

# *Coco Wood Lakes Association, Inc.*

## **55 AND OVER ADULT COMMUNITY**

FOLLOWING PLEASE FIND THE PROCEDURES TO SUBMIT YOUR LEASING APPLICATION TO RESIDE AT THE COCO WOOD LAKES ASSOCIATION, INC., A HOMEOWNERS ASSOCIATION. ALL FORMS MUST BE COMPLETED BY EACH ADULT OCCUPANT IN FULL. COMPLETED APPLICATIONS MUST BE RETURNED TO THE COCO WOOD LAKES (CWL) OFFICE A MINIMUM OF 30 DAYS PRIOR TO LEASE START DATE. ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED AND PROCESSED.

PRIOR TO OCCUPANCY, THE PROSPECTIVE TENANTS MUST HAVE AN ORIENTATION INTERVIEW BY THE ORIENTATION COMMITTEE OF THE COCO WOOD LAKES ASSOCIATION. THEREFORE, YOU **MUST ALLOW THIRTY (30) DAYS AFTER RECEIPT OF THE COMPLETED APPLICATION FOR COMPLETION** WHICH INCLUDES AN INTERVIEW WITH THE ORIENTATION COMMITTEE. **NO PROSPECTIVE TENANT MAY MOVE INTO A RESIDENCE PRIOR TO RECEIVING A WRITTEN COMPLETION CERTIFICATE FROM THE ASSOCIATION.**

PLEASE INCLUDE THE FOLLOWING ITEMS WITH YOUR APPLICATION:

- ❖ A COPY OF THE FULLY EXECUTED LEASE AGREEMENT
- ❖ COMPLETE CENSUS INFORMATION FORM – ONE FORM PER OCCUPANT OR ONE PER MARRIED COUPLE.
- ❖ COPIES OF ALL APPLICANT(S) DRIVER'S LICENSES OR GOVERNMENT ISSUED PHOTO ID.
- ❖ A REPRESENTATIVE OF THE CWL BOARD WILL CONTACT YOU TO SCHEDULE AN ORIENTATION INTERVIEW AFTER A COMPLETE APPLICATION PACKAGE IS DELIVERED TO THE CWL OFFICE. (ADDRESS BELOW)
- ❖ **APPLICATION PROCESSING TIME IS 30 DAYS FROM DATE OF RECEIPT.**

CWL IS A 55 AND OVER ADULT COMMUNITY AND NO PERSON UNDER THE AGE OF 18 MAY RESIDE FULL-TIME IN CWL COMMUNITY.

(IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA AND IN ACCORDANCE WITH CWL GOVERNING DOCUMENTS)

IF YOU HAVE ANY QUESTIONS ABOUT THIS APPLICATION, PLEASE CALL 561-495-1133, OR VIA EMAIL TO [COCOWOODMGR@APMANAGEMENT.NET](mailto:COCOWOODMGR@APMANAGEMENT.NET)

ON BEHALF OF THE BOARD OF DIRECTORS  
COCO WOOD LAKES ASSOCIATION, INC.

# *Coco Wood Lakes Association, Inc.*

## CONFIDENTIAL LEASE APPLICATION

COCO WOOD LAKES IS A 55 AND OVER COMMUNITY!

**UNLESS MARRIED EACH ADULT LISTED ON THE LEASE MUST SUBMIT THEIR OWN APPLICATION. LANDLORD MUST BE CURRENT WITH THEIR ASSESSMENTS IN ORDER TO BE APPROVED TO LEASE.**

**PLEASE PRINT CLEARLY -**

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

LEASE TERM: START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

TENANT 1 NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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

PLEASE SEND ME VIA EMAIL: ☐ CWL OFFICE NOTICES ☐ E-NEWSLETTER ☐ CWL WEBSITE

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

TENANT 2 NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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

PLEASE SEND ME VIA EMAIL: ☐ CWL OFFICE NOTICES ☐ E-NEWSLETTER ☐ CWL WEBSITE

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

TENANT 3 NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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

PLEASE SEND ME VIA EMAIL: ☐ CWL OFFICE NOTICES ☐ E-NEWSLETTER ☐ CWL WEBSITE

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 AN 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 UNIT.

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

### IN CASE OF EMERGENCY

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

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

DO YOU HAVE A MONITORED ALARM SYSTEM ☐ YES ☐ NO

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## CONFIDENTIAL LEASE APPLICATION

### RENTER HISTORY

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LENGTH OF TIME AT PRESENT ADDRESS: \_\_\_\_\_

CURRENT LANDLORD NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

### EMPLOYMENT INFORMATION

☐ RETIRED ☐ SPOUSE RETIRED

OCCUPATION & EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SPOUSE'S OCCUPATION & EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

### PERSONAL REFERENCES (NOT RELATIVES)

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

### VEHICLE INFORMATION

**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

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? \_\_\_\_\_

IF YES, LIST NAME (S), TYPE(S), SIZE(S), AND RABIES VACCINATION RECORD(S): \_\_\_\_\_

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

# *Coco Wood Lakes Association, Inc.*

## CONFIDENTIAL LEASE APPLICATION

IN COMPLETING AND EXECUTING THIS APPLICATION, I/WE PRESENT TO THE COCO WOOD LAKES ASSOCIATION, INC. THAT THE PURPOSE FOR THE LEASE OF THE UNIT IS AS FOLLOWS: \_\_\_\_\_PERMANENT RESIDENCE \_\_\_\_\_SEASONAL RESIDENCE

I/WE UNDERSTAND THAT ACCEPTANCE FOR LEASE IN THIS COMMUNITY IS CONDITIONED UPON THE APPROVAL OF THE BOARD OF DIRECTORS. ACCORDINGLY, I/WE HEREBY AGREE FOR MYSELF AND ON BEHALF OF ALL PERSONS WHO WILL USE THE UNIT WHICH I/WE SEEK TO LEASE THAT I/WE WILL ABIDE BY ALL RESTRICTIONS CONTAINED IN THE BY-LAWS AND ALL OTHER BY-LAWS, RULES & REGULATIONS OR RESTRICTIONS WHICH MAY IN THE FUTURE BE IMPOSED BY THE BOARD OF DIRECTORS. I/WE HAVE RECEIVED A COPY OF ALL ASSOCIATION DOCUMENTS AND RULES AND REGULATIONS. \_\_\_\_\_YES \_\_\_\_\_NO

I/WE UNDERSTAND THAT THE BOARD OF DIRECTORS MAY CAUSE TO BE INSTITUTED AN INVESTIGATION OF MY/OUR BACKGROUND AS THE BOARD MAY DEEM NECESSARY. ACCORDINGLY, I/WE SPECIFICALLY AUTHORIZE THE BOARD OF DIRECTORS TO MAKE SUCH INVESTIGATION AND AGREE THAT THE INFORMATION CONTAINED HEREIN MAY BE USED IN SUCH INVESTIGATION AND THAT THE BOARD OF DIRECTORS AND OFFICERS SHALL BE HELD HARMLESS FROM ANY ACTION OR CLAIM BY ME/US IN CONNECTION WITH THE USE OF THE INFORMATION CONTAINED HEREIN OR ANY INVESTIGATION CONNECTED WITH THE USE OF THE INFORMATION CONTAINED HEREIN OR ANY INVESTIGATION CONDUCTED BY THE BOARD OF DIRECTORS.

I/WE UNDERSTAND THAT SUB-LEASING IS NOT PERMITTED WITHOUT PRIOR WRITTEN APPROVAL OF THE COCO WOOD LAKES BOARD OF DIRECTORS.

I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THESE AND ALL RULES AND REGULATIONS IN THIS COMMUNITY, ADDITIONALLY ALL THE INFORMATION I/WE PROVIDED BY FILLING IN THIS PACKAGE IS ACCURATE.

I/WE HAVE EXECUTED THE FOREGOING APPLICATION THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_.

### **Tenant (s)**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

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## CONFIDENTIAL LEASE APPLICATION

### DISCLOSURE AGREEMENT

I/WE \_\_\_\_\_

TENANTS OF ADDRESS: \_\_\_\_\_

UNDERSTAND AND AGREE THAT:

1. COCO WOOD LAKES (CWL) IS A 55+ADULT COMMUNITY.
2. NO PERSON UNDER THE AGE OF 18 WILL RESIDE IN CWL IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA AND IN ACCORDANCE WITH CWL.
3. I/WE AM/ARE RENTING THIS PROPERTY AND NO PERSON UNDER AGE 18 WILL/CAN BECOME A RESIDENT OF OUR HOUSEHOLD. WE UNDERSTAND AND AGREE THE IF A PERSON UNDER 18 MOVES INTO OUR HOME I/WE WILL NO LONGER BE ELIGIBLE TO RESIDE IN THE COCO WOOD LAKES COMMUNITY.
4. I/WE FURTHER AGREE IF THIS SITUATION SHOULD OCCUR, WE WILL VACATE THE PREMISES WITHOUT LEGAL ACTION ON THE PART OF ANY PARTIES HERETO.

#### **CWL Representative**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

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

#### **Tenant**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

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

# *Coco Wood Lakes Association, Inc.*

## CONFIDENTIAL LEASE APPLICATION

### CWL LESSEE CERTIFICATE OF APPROVAL

FOR PROPERTY KNOWN AS: LOT NO. \_\_\_\_\_ BLOCK NO. \_\_\_\_\_

AN AUTHORIZED REPRESENTATIVE OF COCO WOOD LAKES HAS INTERVIEWED THIS PROSPECTIVE TENANT AND ON BEHALF OF THE BOARD OF DIRECTORS OF COCO WOOD LAKES HOMEOWNER ASSOCIATION HEREBY APPROVES THE TENANT OF THE PROPERTY LOCATED AT \_\_\_\_\_,  
DELRAY BEACH, FL 33484 – OWNED BY \_\_\_\_\_ (“LANDLORD”)

TO TENANT (S): \_\_\_\_\_

THE BOARD REPRESENTATIVE HAVE EXECUTED THE INTERVIEW AND PRODUCED THE FOREGOING LEASE CERTIFICATE OF APPROVAL ON  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

BY: \_\_\_\_\_

BOARD AUTHORIZED REPRESENTATIVE