



Breakers West Association · 937 Dickens Place · West Palm Beach, FL 33411
 Office: 561.790.0016 · Fax: 561.790.0570 · Email: breakerswest@langmanagement.com
 Website: www.breakerswesthoa.com

APPLICATION TO TRANSFER PROPERTY

The undersigned, pursuant to Article 11 of that certain First Amendment to Breakers West Declaration of Covenants and Restrictions, dated May 2, 1984 and recorded May 10, 1984 in Official Records Book 4236, Page 609, Public Records of Palm Beach County, Florida (the "First Amendment to Declaration"), hereby submits this application to sell certain real property located within Breakers West, and by virtue of such application, supplies the following information:

PURCHASE BY ENTITY OTHER THAN INDIVIDUAL:

If the property is being purchased in the name of an entity (Partnership, Corporation, Limited Liability Company, Trust, etc.) you must submit the following information with the Application to Breakers West Association, Inc. in order for the application to be considered complete (to the extent such documents exist):

- (a) Articles of Incorporation, Articles of Organization, or Operating Agreement for the entity, (as applicable).
- (b) A Certificate of Good Standing for the entity.
- (c) A current list of the partners, officers, directors, stockholders, limited liability members, trustees and trust beneficiaries, as applicable, along with their social security numbers and government issued identifications. *Please note there will be additional background check fees as applicable.
- (d) Corporation's Federal Identification Number

Seller's Name: _____ Date Submitted: _____

Address of Property to be Sold: _____ Phone Number: _____

Sub-Association: _____ Lot Number: _____

Purchase Price: _____ **List Price:** _____ **Expected Closing Date:** _____ Move in Date: _____

Sales Agent: _____ Phone: _____ Email: _____

Title Company: _____ Phone: _____ Email: _____

Kindly complete and sign this application and attach the following information:

PLEASE ALLOW UP TO 30 DAYS FROM SUBMISSION TO BREAKERS WEST ASSOCIATION FOR APPROVAL.

The following three (3) items are required in order to process this Application:

- An Application fee of \$100.00, which includes the background check of up to 2 people on the sales contract. There is \$50 additional background check fee for each resident 18 and over. A \$65 additional fee to perform credit check on an entity, (Partnership, Corporation or LLC), plus a \$50 fee on each individual within the entity. ***Please note there will be additional background check fees as applicable. All background and credit checks will be conducted by Breakers West Association.** Please make check payable to: **Breakers West Association, Inc.**
- A copy of the Executed Sales Contract
- A copy of each Applicant(s) and each resident(s) Drivers' License 18 and over

FOR VEHICLE RESTRICTIONS PLEASE CHECK BREAKERS WEST DECLARATION OF COVENANTS AND RESTRICTIONS, SIXTEENTH AMENDMENT.

Buyer's Name (1): _____

Buyer's Name (2): _____

Current address of Buyers: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ How long at above address: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

PERSONAL INFORMATION OF BUYER(S):

Resident/Buyer's Name (1): _____ DOB: _____ SS#: _____

Name of Employer and/or Business: _____

Position or title: _____ Business phone: _____

Address: _____ City: _____ State: ___ Zip: _____

Resident/Buyer's Name (2): _____ DOB: _____ SS#: _____

Name of Employer and/or Business: _____

Position or title: _____ Business phone: _____

Address: _____ City: _____ State: ___ Zip: _____

NAMES AND DATES OF BIRTH FOR ALL RESIDENTS: Please include Social Security Numbers of those 18 and over for background check.

Name: _____ Date of Birth: _____ SS#: _____

Name: _____ Date of Birth: _____ SS#: _____

Name: _____ Date of Birth: _____ SS#: _____

Name: _____ Date of Birth: _____ SS#: _____

Name: _____ Date of Birth: _____ SS#: _____

Name: _____ Date of Birth: _____ SS#: _____

Name: _____ Date of Birth: _____ SS#: _____

Name: _____ Date of Birth: _____ SS#: _____

PETS:

Do you have pets? No Yes

Type of Pet & Breed: _____ Name: _____ Tame Aggressive

Type of Pet & Breed: _____ Name: _____ Tame Aggressive

Type of Pet & Breed: _____ Name: _____ Tame Aggressive

THREE PERSONAL REFERENCES (Not including family):

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

The undersigned, in the event that such approval is granted by the Breakers West Association, Inc. hereby agrees to abide by all covenants and restrictions for Breakers West and sub-associations, including, but not limited to, that certain First Amendment to Breakers West Declaration of Covenants and Restrictions (the "Declaration"), recorded commencing at Official Records Book 4236, Page 609, of the Public Records of Palm Beach County, Florida, all amendments to said Declaration, and any additional covenants, conditions, rules and regulations as may be imposed from time to time by the Board of Directors of Breakers West Association, Inc., or by any homeowners association within Breakers West. In addition, the undersigned Buyer and Co-Buyer agree to inform each additional resident listed on page 2 hereof the requirement to abide by all covenants, restrictions, conditions, rules and regulations as may be imposed from time to time by the Board of Directors of Breakers West Association, Inc. and to take reasonable steps to ensure that each additional resident does comply with the aforementioned covenants, restrictions, conditions, rules and regulations. Breakers West Association, Inc. may deny an application if it appears that the intended use of the property will violate any of the covenants, restrictions, rules or regulations for Breakers West.

By your signature below, the Buyer(s) authorize Breakers West Association, Inc. to conduct a background inquiry in order to make a determination on this Application to Transfer Property, which may include criminal, driving, social security number verification, consumer credit and other public record information as to all proposed occupants of the premises. Association may deny the transfer of property if such background checks provide reasonable evidence that any occupant may pose a risk to the community or that the Buyers(s) are unlikely to be able to comply with the financial requirements.

SIGNATURES:

Buyer's Signature _____ Date _____ Print Name _____

Co-buyer's Signature (if applicable) _____ Date _____ Print Name _____

Co-buyer's Signature (if applicable) _____ Date _____ Print Name _____

Co-buyer's Signature (if applicable) _____ Date _____ Print Name _____



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RESIDENT INFORMATION FORM

In an effort to assist the association to properly identify all residents, we ask that you complete the information requested below. This form will be kept confidential. We will not disclose any information contained in this form to any person other than the following governmental agencies: Fire Department, Police and Emergency Rescue.

- PLEASE TYPE OR PRINT ALL INFORMATION AND SIGN BOTTOM OF PAGE 2*-

Date: _____ Address: _____

Sub-Association: _____ Lot No.: _____ Security Code: _____

Do You Own or Rent Unit? _____ Lease Dates: From: _____ To: _____

Residents Name(s):

Resident 1: _____ Resident 2: _____

Resident's **Breakers West** Home Telephone #: _____

Res 1 Cell Phone: _____ Res 1 Work Phone: _____

Res 2 Cell Phone: _____ Res 2 Work Phone: _____

Email address: _____ Are you a full time resident: No Yes

Type of pets/breed in home: 1. _____ 2. _____

FOR VEHICLE RESTRICTIONS PLEASE CHECK BREAKERS WEST DECLARATION OF COVENANTS AND RESTRICTIONS, SIXTEENTH AMENDMENT.

Vehicle 1: Make: _____ Model: _____ Color: _____ Year: _____ Tag #: _____

Transponder No 1: _____

Vehicle 2: Make: _____ Model: _____ Color: _____ Year: _____ Tag #: _____

Transponder No 2: _____

Vehicle 3: Make: _____ Model: _____ Color: _____ Year: _____ Tag #: _____

Transponder No 3: _____

Vehicle 4: Make: _____ Model: _____ Color: _____ Year: _____ Tag #: _____

Transponder No 4: _____

Emergency Contact (person with key): _____ Phone: _____

Emergency Contact's Address: _____

- APPLIES TO HOMEOWNERS ONLY -

Would you like your local & mailing address(s) along with phone numbers placed in a Directory? No Yes
 If Yes, complete the "BWA Resident Directory Information Form" located at the back of the Resident Directory and BWA website.

Where would you like your Association mail sent to? Breakers West Property Address Alternate Address

Alternate Address: _____

City: _____ State: _____ Zip: _____

Alternate Phone: _____ Alternate Cell Phone: _____

This following information is for Control Access for family, guest and service contractors whom you wish to allow through the gate without your being called and whether or not you are home. Anyone not listed will be denied entry unless you are home or have given prior permission.

ALL OCCUPANTS OF RESIDENCE

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

PERMANENT GUEST LIST

Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____
Name: _____	Name: _____

SERVICE PERSONNEL

Company: _____	Office Phone No.: _____
Type of Service Company: _____	
Company: _____	Office Phone No.: _____
Type of Service Company: _____	
Company: _____	Office Phone No.: _____
Type of Service Company: _____	
Company: _____	Office Phone No.: _____
Type of Service Company: _____	
Company: _____	Office Phone No.: _____
Type of Service Company: _____	
Company: _____	Office Phone No.: _____
Type of Service Company: _____	

***Resident Signature:** _____ ***Print Name:** _____



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Rev. 8.17.15

AUTOMATED NOTIFICATION SYSTEM AUTHORIZATION

THIS IS **NOT** AN EMERGENCY CONTACT INFORMATION FORM.

Breakers West Association (BWA) implements an automated notification service. **This service allows BWA to promptly contact community residents with important information in situations where quick and community wide communication is needed.** For example: a missing child, boil water order, hurricane preparation, criminal activity or anytime pertinent information must be distributed in a timely manner.

All community members are encouraged to participate in this service by completing this form. Each resident may design up to three methods of contact they may wish to be contacted by in the event an automated notification is issued (i.e., telephone numbers, text message numbers, email addresses, etc). The system will leave a voice message if a phone is answered by voicemail.

- Please Print All Information -

Submitted By: _____ Date: _____

Address: _____ Sub-Association: _____

In the spaces below:

1. Please print the names of the individuals to be contacted.
2. Check only one box for the desired method of contact: Phone, fax, text or email.
3. Print the Contact Information (phone, or fax, or text, or email address).

First Choice:

Full Name	Phone Number
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Second Choice:

Full Name	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Text <input type="checkbox"/> Email
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Third Choice:

Full Name	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Text <input type="checkbox"/> Email
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Breakers West Resident Directory Information Authorization Form

I authorize Breakers West HOA to use the marked email address below for community emails.
AND/OR

I authorize Breakers West HOA to include the information below in the BWA Resident Directory.

Homeowner's Signature: _____ Date: _____

First time submitting information for the Resident Directory: Yes No

Update existing Directory information as noted below: Yes No

Exclude my information from future Directories: Yes No

Note: The Breakers West Resident Directory is intended for the exclusive use and convenience of Breakers West Residents.

Please Print Clearly
 (One form per household)

Name of Resident No. 1: _____

Name of Resident No. 2: _____

Sub-Association: _____

Breakers West Street Address: _____

Local Phone: (Include Area Code): _____

Cell (Incl. Area Code): _____ Name: _____

Cell (Incl. Area Code): _____ Name: _____

Out of Town Mailing Address: _____

City, State, Zip: _____

Phone: _____ **MARK ONE EMAIL WITH * FOR BWA USE**

Name: _____ Email Address: _____

Name: _____ Email Address: _____