## MALLORY CREEK HOMEOWNER'S ASSOCIATION INC. Application Instructions for Resale or Lease

## <u>Please note that there is a Working Fund Contribution of two months' assessment required for</u> all resales.

- **1.** The attached application for occupancy must be completed by the purchaser(s) or lessee(s). Please complete all questions.
- 2. A copy of the signed sales contract or lease agreement must accompany this application.
- **3.** Please allow 10 days for review of application. Occupancy prior to approval is prohibited. An inspection of the home exterior will be performed to verify compliance prior to granting a sale or lease approval.
- **4.** As a member of the Association, you agree to abide by the Association's Documents as recorded in the Palm Beach County Official Records. If you have not received a copy of these documents from the Owner/Seller of your unit, they are available to you from the management office by calling 561-401-9278, for a fee of \$25.00 or, for free, at <a href="www.mallorycreekhoa.com">www.mallorycreekhoa.com</a> link to Documents.
- **5.** If leasing, the owner must make a copy of the Governing Documents available to the Lessee. Owners are responsible for the actions of tenants and all guests and subject to fines for violation of the Association Documents and/or Rules & Regulations by the tenant or guest.
- **6.** Leases shall provide for a term of not less than twelve (12) months.
- 7. If a family member, guests, agents, licensees, or invitees is not in compliance with any provisions of the Homeowners Documents, the Association has the right to disapprove of and to void any lease at any time prior to or during the leasehold tenancy, including non-renewal of the lease for the forthcoming year.
- **8.** A \$100.00 non-refundable application fee is required with the application made payable to Mallory Creek Homeowners Association.

Please submit completed application and a copy of the sales contract or lease agreement to:

Triton Property Management 900 E. Indiantown Drive, Suite 210 Jupiter, FL 33477

Assure that your title company has verified that all homeowner fees on your new home have been paid. These fees are a lien against your unit, and you could be responsible if they are outstanding.

Please instruct your title company to forward a copy of your warranty deed to Triton Property Management as soon as possible. **Management will not change the name on the official records without receiving this information.** It is the homeowner's obligation to make sure that mailing addresses and telephone numbers are up to date with the management company.

Unit Owner fees are due in advance on the first day of each quarter. A coupon and return envelope will be mailed to you as a courtesy prior to the beginning of each quarter. It is the unit owner's responsibility to pay these fees regardless of whether coupons are sent or not. If you require a quarterly coupon, please send your request to ResidentServices@tritoncam.com.

Please obtain ALL keys and BOTH FOBS from the Seller/Landlord

## MALLORY CREEK HOA, INC. APPLICATION FOR \_\_\_\_\_RESALE OR \_\_\_\_LEASE - PLEASE PRINT Check here if lessee is an active member of the military service. DATE: OCCUPANCY DATE: (IF BEING **LEASED**, TERM-FROM-TO) PROPERTY ADDRESS: \_\_\_\_ (BEING PURHCASED OR LEASED) BUYER REALTOR: PHONE #: SELLER REALTOR: \_\_\_\_\_\_ PHONE #: \_\_\_\_\_ OWNER NAME(S): \_\_\_\_\_\_ PHONE #: \_\_\_\_\_ OWNER(S) MAILING ADDRESS: **APPLICANT INFORMATION** APPLICANT(S): (NEW OWNER NAME (AS TITLE WILL APPEAR) OR NEW LESSEE NAME) PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_ IN ADDITION TO APPLICANT(S), LIST OTHERS WHO WILL RESIDE IN UNIT: NAME: \_\_\_\_\_ AGE: \_\_\_\_ RELATION: \_\_\_\_ NAME: \_\_\_\_\_ AGE: \_\_\_\_ RELATION: \_\_\_\_ NAME: \_\_\_\_\_ AGE: \_\_\_\_ RELATION: \_\_\_\_ IN CASE OF EMERGENCY, NOTIFY: **PART I – PRESENT ADDRESS** PRESENT ADDRESS: PHONE #: \_\_\_\_\_\_PHONE #: \_\_\_\_\_ PART II - PRESENT EMPLOYMENT **EMPLOYED BY:** PHONE: (OR RETIRED FROM OR BUSINESS NAME IF SELF EMPLOYED) Dates of employment: \_\_\_\_\_ Position: \_\_\_\_ Address: \_\_\_\_ PARTNERS EMPLOYMENT: PHONE:

Dates of employment: \_\_\_\_\_ Position: \_\_\_\_ Address: \_\_\_\_

## PART III – PERSONAL REFERENCES

NAME:	HOME:	OFFICE:		
NAME:	HOME:	OFFI	OFFICE:	
NAME:	HOME:	OFFICE:		
	PART IV -	VEHICLES		
YEAR: MAKE:	MODEL:	PLATE #:	STATE:	
YEAR: MAKE:	MODEL:	PLATE #:	STATE:	
DRIVERS LICENSE #:	DR	RIVERS LICENSE #:		
	PART \	/ – PETS		
WILL PETS RESIDE IN THE UTILITY THE VES, Fill out the Pet Regis	JNIT? NO YE tration Form	ES*		
PHOTO OF PET(S) MUST BE	INCLUDED WITH APP	PLICATION		
	<u>ACKNOWL</u>	EDGEMENT		
I/We have read, understood, a Association Documents. I/We violation notices, fines, etc. I/W	nd will abide by all Res understand that failure Ve understand that the a	trictions in the By-La to follow the Rules a acceptance for purcl	seek to purchase or lease, that aws, Rules & Regulations and and Regulations will subject us to hase or lease is conditioned upon ard. I give my full authorization to	
	BUYER DISCLOS	<u>SURE</u>		
The association maintains land be aware that if the prior owne modifications to any section of acknowledges this by signing to	r(s) of the property has property; it is the new o	added landscaping		
APPLICANT SIGNATURE:			DATE:	
APPLICANT SIGNATURE:			DATE:	
OWNER SIGNATURE (IF LEA	ASING):		DATE:	