

**PALM CHASE ASSOCIATION**  
**APPLICATION INFORMATION INSTRUCTIONS 2025**

Please complete the attached packet and include the following:

\$150 (No personal checks) Payable: Palm Chase Association

Copy of Contract to Purchase or Lease

Copy of Photo Identification (all applicants/occupants)

Proof of Income (Federal tax return, 3 most recent pay stubs, 3 most recent bank statements, most recent savings account statement, if retired recent record of other periodic income/investments)

Vehicle Registration

ESA or Service Animal Doctor Letter, Vet Records, Weight Certificate and Photo of SA or ESA

Signature Agreement on Application authorizes PALM CHASE, to run a Consumer Report & Background Investigation

The completed packet must be delivered to:

Palm Chase Association

10755 Palm Lake Ave

Boynton Beach, FL 33437

Please allow 30 days for processing

Purchases:

After Application has been submitted, buyers will need to complete an interview with the interview committee before closing or the Certificate of Approval is granted.

After closing, an appointment must be set with the office manager and provide the following copies at move-in: Closing Disclosure Statement and Warranty Deed. All units must be owner occupied for minimum 24-months before becoming eligible for rental.

Rentals:

Tenants will not be allowed access before the start of the lease and tenants must set an interview and appointment to complete paperwork.

Pet Restrictions:

Only Service Animals or Emotional Support Animals allowed with proper documentation

For additional information, please email Brenda at [office@palmchasecondo.org](mailto:office@palmchasecondo.org)

# PALM CHASE ASSOCIATION - APPLICATION

Every occupant **MUST** fill out a separate application(even if married). Please see Joint Applicant below.

Please fill out this form **COMPLETELY** and sign where indicated. IF FORM IS NOT COMPLETELY FILLED OUT - IT WILL NOT BE PROCESSED.

## PERSONAL INFORMATION - APPLICANT

FIRST NAME	MIDDLE	LAST	S.S.#
DATE OF BIRTH	MARITAL STATUS [ ] SINGLE [ ] MARRIED [ ] DIVORCED		DRIVERS LICENSE # STATE
PHONE - CELL	PHONE - WORK	PHONE - HOME	EMAIL
PRESENT HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PRESENT LANDLORD	LANDLORD PHONE #	
REASON FOR LEAVING			AMOUNT OF RENT
PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PREVIOUS LANDLORD	LANDLORD PHONE #	
REASON FOR LEAVING			AMOUNT OF RENT

## PROPOSED OCCUPANT(S)

NAME	RELATIONSHIP	OCCUPATION	BIRTHDATE
NAME	RELATIONSHIP	OCCUPATION	BIRTHDATE
NAME	RELATIONSHIP	OCCUPATION	BIRTHDATE
NAME	RELATIONSHIP	OCCUPATION	BIRTHDATE

**AT LEAST ONE OCCUPANT MUST BE 55 YEARS OLD OR OLDER TO RESIDE AT RESIDENCE**

**NO ONE UNDER THE AGE OF 15 CAN RESIDE IN PALM CHASE**

## PROPOSED SERVICE ANIMAL OR EMOTIONAL SUPPORT ANIMAL - YOU MUST INCLUDE PHOTO OF YOUR SA OR ESA

NAME	TYPE/BREED	AGE	WEIGHT	CURRENT ON SHOTS [ ] YES [ ] NO
NAME	TYPE/BREED	AGE	WEIGHT	CURRENT ON SHOTS [ ] YES [ ] NO

\*PETS MUST BE WALKED ON LEASH \*RESIDENTS MUST PICK UP AFTER THEIR PETS \*PETS CANNOT BE TIED OUT \*PETS NOT ALLOWED IN POOL AREA

## VEHICLE INFORMATION - ALL OCCUPANTS

YEAR	MAKE/MODEL	COLOR	PLATE #
YEAR	MAKE/MODEL	COLOR	PLATE #

**PLEASE BE ADVISED ONLY TWO VEHICLES PER ADDRESS ARE ALLOWED**

## PLEASE SELECT ONE POTENTIAL PALM CHASE ADDRESS

<b>PURCHASE</b> [ ]  Potential Closing Date	Street Address <span style="float: right;">UNIT #</span>
<b>RENTAL</b> [ ]  Potential Lease Date	City State Zip Boynton Beach, FL 33437

# PALM CHASE - APPLICATION

EMPLOYMENT		
CURRENT EMPLOYER	OCCUPATION	YEARS EMPLOYED
SUPERVISOR	PHONE #	
ADDRESS	CITY/STATE/ZIP	
CURRENT EMPLOYER	OCCUPATION	YEARS EMPLOYED
SUPERVISOR	PHONE #	
ADDRESS	CITY/STATE/ZIP	

INCOME		
CURRENT INCOME \$ _____ [ ] WEEKLY [ ] BIWEEKLY [ ] MONTHLY	SOURCE	PROOF OF INCOME
CURRENT INCOME \$ _____ [ ] WEEKLY [ ] BIWEEKLY [ ] MONTHLY	SOURCE	PROOF OF INCOME
CURRENT INCOME \$ _____ [ ] WEEKLY [ ] BIWEEKLY [ ] MONTHLY	SOURCE	PROOF OF INCOME

EMERGENCY/PERSONAL REFERENCE INFORMATION		
EMERGENCY CONTACT	PHONE CELL	PHONE WORK/HOME
RELATION	ADDRESS	
		CITY/STATE/ZIP
EMERGENCY CONTACT	PHONE CELL	PHONE WORK/HOME
RELATION	ADDRESS	
		CITY/STATE/ZIP
EMERGENCY CONTACT	PHONE CELL	PHONE WORK/HOME
RELATION	ADDRESS	
		CITY/STATE/ZIP
EMERGENCY CONTACT	PHONE CELL	PHONE WORK/HOME
RELATION	ADDRESS	
		CITY/STATE/ZIP

*Applicant(s) authorizes PALM CHASE ASSOCIATION to run a consumer credit report and criminal/sexual background check on all occupants. In addition, PALM CHASE may contact any or all of the personal references and employers.*

**PALM CHASE MAY TAKE 30 DAYS TO PROCESS INFORMATION.**

APPLICANT SIGNATURE	DATE

**PLEASE RETURN APPLICATION PACKET WITH COPIES OF ALL OCCUPANTS PHOTO IDENTIFICATION. TO PALM CHASE ASSOCIATION AT:**

**PALM CHASE ASSOCIATION  
10755 PALM LAKE AVE  
BOYNTON BEACH, FL 33437**

<b>HOA CONTACT</b>
BRENDA, Office Manager (561) 736-3501 or office@palmchasecondo.org

*\*Note: If an occupant intentionally does not complete an application, this is grounds for legal action on behalf of PCA*

*\*\*Print additional Joint Applicant pages if needed.*

# PALM CHASE - APPLICATION

PERSONAL INFORMATION - JOINT APPLICANT			
FIRST NAME	MIDDLE	LAST	S.S.#
DATE OF BIRTH	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED		DRIVERS LICENSE # STATE
PHONE - CELL	PHONE - WORK	PHONE - HOME	EMAIL
PRESENT HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PRESENT LANDLORD		LANDLORD PHONE #
REASON FOR LEAVING			AMOUNT OF RENT
PREVIOUS HOME ADDRESS		CITY/STATE/ZIP	
LENGTH OF TIME	PREVIOUS LANDLORD		LANDLORD PHONE #
REASON FOR LEAVING			AMOUNT OF RENT

EMPLOYMENT		
CURRENT EMPLOYER	OCCUPATION	YEARS EMPLOYED
SUPERVISOR	PHONE #	
ADDRESS	CITY/STATE/ZIP	
CURRENT EMPLOYER	OCCUPATION	YEARS EMPLOYED
SUPERVISOR	PHONE #	
ADDRESS	CITY/STATE/ZIP	

INCOME		
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY	SOURCE	PROOF OF INCOME
CURRENT INCOME \$ _____ <input type="checkbox"/> WEEKLY <input type="checkbox"/> BIWEEKLY <input type="checkbox"/> MONTHLY	SOURCE	PROOF OF INCOME

EMERGENCY/PERSONAL REFERENCE INFORMATION		
EMERGENCY CONTACT	PHONE CELL	PHONE WORK/HOME
RELATION	ADDRESS	
	CITY/STATE/ZIP	
EMERGENCY CONTACT	PHONE CELL	PHONE WORK/HOME
RELATION	ADDRESS	
	CITY/STATE/ZIP	
EMERGENCY CONTACT	PHONE CELL	PHONE WORK/HOME
RELATION	ADDRESS	
	CITY/STATE/ZIP	

*Applicant(s) authorizes PALM CHASE to run a consumer credit report and criminal/sexual background check on all occupants. In addition, PALM CHASE may contact any or all of the personal references and employers.*

JOINT APPLICANT SIGNATURE	DATE

**Palm Chase Resident Personal Communications Form  
(Every resident must complete their own form)**

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Palm Chase Address & Unit # \_\_\_\_\_

Email Address \_\_\_\_\_

**Permissions**

**Office Communications**

Yes, \_\_\_\_\_ I wish to save us money mailing non-urgent office communications. **Check YES to sign up to receive office communications electronically (text or email).**

**Directory Listings**

**Phone Number**

Yes, \_\_\_\_\_ I **wish** my phone number to be listed in the public directory

No \_\_\_\_\_ I **do not wish** my phone number to be listed in the public directory

**Email**

Yes, \_\_\_\_\_ I **wish** my email to be listed in the public directory

No \_\_\_\_\_ I **do not wish** my email to be listed in the public directory

**Electronic Voting Registration**

**Each unit gets one vote in every election**

YES, \_\_\_\_\_ I understand by saying yes, I **wish** to vote electronically.

I acknowledge I am the owner and authorization voting representative for this unit at the Palm Chase Condominium and hereby provide my written consent by checking Yes (above) and signature below to participate in online voting.

This form must be delivered to the office **20 days prior to any scheduled election** to participate in online voting for that election. Once you are registered for electronic voting: you do not need to register again.

Homeowner Signature \_\_\_\_\_ Date \_\_\_\_\_