

P.G. TWO HOMEOWNERS, INC.

Single Family Community for Residents 55 Years and Older
1650 N. W. 68th Avenue
Margate, Florida 33063
954-979-6755 or Email: paradiseg2@bellsouth.net

APPLICATION PROCEDURES

Dear Applicant,

Please complete and submit the enclosed application with a money order (cash and personal checks will not be accepted) in the amount of \$200.00 non-refundable per application per couple. Any additional number of people is \$50.00 per person 18 years of age and older, make it payable to P. G. Two Homeowners Inc.

In addition to the application, the Association requires the following information to be provided by the applicant:

1. A legible copy of all adult divers licenses and vehicle registration.
2. A legible copy of the Sales Contract/ or Lease.
3. One most recent paycheck stub or proof of income. If self-employed provide a copy of your most recent tax return.
4. Marriage certificate for applicants with different last names.
5. Name of the mortgage lender and account number.
6. Name of your homeowner's insurance.
7. Attached is a copy of our By-Laws
8. Completed Packet is to be returned to P. G, Two Homeowners, Inc. Clubhouse- 1650 N W 68th Ave-at least 10 days before the Screening appointment for review.

P.G. Two Homeowners, Inc is a 55 and over community. No one under the age of 18 is permitted to reside in the residence.

The application process takes approximately 1 to 2 weeks. However, failure to submit the necessary documents will result in a delay in your application process.

The application may be mailed or hand delivered to:

P. G. Two Homeowners, Inc.
1650 N W 68th Ave.
Margate, Fl. 33063

We thank you for your cooperation and look forward to meeting with us.

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APPLICATION FOR APPROVAL FOR OCCUPANCY

A \$200.00 per application Non-Refundable Fee must be paid at the time of presentation of application.
Please attach a copy of the Contract for Purchase or a Copy of the Lease

The undersigned hereby applies for approval to Purchase or Lease the following property in P. G. TWO HOMEOWNERS, INC:

Date: _____

OWNER/SELLERS INFORMATION:

Property Address: _____

Owner(s): _____

Owner(s) Address If Different from Above: _____

Anticipated Closing Date: _____

Anticipated Start Date of Lease: _____

Name of Realtor, Attorney or Title Co. Phone number and Address: (Circle one) _____

BUYER/LESSEE INFORMATION:

Name of Buyer/Lessee: _____ DOB _____ SS# _____

Name of Spouse/Co-Applicant: _____ DOB _____ SS# _____

Current Address and Telephone Number: _____

Temporary Address and Telephone Number: _____

Do You Currently Own a Home? _____ Is House for Sale? _____

Currently Listed With: _____

Anticipated Closing Date of Current Home: _____ Sale Price: _____

Do You Rent? _____ Lease Ends: _____

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INFORMATION ON EACH APPLICANT

To be filled out by each person

Each applicant individually please fill out this form and state your Name, DOB, Social Security # and Relationship. (REMINDER: No person under the age of 18 may occupy the home on a permanent basis.)

Name: _____ DOB _____ SS #: _____

Relationship _____

Address: _____

Phone Number: _____ Email address _____ :

Name, address and phone number of Employer: _____

If retired, last place of employment: _____

Are You Now a Resident of Florida? _____

How Long Have You Resided in Florida? _____

State/Country of Previous Residency: _____

Length of Time in Previous Residence? _____

Have You Ever Been Convicted of a Felony? _____

Car: 1. Plate # _____ Make: _____ Model: _____ Year: _____

Car: 2 Plate# _____ Make: _____ Model: _____ Year: _____

Car: 3 Plate _____ Make: _____ Model: _____ Year _____

**CARS MUST BE LIMITED TO THE NUMBER THAT CAN BE PARKED
IN THE GARAGE/CARPORT AND DRIVEWAY**

No more than (3) cars or trucks if you have a double driveway

No commercial cars or trucks are allowed

A copy of Driver's License or Picture ID must be presented with this application.

PET VERIFICATION FORM

Complete and sign section A if you DO NOT own a pet.

A. Name: _____

Address: _____

Phone number: _____

I do not own a pet _____

Signature

You must resubmit this form if at any point in the future, you or anyone residing in your home acquires a pet.

B. Name: _____

Address: _____

Phone Number: _____

Breed: _____ Weight: _____

Color: _____ Vaccination Record _____ Tag number: _____

You must include a picture of your pet for identification purposes.
Statement from veterinarian certifying breed and history of shots is required.

Please remember all dogs are to be walked on a leash. The dog's owner is responsible for the removal of their dog's excretion.

By signing below, I verify I have read and understand the above and will abide by the rules and regulations of the community. I agree with indemnity P.G. Two Homeowners, Inc. from damage and liability caused by the pet(s) listed above and any other Per(s) in the future that are within my home.

Signature

Signature

P.G. TWO HOMEOWNERS, INC.

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Authorization to Perform Background Check

I hereby give P. G. Two Homeowners, Inc. and/or its agent, have permission to verify the information submitted in this application. I/We realize that this includes, but is not limited to, a background check on all the adults who will own and/or occupy the property. Background checks include property ownership; bankruptcy; criminal; driver’s license; professional license; vehicle information and other information which may be deemed necessary. I/We understand that this information will be used solely for the orientation/screening process and will be kept in strict confidence. I/We hereby hold the association and/or its agents harmless from liability for the gathering and verification of such information.

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Incorrect or fraudulent information is sufficient reason for the Orientation/Screening Committee and the Board of Directors to deny your application.

OWNERS ARE RESPONSIBLE FOR THEIR GUESTS AND RENTERS AT ALL TIMES

Character References (No relatives):

1) _____ Phone: _____

2) _____ Phone: _____

Emergency Contact Infor:

1) _____ Phone: _____

2) _____ Phone: _____

New Owner/Lessee Cell: _____ Email address: _____

New Owner/Lessee Cell: _____ Email address: _____

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**All Association electronic communications must comply with Rule 61b-23.0029 of
the Florida administrative code**

I agree to receive all communications from the Board of Directors of P.G.TWO HOMEOWNERS, INC. Either directly or on behalf of the Association by current property manager, in electronic format utilizing the email address provided below. Communication that is required to be provided in hard copy by Florida Statute will continue to be hand-delivered or sent by mail.

Resident Signature

Date

Resident Signature

Date

Email Address

Email Address

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Request for Mortgage and Insurance Information

Dear Sir or Madam,

We are requesting the name of your Mortgage holder and the name of your insurance company on the property that you are purchasing to be put into your file.

Thank you for your cooperation,

P. G. Two Homeowners, Inc

Name: _____

Address: _____

City, State, Zip code : _____

Phone number: _____

Email address: _____

Company Name: (Mortgage) _____

Address: _____

City, State, Zip code: _____

Company Name: (Insurance) _____

Address: _____

City, State, Zip code: _____