

3900 Woodlake Blvd., Suite 309, Lake Worth, FL 33463 Ph: (561) 641-8554 / Fx: (561) 641-9448

MILL CREEK AT COOPER CITY HOMEOWNERS' ASSOCIATION, INC.

APPLICATION FOR REGISTRATION OF PURCHASE

• \$200.00 Non-refundable application processing fee for <u>each</u> applicant (unless married) and payable to GRS Community Management in the form of money order or cashier's check.

INDIVIDUAL COMMUNITY REQUIREMENT CHECKLIST

Copy of Purchase Contract must be attached. Copy of driver's license(s), vehicle registration(s) and proof of insurance must be attached. No trade, business, profession or commercial activity or any other non-residential use may be conducted by a unit owner. Owners may not lease their units more than two (2) times within a twelve (12) month period, regardless of lease term. No more than three (3) domestic dogs and/or cats are permitted per unit. No above ground pools are permitted.
<u>APPROVAL REQUIRED</u> — Application, fees and all applicable documentation must be mailed, or hand delivered to GRS Community Management at the address indicated above. <i>Please note separate fees apply for additional documentation such as estoppels or questionnaires.</i>
Upon closing, the Deed must be provided to GRS at the address/fax indicated above.
Please visit <i>grsmgt.com > Mill Creek at Cooper City HOA, Inc. > Declaration of Covenants, Restrictions and Easements</i> for a comprehensive overview of the Rules and Regulations of the Association.

APPLICATION FOR REGISTRATION OF PURCHASE

MILL CREEK AT COOPER CITY ASSOCIATION, INC.

Please print legibly and complete all the sections.

SALE CLOSING DATE:

UNI	IT INFORMATION		
PROPERTY ADDRESS		MOVE-IN DATE	
CURRENT OWNER NAME		CONTACT#	
ADDITIO	DANT INFORMATION		
APPLICANT NAME	CANT INFORMATION CO-APPLICANT NAME		
PRIMARY CONTACT #	PRIMARY CONTACT #	PRIMARY CONTACT #	
EMAIL	EMAIL		
CURRENT MAILING ADDRESS	CURRENT MAILING ADDR	CURRENT MAILING ADDRESS	
CITY-STATE-ZIP	CITY-STATE-ZIP		
EMERGENCY CONTACT NAME & TELEPHONE	EMERGENCY CONTACT N	EMERGENCY CONTACT NAME & TELEPHONE	
MARTIAL STATUS MARRIED () SINGLE	() MARTIAL STATUS	MARRIED() SINGLE()	
OTH	HER OCCUPANTS		
NAME	RELATIONSHIP	DOB	
NAME	RELATIONSHIP	DOB	
NAME	RELATIONSHIP	DOB	
REΔI.	TOR INFORMATION	•	
REALTOR'S NAME PHONE	E# EMAIL		

ADDITIONAL INFORMATION

EMPLOYMENT HISTORY

ARE YOU: Self-Employed? Yes () No () Retired? Yes () No ()

EMPLOYER	CO-APPLICANT/SPOUSE EMPLOYER
CITY-STATE-ZIP	CITY-STATE-ZIP
PHONE #	PHONE #
EMPLOYED FROM: TO:	EMPLOYED FROM: TO:
DEPARTMENT OR POSITION	DEPARTMENT OR POSITION
SUPERVISOR	SUPERVISOR
MONTHLY INCOME	MONTHLY INCOME

VEHICLE INFORMATION

(Please refer to the Association's Declaration of Covenants, Restrictions and Easements)

MAKE	MODEL	COLOR	STATE	TAG #
MAKE	MODEL	COLOR	STATE	TAG #
MAKE	MODEL	COLOR	STATE	TAG #

PET INFORMATION

(No more than three (3) household dogs and/or cats are permitted per unit; each not to exceed 100 lbs.at maturity.)

(Write NONE if no pets)

TYPE	BREED	RABIES LICENSE TAG #	COLOR	WEIGHT
TYPE	BREED	RABIES LICENSE TAG #	COLOR	WEIGHT
TYPE	BREED	RABIES LICENSE TAG #	COLOR	WEIGHT

MILL CREEK AT COOPER CITY HOMEOWNERS' ASSOCIATION, INC. PROSPECTIVE OWNER ACKNOWLEDGEMENT

The u	ndersigned being a prospective Owner of the following Lot No.:	and Property Address:
	, in Mill Creek at Cooper City Homeo	wners' Association, Inc.
acknov	wledges that I/We have read, understand, and agree to follow and abide by all the	terms and conditions of
the fol	lowing Association Documents:	
b. c. d.	Declaration of Covenants, Restrictions and Easements Articles of Incorporation, By Laws, Rules & Regulations, Any and all amendments to the Declaration of Covenants, Restrictions and Easen Incorporation, Bylaws and Rules and Regulations, if applicable.	nents, Articles of
Dated:	Purchaser Signature: Purchase Print Name:	
Dated:	Purchaser Signature: Purchaser Print Name:	
Dated:	Purchaser Signature:	