

EGRET LANDING PROPERTY OWNERS' ASSOCIATION

1059 LAKESHORE DRIVE, JUPITER, FL 33458

Office: 561.575.7676

Fax: 561.743.0015

www.egretlandingpoa.com

info@egretlandingpoa.com

The following items are **required** for the LEASE Application process to begin:

- _____ 1) Complete Application Packet (pages 1-7)
- _____ 2) Copy of fully executed Lease Contract

ESTOPPEL REQUESTS

For Association Documents/Financials/Estoppels/Questionnaire information please visit
<https://cpmresales.com>

The application MUST be completed in its ENTIRETY in order to commence processing. If you leave any item blank, the application will be returned. Also, any misrepresentation or falsification of information may result in your disqualification.

**PLEASE MAIL OR DROP OFF YOUR APPLICATION AND ALL NEEDED
DOCUMENTS TO THE MANAGEMENT OFFICE AT THE EGRET POA
CLUBHOUSE.**

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Date of Application: _____

Address _____

Lease Application

Applicant Name: _____

Phone Number: _____

Email: _____

Co-Applicant Name: _____

Phone Number: _____

Email: _____

Other Occupants

Name _____

Relationship _____

Name _____

Relationship _____

Name _____

Relationship _____

Current Street Address: _____

State/Zip: _____

Phone: _____ Email: _____

Previous Street Address: _____

State/Zip: _____

Phone: _____ Email: _____

Have you and/or the co-applicant ever been evicted from any property? _____

If yes, please provide detailed explanation attached to application.

Have you, the co-applicant(s), and/or any other occupant(s) ever been arrested, charged, and/or convicted of a crime? _____

If yes, please provide detailed explanation attached to application.

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Employment History

Present Employer: _____

Supervisor: _____ Phone Number: _____

Position: _____ Dates of Employment: _____

Co-Applicant Employer:

Supervisor: _____ Phone Number: _____

Position: _____ Dates of Employment: _____

Vehicles

Make Model: _____

Year/Color: _____ Tag Number/State: _____

Make Model: _____

Year/Color: _____ Tag Number/State: _____

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

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Pet Registration Form

Name: _____

Address: _____

Breed of Pet: _____

Approximated Weight of Pet: _____

Pet's Name/ Age: _____

PLEASE INCLUDE A COLOR PICTURE OF YOUR PET FOR IDENTIFICATION

Please remember the pet owner must pick up all excrement. All pets must be on a leash at all times while outside of your unit and under supervision of a responsible adult.

By my signature below, I verify that I understand the above and will abide by the Rules and Regulations of the Egret Landing POA

Signature: _____

Date: _____

PLEASE SIGN HERE IF YOU ARE STATING THAT YOU DO NOT OWN A PET

PRINTED NAME: _____

SIGNATURE: _____

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Certification of Future Residents

By my signature below, I hereby certify:

- 1) That all of the information contained in this application is true and complete to my knowledge.
- 2) That I understand and agree that false or misleading information given in this application constitutes ground for rejection of this application and revocation of my right to reside on this property.
- 3) That the unit that I occupy may not be leased without the express written approval of the approval of Egret Landing POA.
- 4) That no other person than those shown on this application will reside in the unit. This includes, but is not limited to, family members. I/We will not permit any long-term (more than 30 days) residency without requesting permission in advance from the Association. If this unit is a rental unit, I/we acknowledge that all residents must be on the lease and follow required screening procedures by Egret Landing POA
- 5) That the Association has thirty (30) days from the submission date of a COMPLETED application to process an application.

Applicant's Signature

Date

Applicant's Signature

Date

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Rules & Regulations Acknowledgement

Full Address of home to be leased.

I/WE HAVE READ, ACKNOWLEDGED AND UNDERSTAND THE RULES AND REGULATIONS OF THE EGRET LANDING POA. I/WE AGREE TO ABIDE BY THE RULES AND REGULATIONS WITH THE UNDERSTANDING THAT IT IS FOR THE HEALTH, SAFETY AND WELFARE OF ALL RESIDENTS IN THE COMMUNITY.

I/WE ALSO UNDERSTAND AND ACKNOWLEDGE THAT THE RULES AND REGULATIONS EXTEND TO ALL OF MY/OUR FAMILY, GUESTS AND INVITEES OF WHOM I/WE ACCEPT RESPONSIBILITY.

Applicant's Signature

Date Signed

Applicant's Signature

Date Signed