

MANOR HOMES AT EMERALD FOREST

C/O CMC MANAGEMENT, INC., 2950 JOG ROAD, GREENACRES, FL 33467
561-641-1016 ~ 561-641-9118 FAX

NEW OWNER REGISTRATION

ADDRESS AT MANOR HOMES AT EF: _____, Wellington, FL 33414

Desired date of occupancy _____ CLOSING DATE: _____

Purchaser Name: _____ Phone _____

Co-Purchaser Name: _____ Phone _____

Email: _____ Email: _____

All applicants for purchase or lease are subject to approval of the Association.
THE FOLLOWING ITEMS MUST BE INCLUDED WITH THIS APPLICATION

PROCESSING FEE: \$100.00 NON REFUNDABLE Check or Money order made payable to CMC MANAGEMENT.

FOR PURCHASE: TITLE COMPANY OR CLOSING ATTORNEY MUST REQUEST AN ESTOPPEL BEFORE CLOSING TO DETERMINE MONIES OWED TO THE ASSOCIATION BY THE OWNER OF THE PROPERTY. IF THIS PROCESS IS NEGLECTED, THE NEW OWNER MAY END UP BEING LIABLE FOR DELINQUENCY.

A Certificate of Approval, which is required to close, will be provided to the purchaser.

You must supply the Management Company with a copy of your Warranty Deed and mailing address after closing. Purchaser is also required to inform the management company of any changes in mailing address.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Please allow up to 30 days for processing.



Manor Homes

At Emerald Forest

New HOA Member Application

Welcome to Manor Homes at Emerald Forest!

Please complete the following application for homeowners' association membership.

Please enter the **COMPLETE LEGAL ADDRESS** of the Residence you are applying for:

Address: _____ Apt #: _____

CURRENT OWNER _____

PURCHASER NAME: _____ DOB: _____

HOME PHONE: _____ WORK: _____ CELL: _____

EMAIL: _____ DRIVERS LICENSE #: _____

PRESENT ADDRESS: _____

CO-PURCHASER NAME: _____ DOB: _____

HOME PHONE: _____ WORK: _____ CELL: _____

EMAIL: _____ DRIVERS LICENSE #: _____

PRESENT ADDRESS: _____

CO-PURCHASER NAME: _____ DOB: _____

HOME PHONE: _____ WORK: _____ CELL: _____

EMAIL: _____ DRIVERS LICENSE #: _____

PRESENT ADDRESS: _____

OWNER OCCUPIED? (Tenant application required) **OWNER** **TENANT (circle one)**

ADDITIONAL RESIDENTS (Boarders prohibited)

NAME	DOB	RELATIONSHIP TO PURCHASER(S)
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Manor Homes

At Emerald Forest

EMERGENCY CONTACT: _____

PHONE: _____

EMERGENCY CONTACT: _____

PHONE: _____

VEHICLES (commercial vehicles, trailers, boats prohibited; no overnight street parking)

<u>MAKE</u>	<u>MODEL</u>	<u>YEAR</u>	<u>TAG</u>	<u>OWNER</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE READ AND SIGN

I/We certify that all information above is true. I/We acknowledge receipt of the Declaration of Covenants and Restrictions, the Articles of Incorporation, the By-Laws and the Rules and Regulations. We agree to be bound by them. I/We further understand that any violation(s) of the above mentioned items may result in fines, legal action, and or foreclosure.

Dated this _____ day of _____, 20_____

Signature

Signature

Print name

Print Name

Signature

Print name

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.**