

## ITEMS NEEDED BY PURCHASER(S)/LESSEE(S) TO SCHEDULE AN INTERVIEW AT PINE TREE VILLAGE

1. Completed application for membership (Application should be returned to office at least 30 days prior to closing.)
2. Check made payable to P. T. V. Homeowners Association, Inc. in the amount of \$250.00. (This fee is non-refundable.)
3. Photocopy of a government-issued ID document, such as a driver's license, Florida State I.D. Card issued to non-drivers, passport, green card, or naturalization certificate of the purchaser(s)/lessee(s)
4. Photocopy of purchase/lease agreement

### Interviews:

- ▶ Interviews will not be scheduled until the requested materials are received at our office.
- ▶ Our office will contact you to schedule the interview.

**NOTE: Pets are not allowed. There must be at least one member of the household who is age 55 or older. No children under 18 are permitted to reside in PTV.**

P.T.V. Homeowners Association, Inc.  
10500 Greentrail Dr. N.  
Boynton Beach, FL 33436

Phone: 561-737-1388 Fax: 561-737-1306  
Website: [www.pinetreevillage.org](http://www.pinetreevillage.org)  
email: [ptvhoa@bellsouth.net](mailto:ptvhoa@bellsouth.net)

----- Revised March 19, 2026 -----

Application By Proposed Purchaser or Lessee  
P. T. V. Homeowners Association, Inc.  
10500 Greentrail Drive N. Boynton Beach FL 33436

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

If you answer "YES" to the following questions, it is not necessary to complete this application, as you will not be eligible to receive a Certificate of Approval.

**PURCHASE**  **LEASE**  **OCCUPANCY: FULL TIME**  **PART TIME**

1. Do you or any person who will live in the unit intend to bring in any kind of pet? \_\_\_ YES\_ NO

2. Will there be more than two vehicles parked in the driveway? \_\_\_ YES \_\_\_ NO

Unit# \_\_\_\_\_ can accommodate \_\_\_\_\_ vehicles in the driveway before they impede the sidewalk.

*The Rules and regulations state: the parking of vehicles in driveways shall be in such a manner as not to block sidewalks.*

3. Do you plan to park any of the following vehicles, i.e., trucks, vans, flatbeds, RVs? \_\_\_ YES \_\_\_ NO

4. Will there be anyone under the age of 18 residing in the unit on a permanent basis? \_\_\_ YES \_\_\_ NO

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I/We intend to purchase/lease Unit# \_\_\_\_\_ at Street Address \_\_\_\_\_

If it is a lease, it is for the period starting \_\_\_\_\_ ending \_\_\_\_\_

In order to facilitate consideration of my/our application for the purchase/lease of the above-designated unit in P.T.V. and represent the following information is factual and true. I/We are aware any falsification or misrepresentation of the facts in the Application will result in automatic rejection. I/We consent you may make further inquiries concerning this Application, particularly of the reference given below. I/We will be bound by the Declaration of Covenants, Conditions and Restrictions, By-Laws, Articles of Incorporation, and the Rules and Regulations of the Association.

If more than two people will be occupying/buying a unit at P.T.V, please accompany this with a separate application along with the mandatory application and background fees.

**OCCUPANTS OF THE UNIT**

NOTE: All prospective occupants, whether buying, renting, or obtaining title transfer due to inheritance, etc., MUST go through the approval process. If you plan to or foresee having 1 or more people move into the unit you are purchasing, they must be interviewed as well, and their name(s) must be listed under section #3 and follow this application's instructions accordingly.

1. LIST YOUR NAME(S) AS PROSPECTIVE OCCUPANT(S). PLEASE PRINT.

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____

2. LIST NAMES OF PROSPECTIVE OCCUPANT(S) WHO WILL RESIDE IN THE UNIT ON A PERMANENT BASIS. IF YOU PLAN TO USE THE UNIT AS A VACATION HOME, LEAVE THIS SECTION BLANK.

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____

3. IF THE UNIT IS TO BE OCCUPIED BY PERSON(S) OTHER THAN PROSPECTIVE OCCUPANT(S), STATE NAME(S).

NAME	RELATIONSHIP	DATE OF BIRTH
_____	_____	_____
_____	_____	_____

APPLICANT'S SIGNATURE _____	DATE _____
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APPLICANT'S SIGNATURE _____	DATE _____
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4. IN CASE OF AN EMERGENCY, THE ASSOCIATION IS AUTHORIZED TO NOTIFY NEXT OF KIN

\_\_\_\_\_ PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

APPLICANT'S SIGNATURE _____	DATE _____
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APPLICANT'S SIGNATURE _____	DATE _____
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\*I understand that P.T.V. is a community registered as ***Housing for Persons aged 55 and Older.*** \* Children must be 18 years of age or older. The Rules and Regulations of P.T.V. Homeowners Association, Inc. provide that units are for single-family residences only. Please state the names and relationships of all other persons who will regularly occupy the unit. Pets are not allowed.

IMPORTANT NOTE: Complete all questions and fill in all the blanks. Missing information will cause delays. If any question is not answered, left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Once submitted, it cannot be cancelled or refunded. Please print clearly using black ink.

**NOTE:** All information supplied is subject to verification. All phone numbers must be reachable between 9-5 p.m.

**PART I - OCCUPANCY**

**PURCHASE**  **LEASE**  **OCCUPANCY: FULL TIME**  **PART TIME**

Date \_\_\_\_\_ Unit Address Applying For \_\_\_\_\_

Unit# \_\_\_\_\_ at Street Address \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Single  Married  Separated  Divorced  How Long? \_\_\_\_\_

Other legal or maiden name: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Date(s): \_\_\_\_\_

County/State Convicted in: \_\_\_\_\_

Charge(s) \_\_\_\_\_

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security# \_\_\_\_\_ Maiden Name \_\_\_\_\_

Has the spouse ever been convicted of a crime? \_\_\_\_\_ Date(s) \_\_\_\_\_

County/State Convicted In: \_\_\_\_\_

Charge(s) \_\_\_\_\_

Number of people who will occupy unit \_\_\_\_\_ Adults (over age 18) \_\_\_\_\_

Description of Pets \_\_\_\_\_

Names and ages of others who will occupy the unit: \_\_\_\_\_

Applicant's Cell Number(s) \_\_\_\_\_

Applicants Email: \_\_\_\_\_

Address \_\_\_\_\_ In case of emergency: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

**PART II - DRIVER LICENSES**

Driver's License Number (Primary Applicant) \_\_\_\_\_

State Issued, \_\_\_\_\_

Driver's License Number (Secondary Applicant) \_\_\_\_\_ State Issued \_\_\_\_\_

Vehicle Make, \_\_\_\_\_ Vehicle Model \_\_\_\_\_ Year \_\_\_\_\_

License Plate Number \_\_\_\_\_ Vehicle Make, \_\_\_\_\_ Vehicle Model, \_\_\_\_\_

Year \_\_\_\_\_ License Plate Number \_\_\_\_\_

PERSON, NOT RESIDENT OF HOUSEHOLD, TO BE NOTIFIED IN CASE OF EMERGENCY:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: -----

City, State & Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

MAILING ADDRESS FOR NOTICE OF ACCEPTANCE OR REJECTION OF APPLICATION

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

I/WE UNDERSTAND THAT WE ARE NOT PERMITTED TO HAVE OR HARBOR ANY DOG, CAT, OR PET.

I/we understand that ANY violation of the terms, provisions, conditions and covenants of P.T.V. Homeowners Association, Inc. documents provides cause for immediate action as therein provided or termination of a leasehold under appropriate circumstances.

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing, the applicant recognizes that the Association and Associated Credit will investigate the information supplied by the applicant, and full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record, and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

APPROVED DATE: \_\_\_\_\_ DISAPPROVED DATE: \_\_\_\_\_

BOARD MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Printed Name of Board Member \_\_\_\_\_

ALL PERSONS LIVING IN THE UNIT MUST BE INTERVIEWED FOR APPROVAL

FOR BUYER(S): PLEASE HAVE A COPY OF YOUR WARRANTY DEED AND/OR TITLE FORWARDED TO THE ASSOCIATION OFFICE FOR OUR FILES.