

WOODBIDGE LAKES HOMEOWNERS ASSOCIATION, INC

Application to Purchase a Unit

The Application must be completed in full and be accompanied by the required attachments.

OWNERS:

1. Attach the original Owner's page (signed and notarized) to the Contract for Purchase OR deliver to Board Member.

BUYERS

1. Complete all BUYERS pages.

2. Complete the Authorization page (p.7) for background/credit check. Only the Authorization page and check or money order for the fee gets delivered or mailed to Gallup Accounting, 100 E Linton Blvd, Ste 406B, Delray Beach 33483. Include legible copy of driver's license with Authorization page to Gallup Accounting.

3. **\$200 application fee. Check is made out to Woodbridge Lakes HOA**
This fee is good for primary applicant or a husband and wife.

Each additional occupant OVER 18 years of age is an additional \$100.00 Application fee.

4. Return the original signed and notarized application and sales contract to a Board member. Also, email complete package to that Board member.

5. Attach extra pages (if necessary) for complete answers.

6. Remember - Enclose LEGIBLE copies of Driver's License (or state/federal ID) for EACH person 18 and older with Authorization page.

7. Enclose pictures of cars to be parked at WBL.

WOODBIDGE LAKES HOMEOWNERS ASSOCIATION, INC

TO BE COMPLETED BY OWNER(S)

NAME(S) OF PRESENT OWNER(S) _____

OWNER(S) TELEPHONE NUMBERS: DAY _____ NIGHT _____

EMAILADDRESS: _____

UN IT NUMBER _____

OWNER(S) FORWARDING ADDRESS: _____

DATE OF PROPOSED CLOSING: _____

ATTACH a signed copy of the executed purchase agreement/contract.

I/We hereby certify that attached and submitted with this application is a true and correct copy of the terms of the proposed transfer.

Dated this _____ day of _____ 20____

Owner's signature _____

Owner's signature _____

TO BE COMPLETED BY NOTARY PUBLIC:
STATE OF FLORIDA
COUNTY OF PALM BEACH

Before me, the undersigned authority duly authorized to take oaths, this day personally appeared who being by me first duly sworn, on oath, deposes and says that the statements contained in the foregoing document are true and correct.

Sworn to and subscribed before me this ___ day of _____ 20

Notary Public (print name) _____

Signature _____

Serial No. _____ My Commission Expires: _____

SEAL:

WOODBIDGE LAKES HOMEOWNERS ASSOCIATION, INC

TO BE COMPLETED BY THE BUYER(S)

COMPLETE NAME(S) OF BUYER(S): _____

PRESENT ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBERS: DAY _____ NIGHT _____

EMAIL ADDRESS: _____

EMAIL ADDRESS: _____

LENGTH OF STAY AT PRESENT ADDRESS: _____

PRIOR RESIDENCE ADDRESSES AND LENGTH OF TIME AT EACH RESIDENCE FOR THE LAST FIVE YEARS

ADDRESS: _____

LENGTH OF STAY _____

ADDRESS: _____

LENGTH OF STAY _____ REASON FOR MOVING: _____

ADDRESS: _____

LENGTH OF STAY _____ REASON FOR MOVING _____

BUYER(S) EMPLOYMENT HISTORY FOR THE LAST FIVE YEARS

Name of Business	Job Title	Dates	Reason for Leaving
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LIST TYPES AND DATES OF ANY CRIMINAL CONVICTIONS

**WOODBIDGE LAKES HOA – PURCHASE APPLICATION
COMPLETED BY BUYER**

LIST EACH PERSON WHO WILL OCCUPY THE UNIT:

NAME: _____

PRESENT ADDRESS: _____

DATE AND PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

NAME: _____

PRESENT ADDRESS: _____

DATE AND PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

NAME: _____

PRESENT ADDRESS: _____

DATE AND PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

NAME: _____

PRESENT ADDRESS: _____

DATE AND PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

LIST EACH PET TO BE KEPT AT THE UNIT:

TYPE _____

BREED _____

WEIGHT _____

Woodbridge lakes Homeowners Association strongly enforces the Palm Beach County Leash Law: All pets not in a secured, confined space will be kept on a leash. The Association also only allows walking of pets on the outer perimeter by the fence. No pets are allowed in the inner circle.

MUST BE COMPLETED BY BUYER:

PLEASE LIST ALL AUTOMOBILES TO BE PARKED AT WOODBRIDGE LAKES

YEAR	MAKE	MODEL	COLOR	LIC. PLATE NO.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please note that Article 12.8 of the Homeowners Declaration of Covenants, Restrictions and party Facilities states: The overnight parking of vehicles of any kind upon the common areas is prohibited. The roadway is considered a common area. **Any vehicle parked on the road between 2:00 a.m. and 6:00 a.m. is subject to being booted.** Parking on the grass at any time could result in car being booted.

PLEASE LIST THREE PERSONAL REFERENCES NOT RELATED TO BUYERS OR SELLERS:

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____
RELATIONSHIP AND YEARS KNOWN: _____

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____
RELATIONSHIP AND YEARS KNOWN: _____

NAME: _____
ADDRESS: _____
PHONE NUMBER: _____
RELATIONSHIP AND YEARS KNOWN: _____

PLEASE LIST THREE BANK OR FINANCIAL REFERENCES:

NAME OF BANK	ADDRESS	PHONE#	ACCT.#	TYPE OF ACCOUNT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WOODBIDGE LAKES HOMEOWNERS ASSOCIATION, INC

BUYER FILLS OUT

I/We hereby certify that I/we have read: 1. the Declaration of Covenants, Restrictions, and Party Facilities, and 2. Woodbridge Lakes and Woodbridge Lakes Homeowners Association, Inc. Articles of Incorporation, Bylaws, and Rules and Regulations. (These documents are available on the HOA's internet website - <http://www.wblhoa.org>.)

I/we agree to comply with all the provisions contained in those documents. Woodbridge Lakes Homeowners Association, Inc. is authorized to utilize and release the information contained in this application to undertake an investigation as part of its transfer approval process. I/we hereby certify that attached and submitted with this application is a true and correct copy of the terms of the proposed transfer.

Dated this _____ day of _____ 20 _____

Applicant's name _____

Applicant's signature _____

Applicant's name _____

Applicant's signature _____

TO BE COMPLETED BY NOTARY PUBLIC:

STATE OF FLORIDA, COUNTY OF PALM BEACH

Before me, the undersigned authority duly authorized to take oaths, this day personally appeared who being by me first duly sworn, on oath, deposes and says that the statements contained in the foregoing document are true and correct.

Sworn to and subscribed before me this _____ day of _____ 20 _____

Notary Public {print name}: _____

Signature: _____

Serial No. _____ My Commission Expires: _____

SEAL:

AUTHORIZATION FOR RELEASE OF CREDIT & BACKGROUND REPORT
COMPLETED BY BUYER, MAILED TO GALLUP ACCOUNTING

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

SOCIAL SEC. #: _____

OR, CANADIAN SOC. SEC. #: _____

DATE OF BIRTH: _____ / _____ / _____

IN ACCORDANCE WITH PL-91-508, I HEREBY AUTHORIZE MY CREDIT REPORTING AGENCY TO RELEASE A WRITTEN COPY OF MY CREDIT REPORT:

PRINTED SIGNATURE: _____

HANDWRITTEN SIGNATURE: _____

DATE: _____

TO BE COMPLETED BY NOTARY PUBLIC:
STATE OF FLORIDA
COUNTY OF **PALM BEACH**

Before me, the undersigned authority duly authorized to take oaths, this day personally appeared who being by me first duly sworn, on oath, deposes and says that the statements contained in the foregoing document are true and correct.

Sworn to and subscribed before me this _____ day of _____ 2021

Notary Public (print name) _____

Signature _____

Serial No. _____ My Commission Expires: _____

SEAL: