite 203
Royal Palm Beach, FL 33411
Telephone: 561-544-7177/Fax: 561-290-1483

OCCUPANCY ACKNOWLEDGEMENT

Occupancy prior to the approval of the Board of Directions is strictly prohibited.

I, _____, homeowner of _____, Delray Beach, FL 33445 (the "Unit" and/or "Unit Owner"), in Shadywoods Homeowners Association ("Shadywoods"), confirm that I have provided:

_____ (the "Potential Primary Tenant(s)"), copies of the governing Rules and Regulations for Shadywoods Homeowners Association, Inc.. This includes, but not limited to, the occupancy of only the specified person(s) listed on the Lease Agreement between me and the Potential Primary Tenants, as noted throughout the application packet.

It is further confirmed by me, the unit owner and the Potential Primary Tenant(s), that no one outside of the below mentioned person(s) will occupy the unit for more than Three (3) months without prior consent from the Board of Directors of Shadywoods Homeowners Association, Inc.. All parties are aware that failure to comply with the residency requirements of Shadywoods Homeowners Association, Inc. could lead to penalty fines levied against the unit owner and/or eviction of the Potential Primary Tenants (s) and/or the owner's payment of any resulting HOA Attorney's Fees and Costs.

Move in date: _____

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Only, the following persons are seeking residency of the Unit located in Shadywoods Homeowners Association, Inc. are as followed:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PLEASE READ THE FOLLOWING IMPORTANT INFORMATION

- **The Unit Owner or the Unit Owner's realtor/agent** shall give to the Board of Directors or its designee written notice of an intended lease of their Unit **no less than Fifteen (15) days** prior to the proposed Occupancy date, together with the name and address of the proposed lessee(s), an executed copy of the proposed lease agreement, and such other information as the Board may reasonably require.
- The Board requires the personal appearance and interview of any lessee(s), and his/her spouse **AND ANY OTHER INTENDED OCCUPANTS**, as a condition of approval. Orientation will be scheduled in accordance to the move -in date. This requirement waived if lease is a renewal.
- The entire application must be completed, in detail, by the proposed applicant.
- Applicant/Spouse and Parent/Dependent child are considered ONE (1) applicant.
- If any questions are left unanswered, the application will be considered incomplete and may be returned, **NOT** processed and **NOT** approved, this includes the signature of the Unit Owner on this Acknowledgement

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Signed by the following:

Owner 1 _____ Dated _____

Signature _____

Owner 2 _____ Dated _____

Signature _____

Tenant 1 _____ Dated _____

Signature _____

Tenant 2 _____ Dated _____

Signature _____

Tenant 3 _____ Dated _____

Signature _____

Tenant 4 _____ Dated _____

Signature _____

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**PLEASE BE SURE TO INCLUDE THE
FOLLOWING WITH YOUR APPLICATION**

1. Completed Application: One application for Applicant/Spouse and Parent/Dependent child) and one for each unmarried adult occupant.
2. A copy of an executed Lease Agreement.
3. A copy of a valid vehicle registration for all registered vehicles(Vehicles Restrictions Apply)
4. A Certified Check or Money Order in the amount of \$150.00 payable to Team Real Estate Management Solutions, for the non-refundable Application Fees per unmarried adult applicant.
5. A Certified Check or Money Order in the amount of \$100.00 per adult (married couples with copy of marriage certificate) payable to the Shadywoods Homeowners Association Inc. All adult occupants must be orientated. NOTE: if this a lease renewal, the fee of \$100.00 is waived.
6. Upon receipt of a completed application, Shadywoods screening committee will meet with proposed renters, together with homeowner or their representative if so desired), upon not less than seven (7) days' notice; to recommend either approval or disapproval of the proposed rental to the Board of Directors. The Association shall notify the homeowner, in writing, of its approval or disapproval of the proposed rental within seven (7) days of meeting with the proposed renter. No rental of a unit shall be valid without such written approval.

NOTE: if this a lease renewal, the orientation requirement will be waived.

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Applicants may use any of the following methods to deliver the completed application package to Team Real Estate Management Solutions. **E-Mailed or faxed applications will not be accepted.**

- United States Mail
- FedEx, UPS or any overnight or priority delivery service
- Hand Delivery at the above address. Business hours are Monday through Friday from 8:30 am – 4:30 pm

Please contact Team Real Estate Management Solutions with any questions regarding the completion or delivery of the application package or the acceptable methods for payment of applicable fees.

All incomplete and illegible applications will be returned to the applicant unprocessed. Telephone numbers must be **valid and reachable** between 9:00 am to 4:30 pm.

Legally married couples may complete one joint application. **Single applicants** must complete one (1) Application for Residency for **each adult** application. **Appropriate fees will apply.**

Mail form & Payments to :
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APPLICATION PROCESSING CONTACT INFORMATION

HOMEOWNER(S) INFORMATION

Homeowner(s): _____

Unit Address: _____

Mailing Address (If different than unit Address)

Telephone Number: _____

Alternate Number: _____

E-Mail Address: _____

HOMEOWNER(S) REALTOR

Realtor Name: _____

Real Estate Agency: _____

Office Number: _____

Cell Number: _____

E-Mail Address: _____

License Number: _____

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APPLICANT(S) INFORMATION

Applicant(s) Name: _____

Current Mailing Address: _____

Telephone Number: _____

Alternate Number: _____

E-Mail Address: _____

APPLICANT(S) REALTOR

Realtor Name: _____

Real Estate Agency: _____

Office Number: _____

Cell Number: _____

E-Mail Address: _____

License Number: _____

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APPLICATION FOR RESIDENCY

(Print additional pages as needed.)

DATE OF OCCUPANCY: _____

Applicant 1: _____

Are you an active member of the US Military? Yes _____ No _____
(If yes, please provide proof.)

Current Mailing Address _____

Applicant 2: _____

Are you an active member of the US Military? Yes _____ No _____
(If yes, please provide proof.)

Current Mailing Address _____

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EMPLOYMENT AND FINANCIAL HISTORY

Applicant 1

Current Employer: _____

Business Telephone Number: _____

Supervisor/Manager: _____

Current Position: _____ How Long: _____

Monthly Gross Income: \$_____

Applicant 2

Current Employer: _____

Business Telephone Number: _____

Supervisor/Manager: _____

Current Position: _____ How Long: _____

Monthly Gross Income: \$_____

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OCCUPANT INFORMATION

How many people will be occupying the Unit? _____

Please list all names, ages and relationship to the applicant(s):

Occupant 1: _____ Relationship _____

Occupant 2: _____ Relationship _____

Occupant 3: _____ Relationship _____

Occupant 4: _____ Relationship _____

EMERGENCY CONTACTS (NAMES, ADDRESS, AND TELEPHONE NUMBER)

In case of an emergency, we will attempt to notify the authorized below

1. Name: _____ Phone Number: _____

2. Name _____ Phone Number: _____

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PETS

All pets must be kept on a leash at all times when outside the unit. Under no circumstance are pets permitted in any of the recreation areas. To clarify any dog beyond the confines of a unit owner's property shall be kept on a leash, under the control of the owner, walked only along the edge of the street and not permitted beyond the swale, onto anyone's property or any recreation or greenbelt area. (R&R Sec. VIII, 2). Please note: There are domestic pet restrictions.

City of Delray Beach Code & AOI III 1(a)

Do you have any Pets? YES _____ NO _____

If YES, please complete the following information. Also provide a photo(s) of the pet(s) and current veterinarian shot/physical records.

Name of Pet Owner: _____

Address: _____

Telephone: _____

Number of pets living in the unit: _____

Name, breed, color and approximate weight of pet(s) (For example Max, Golden retriever, reddish gold, 75 pounds)

Signature: _____ Date: _____

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Have any of the occupants of the Unit, either adults or juveniles, ever been convicted or plead guilty to a felony or misdemeanor? Please initial the appropriate line, and provide the individuals name and signature. All adults and children must fill this out (please add additional pages if applicable). Adults must sign off on behalf of minors.

YES: _____ NO: _____ Name: _____ Signature: _____

YES: _____ NO: _____ Name: _____ Signature: _____

YES: _____ NO: _____ Name: _____ Signature: _____

YES: _____ NO: _____ Name: _____ Signature: _____

If Yes was initialed by any person, please specify the charge, the disposition and date of the offense. Use the area below to explain any matters that you feel may require additional explanation for any of the prospective occupants. (If additional space is needed, please add additional pages to this application).

Have you or anyone over the age of 18 occupying the Unit ever been evicted from a previous premise for any reason other than non-payment of rent? Each adult must initial one.

YES: _____, _____, _____, _____, NO: _____, _____, _____, _____

If Yes was initialed, please explain the circumstances surrounding the eviction. (If additional space is needed, please add additional pages to this application).

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On behalf of Shadywoods Homeowners Association, Inc., the Screening Committee/Board of Directors have the right to deny any Lease (new and/or renewal). Applications for reasons including but not limited to evictions, violation of HOA Documents, judgments, unresolved debts, negative or unfavorable references from a previous landlord or mortgager, arrest or conviction of a Criminal Act(s) or any Criminal Act(s) under investigations that have yet resolved. (This does not guarantee that potential residents or occupants residing in a Unit have not been convicted of a crime or are not subject to deferred adjudication for a crime, falsification or omission of any information on the application.)

By signing this, I agree and acknowledge that I fully understand and agree to abide by the information enclosed in this Application, any Shadywoods Homeowners Association, Inc. documents including, but not limited to the Rules and Regulations, or any additional documents requested by Shadywoods Homeowners Association, Inc.' Board for consideration .

Applicant 1: _____ Applicant 2: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Applicant 3: _____ Applicant4: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

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PARKING PERMIT FORM

Vehicles Restrictions apply: No truck, boat camper, van or motorcycle of any kind shall park or be parked at any time upon any portion of the subdivision property unless it is a commercial vehicle in the process of undertaking performance of a trade within the subdivision or is in a garage with the garage door closed and is otherwise totally out of view.

A prohibited vehicle may be parked within the subdivision in parking areas (for example, driveways) for periods of time not to exceed four (4) consecutive hours on any given day or for greater periods of time if prior written approval from the Board of Directors of the Association is obtained.

A motorcycle, for which the exhaust system is not muffled to the sound level equivalent to that of an automobile in good repair, shall not be operated at any time within the subdivision.

Pickup trucks and vans which satisfy all the following requirements may be parked in the driveway: (i) gross carrying weight does not exceed one quarter ton; (ii) used as a personal passenger vehicle; (iii) no commercial lettering or advertising; (iv) no ladders or external toolboxes; (v) cannot exceed the height of the garage door (or 7 feet) and (vi) must be contained within the designated parking spot.

Please attach a copy of the valid vehicle registration for each vehicle that you own and that will be kept in the Shadywoods Homeowners Association, Inc. Community. All Vehicles must be registered in the name(s) of the potential occupants of the Unit.

Resident Name: _____

Unit Address: _____

Telephone Number: _____

E-Mail: _____

Vehicle 1:

Make: _____ Model: _____ Year: _____

Color: _____ License Tag/Plate: _____

Driver's License: _____ State: _____

Vehicle Owner: _____

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Vehicle 2:

Make: _____ Model: _____ Year: _____

Color: _____ License Tag/Plate: _____

Driver's License: _____ State: _____

Vehicle Owner: _____

Vehicle 3:

Make: _____ Model: _____ Year: _____

Color: _____ License Tag/Plate: _____

Driver's License: _____ State: _____

Vehicle Owner: _____

DATE: _____

TENANT 1: _____

SIGNATURE: _____

DATE: _____

TENANT 2: _____

SIGNATURE: _____