

PLEASE  
RETURN THIS  
FORM BY  
NOV 1<sup>st</sup>

# Coco Wood Lakes Homeowner Association

6269 W. ATLANTIC AVENUE DELRAY BEACH, FL 33484 • Phone: 561.495.1133 - Fax 561.495.4803

A 55 AND OVER COMMUNITY!

## CENSUS INFORMATION

**\*\* PLEASE PRINT CLEARLY \*\***

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

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

OWNED BY A TRUST OR CORPORATION: \_\_\_\_\_

(PLEASE INCLUDE A COPY OF YOUR UPDATED DEED IF ANY CHANGES IN OWNERSHIP)

FULL NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CELLPHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CELLPHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ARE YOU OR ANYONE IN YOUR HOUSEHOLD IN NEED OF SPECIAL MEDICAL ATTENTION OR HAVE RESTRICTED MOBILITY, WHICH WOULD REQUIRE ADDITIONAL ASSISTANCE IN THE EVENT OF A STATE/COUNTY/ EXTREME WEATHER EMERGENCY?  YES  NO

IF YES, PLEASE EXPLAIN SPECIAL NEEDS (I.E. OXYGEN, WHEELCHAIR, BLIND, HEARING IMPAIRED, ETC.): \_\_\_\_\_

NOTE: AS A RESULT OF THE FAIR HOUSING ACT, THE FOLLOWING INFORMATION IS REQUIRED TO BE PROVIDED.

**PLEASE LIST ALL NAMES AND AGES OF ALL OCCUPANTS RESIDING IN THE HOUSEHOLD.**

NAME	DATE OF BIRTH	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE ATTACHED A COPY OF A GOVERNMENT ISSUED PHOTO ID INCLUDING YOUR BIRTH DATE AS PROOF OF MINIMUM AGE REQUIREMENTS FOR ALL RESIDENTS LISTED ABOVE. (OR BRING YOUR ID AND WE WILL MAKE A COPY FOR YOU)**

### Minimum Age Requirement

HOMEOWNER(S) ACKNOWLEDGES AWARENESS OF AMENDMENT TO ARTICLE III, SECTION 14, OF THE DECLARATION OF COVENANTS, RESTRICTIONS AND EASEMENTS FOR COCO WOOD LAKES, SECTIONS 1, 2, 3 AND 4, WHICH PROVIDES, IN PART, THAT PERSONS UNDER FIFTY-FIVE (55), BUT AT LEAST EIGHTEEN (18) YEARS OF AGE OR OLDER, TO RESIDE IN ANY UNIT AS LONG AS AT LEAST ONE OF THE PERMANENT OCCUPANTS IS OVER FIFTY-FIVE (55) YEARS OF AGE.

**INHERITED THE HOME**

PLEASE **CIRCLE** YES OR NO FOR EACH OPTION REGARDING CONTACT INFORMATION

I/WE WOULD LIKE TO HAVE THE PHONE # ABOVE INCLUDED IN THE CWL COMMUNITY DIRECTORY YES NO

I/WE WOULD LIKE TO HAVE THE E-MAIL ADDRESS(S) ABOVE INCLUDED ON THE CWL HOMEOWNER WEBSITE YES NO

**\*\*PLEASE RETURN THIS FORM TO THE CWL OFFICE IN PERSON OR BY MAIL – 6269 W. ATLANTIC AVE – DELRAY BCH, FL 33484 \*\*\***

**IN CASE OF EMERGENCY**

**DOCTOR TO CALL:** NAME: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**IN CASE OF EMERGENCY, WHO SHOULD BE NOTIFIED?**

NAME/ADDRESS	PHONE NUMBER	RELATIONSHIP
_____	_____	_____
_____	_____	_____

**ANY OF THE ABOVE LISTED HAVE KEYS TO YOUR HOME IN CASE OF AN EMERGENCY?** YES NO

If NO, please list name and number of someone that will have keys to access your home:

**DO YOU HAVE A MONITORED ALARM SYSTEM**  YES  NO

If yes, who will be able to assist with your alarm code in case of emergency?

NAME	PHONE NUMBER	RELATIONSHIP
_____	_____	_____
_____	_____	_____

**VEHICLE INFORMATION**

**NO VEHICLES**

**CARS SHOULD BE EITHER PARKED IN YOUR GARAGE OR DRIVEWAY BUT SHOULD NOT BLOCK ANY SIDEWALK. THERE IS NO PARKING IN THE SWALES, GRASS OR ON THE STREET.** NO PARKING OR STORAGE OF BOATS, BOAT TRAILERS, CAMPERS, TRAILERS, COMMERCIAL VEHICLES OR RECREATIONAL VEHICLES ARE ALLOWED UPON ANY LANDS INCLUDING DRIVEWAYS. PARKING THOSE VEHICLES IN YOUR GARAGE WITH THE DOOR CLOSED IS ALLOWED. NO REPAIRS TO ANY AND ALL BOATS, TRAILERS OR VEHICLES SHALL BE MADE ON ANY LANDS IN THE ASSOCIATION INCLUDING DRIVEWAYS EXCEPT REPAIRS MADE FOR EMERGENCY PURPOSES SUCH AS TO REPAIR A FLAT TIRE, THE REPLACEMENT OF A CRACKED WINDSHIELD, OR THE JUMP STARTING A DEAD BATTERY.

VEHICLE MAKE & MODEL	COLOR	TAG NUMBER	STATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PET (S) INFORMATION**

**NO PETS**

ALL PET OWNERS MUST PROVIDE A COPY OF THE LATEST RABIES VACCINE, PROOF THAT THEY ARE CURRENT WITH THEIR PET VACCINATION AND TAG NUMBER. (REQUIRED BY THE PALM BEACH COUNTY ORDINANCE 98-22.)

DO YOU HAVE ANY PETS?  NO  YES, HOW MANY PETS? \_\_\_\_\_

PLEASE LIST NAME (S), TYPE(S), SIZE(S), AND ATTACH RABIES VACCINATION RECORD(S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/WE ACKNOWLEDGE THAT ALL THE INFORMATION LISTED ABOVE IS TRUE. I/WE AUTHORIZE OUR CONTACT INFORMATION AS PER OUR SELECTION ON PAGE ONE TO BE LISTED AT THE COMMUNITY WEBSITE AND/OR COMMUNITY RESIDENTIAL DIRECTORY .

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_