



Boca Gardens HOA



9551 Boca Gardens Parkway ~ Boca Raton, FL 33496 ~ Telephone # 561-852-4403 ~ Fax # 561-852-1365

NEW OWNER INFORMATION SHEET

DATE: _____

NAME: _____

CURRENT ADDRESS:

CITY, STATE, ZIP CODE:

HOME PHONE:

WORK/CELL TELEPHONE #:

E-MAIL ADDRESS:

PROPERTY ADDRESS PURCHASING:

REALTOR NAME AND TELEPHONE #:

EMERGENCY CONTACT:
NAME: _____

TELEPHONE #:

Please complete and return with your application to:

Boca Gardens HOA, Inc.
9551 Boca Gardens Parkway
Boca Raton FL 33496

INSTRUCTIONS:

1. – Print legibly or type all information. Account and telephone numbers and complete address are required.
2. – Missing information will cause delays in processing your application.
3. – Only the applicants are authorized to all forms.

PRINT OR TYPE

Address of Unit _____

Date _____ 20____ Closing Date _____

Name _____ Date of Birth _____

Spouse _____ Date of Birth _____

Number of people who will occupy: Adults (over age 18) _____ Children (over 18) _____ Children (under 18) _____

Names and ages of children who will occupy: _____

Description of Pets (Breed, Size, Color, Weight, Etc.) _____

Please attach pictures and vet records of all pets.

In case of emergency notify: _____
Name Address Telephone

PRINT OR TYPE

RESIDENCE HISTORY

a. Present Address _____ Phone(_____) _____
(Street Address, Apt. No., City, State, Zip)

Name of Apt. /Condo _____ Phone (_____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (_____) _____

Address _____ Mtg. No. _____

b. Previous Address _____ Phone(_____) _____
(Street Address, Apt. No., City, State, Zip)

Name of Apt. /Condo _____ Phone (_____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (_____) _____

Address _____ Mtg. No. _____

c. Prior Address _____ Phone(_____) _____
(Street Address, Apt. No., City, State, Zip)

Name of Apt. /Condo _____ Phone (_____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (_____) _____

Address _____ Mtg. No. _____

PRINT OR TYPE

EMPLOYMENT & BANK REFERENCES

d. Employed by _____ Phone (_____) _____
(or retired from)

How Long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip _____

e. Spouse's Employment _____ Phone (_____) _____
(or retired from)

How Long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip _____

f. Bank Reference _____ Phone (_____) _____

How Long _____ Address _____ Zip _____

Do you plan on leasing this property ___Yes ___No?

PRINT OR TYPE

CHARACTER REFERENCE

g. Name _____ Phone (____) _____ Ofc Phone (____) _____
Address _____ Zip _____

h. Name _____ Phone (____) _____ Ofc Phone (____) _____
Address _____ Zip _____

i. Name _____ Phone (____) _____ Ofc Phone (____) _____
Address _____ Zip _____

Number of cars (to be parked here) Driver's Lic. No. #1 _____ #2 _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ State _____

By signing the new homeowner agrees that all information herein is true and correct.

Signature _____
Applicant

Signature _____
Applicant's Spouse