

**CHARTER CLUB OF PALM BEACH CONDOMINIUM ASSOC. INC.**  
200 FOXTAIL DRIVE  
GREENACRES, FL 33415  
561-641-0730 Fax 561-641-0731

**CERTIFICATION OF APPROVAL OF PROPOSED RENEWAL LEASE**

The undersigned representative of Charter Club Palm Beach Condominium Association Inc. hereby certifies that the Board of Directors of the Association approves of the lease located at \_\_\_\_\_ Foxtail Drive Unit # \_\_\_\_\_ Greenacres, FL 33415.

Lessor: \_\_\_\_\_ (For the term) Beginning Date: Date \_\_\_\_\_

Lessee: \_\_\_\_\_ Ending Date: \_\_\_\_\_

And further certifies that the said Board of Directors authorized him to execute this certificate of approval on behalf of the corporation.

BY: \_\_\_\_\_  
BOD Officer/ Director/ LCAM

Upon lease renewal, The Charter Club of Palm Beach Condominium Association, Inc. requires the attached lease application form filled out along with a **copy** or addendum to the lease renewal.

Please return paperwork to CMC Management  
**PROCESSING FEE IS WAIVED FOR RENEWAL**

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**LEASE RENEWAL APPLICATION**

ADDRESS: \_\_\_\_\_ Foxtail Dr. Unit # \_\_\_\_\_ Greenacres, FL. 33415 (please indicate the address of the property located at Charter Club)

UNIT OWNER NAME: \_\_\_\_\_

UNIT OWNER PHONE # \_\_\_\_\_

E-MAIL ADDRESS OF UNIT OWNER: \_\_\_\_\_

LEASEE #1 NAME: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

LEASEE #2 NAME: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

E-MAIL ADDRESS OF LEASEE \_\_\_\_\_

EMERGENCY CONTACT(S): \_\_\_\_\_

PHONE #: \_\_\_\_\_

Other Persons who will be residing with you:

Name	Age	Relationship/Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Realtor handling lease \_\_\_\_\_ Realtor phone number \_\_\_\_\_

Realtor e-mail address: \_\_\_\_\_

LEASE START DATE: \_\_\_\_\_ LEASE ENDING DATE: \_\_\_\_\_

NO LEASE LESS THAN A THREE (3) MONTH PERIOD-NO UNIT MAY BE RENTED MORE THAN TWICE IN A TWELVE (12) MONTH PERIOD. MUST HAVE PRIOR ASSOCIATION APPROVAL

Owner/Lessee agrees that the terms of the attached lease are within the requirements of the CHARTER CLUB OF PALM BEACH CONDOMINIUM ASSOCIATION, INC. documents.

LESSORS: \_\_\_\_\_ DATE: \_\_\_\_\_

LESSORS: \_\_\_\_\_ DATE: \_\_\_\_\_

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PET SURVEY

NAME OF OWNER/TENANT: \_\_\_\_\_

UNIT: \_\_\_\_\_ BUILDING: \_\_\_\_\_

PET TYPE: \_\_\_\_\_ BREED: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ COLOR: \_\_\_\_\_

**\*\*\* A COLOR PHOTOGRAPH OF THE PET(S) MUST BE ATTACHED TO THIS APPLICATION\*\*\***

CURRENT VACCINATION DATE: \_\_\_\_\_

Rules and Regulations:

- 1) No pet that is a nuisance will be allowed on Condominium property.
- 2) All pets must be registered and approved by the Association.
- 3) Proof of all required vaccinations must be provided.
- 4) Current photograph of your pet must be provided.
- 5) Owner(s) agree to abide by pet regulations established by the Declaration of Condominium.
- 6) No pet shall be tied out on the exterior of the unit or left unattended on the balcony or patio.
- 7) No pet shall be permitted outside except on a leash not to exceed 6 feet in length.
- 8) All pets must be cleaned up after, regardless of the size of feces or location where deposited. A \$25 fine will be issued for not picking up after your pet. Kitty litter must be deposited in a plastic bag, before disposing in dumpster. Kitty litter or box are not to be stored on patio or balcony.
- 9) **One pet per unit and pet is not to exceed 25 lbs.**
- 10) Pets are not allowed in fenced in pool area.
- 11) Disapproved pets/animals shall not be allowed to re-enter the property or the premises.

I have read and agree to the rules and regulations regarding pets. I agree to provide the association with copies of vaccination papers provided by my veterinarian, along with photo and agree to follow the rules.

I HEREBY AGREE TO HAVE MY PET ON A LEASH AT ALL TIMES WHEN OUTSIDE OF MY UNIT AND ON ASSOCIATION'S PROPERTY. I FURTHER AGREE TO USE A "POOPER SCOOPER" TO IMMEDIATELY CLEAN UP AFTER MY PET, IN ALL RESIDENTIAL AREAS.

I FURTHER UNDERSTAND THAT ANY PET DEEMED A "NUISANCE" OR UNSAFE BY THE BOARD OF DIRECTORS IS SUBJECT TO REMOVAL FROM THE COMMUNITY.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**VEHICLE INFORMATION DISCLOSURE**  
**COMMERCIAL VEHICLE PROHIBITED**

I/we, \_\_\_\_\_ understand and fully agree not to park any commercial vehicles on the Association property at any time for any reason other than service provider. I/we further agree that we will display a parking permit, **Two (2) are allowed on the bottom driver's side rear window.** A single "guest pass hanger" can be purchased for \$25 and must be used (attached to the rear view mirror inside the car) if a guest is to stay overnight. "Guest pass hanger is good for up to seven (7) consecutive days and no more than thirty (30) days in a one (1) year period.

**Parking permits must not be altered.**

**Vehicles not conforming to the above rules will be towed.**

NAME: \_\_\_\_\_ Owner \_\_\_\_\_ Renter \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

VEHICLE #1: TYPE: AUTO VAN SUV OTHER \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

COLOR \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_ STATE \_\_\_\_\_

VEHICLE #2: TYPE: AUTO VAN SUV OTHER \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

COLOR \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_ STATE \_\_\_\_\_

After closing but prior to moving in you must stop into the Property Managers office to obtain parking sticker.

Please provide copy of driver's licenses, registrations and insurance certificates with this application.

\_\_\_\_\_  
Signature of applicant #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of applicant #2

\_\_\_\_\_  
Date

**TO BE FILLED OUT BY APPLICANT(S)**  
**(Please type information or print clearly)**  
**FOR CMC OFFICE USE ONLY**

**This is a Purchase**                      **or**                       **This is a Rental**

**Association:** \_\_\_\_\_

**If Purchase, projected closing date:** \_\_\_\_\_

**If Rental, Lease Term from** \_\_\_\_\_ **to** \_\_\_\_\_

**Address of Unit:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_

**Billing Address if different from Unit Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone #** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

\*\*\*\*\*

**This form is to be submitted to the Accounting Department by the Manager after  
approval of application.**