

The Retreat Homeowners Association, Inc.
8700 SE Retreat Drive
Hobe Sound, FL 33455
Phone: 772-546-6112 Fax: 772-546-1699
APPLICATION FOR LEASE OR PURCHASE

Name(s) of Applicant: _____ Lease / Purchase (circle one)

Unit Address: _____

Mailing Address: _____

Unit Telephone: _____ Mailing Telephone: _____

Email Address: _____

Current Employer and Address: _____

Personal References:

<i>NAME</i>	<i>ADDRESS</i>	<i>TELEPHONE</i>

List all regular occupants, relationship and age of minors:

<i>NAME</i>	<i>AGE</i>	<i>RELATIONSHIP</i>

Pets: Yes _____ No _____ If yes, Breed, Color, Age, Sex, Neutered?

Vehicles to be parked on Association Property: ****Note – trucks, motorcycles, boats, vans and commercial vehicles must be parked within the garage and may not be parked in the driveway.**

<i>MAKE</i>	<i>MODEL</i>	<i>YEAR</i>	<i>STATE</i>	<i>REGISTRATION</i>

For purchase of property: Closing Date: _____ Mortgage Co.: _____
 For rental agreement: Lease Term: _____ to _____ (4 mo. minimum per Association documents)

This information is provided for consideration for membership with The Retreat POA. I/We acknowledge receipt of a copy of the Declaration of Covenants and Conditions, Articles of Incorporation, Bylaws and Rules and Regulations of The Retreat Homeowners Association from the owner. I/We have read these documents and agree to abide by them. Failure to comply with terms and conditions thereof shall be a material default and breach of the lease / purchase agreement.

SELLER: I attest my unit is free from any pending/current violations of the Association Documents. Should there be open violations, I/we agree to correct said violations prior to closing. Failure to do so may result in legal enforcement by the Association.

SIGNATURE OF SELLER: _____ DATE: _____

CAPITAL CONTRIBUTIONS INFORMATION

To be paid at closing

Capri = \$423.33
Oakmont = \$466.67
Carlyle = \$490.67

APPLICATION INSTRUCTIONS

- 1) Fill out application completely and submit to The Retreat at Seabranh, 8700 SE Retreat Drive, Hobe Sound, FL 33455 or fax to 772-546-1699. Please allow 10 business days for review and action to be taken by The Retreat Homeowners Association.
- 2) Above signed acceptance of the Rules and Regulations must be submitted along with the application and a copy of the lease agreement or purchase contract.
- 3) A \$50 application fee must accompany the application and can be made payable to **The Retreat HOA.**
- 4) Please submit application a minimum of 14 days prior to execution. Every effort will be made to expedite the notification process.
- 5) Please attach realtor and title information to ensure proper routing of documents.

CAPITAL REALTY ADVISORS, INC.

*Licensed Real Estate Broker
Property Management, Leasing & Sales
Association Management & Accounting*

**600 SANDTREE DRIVE, SUITE 109
PALM BEACH GARDENS, FL 33403
Telephone: (561) 624-5888 / Fax: (561) 624-5827
www.capitalrealtyadvisors.com**

PERMANENT MAILING ADDRESS

Association/Address: _____

**The below information will be used to mail maintenance bills and all Association correspondence.
Please print.**

Purchaser's Name: _____

Mailing Address: _____

City / State / Zip: _____

Telephone #s: _____

Owner Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____