



**BEDFORD AT LAKE CATHERINE  
HOMEOWNERS ASSOCIATION INC.**

**PURCHASE/ SALE APPLICATION INSTRUCTIONS:**

The transfer of any property in Bedford at Lake Catherine by an owner is subject to prior approval of the Association Board of Directors. Owner's HOA assessments must be current, and all fines must be paid in full prior to any purchase/sale approval. The Association shall review the proposed Purchase/ Sale Application within ten (10) business days of receipt of the COMPLETE application package, required information, documents, and fees. Once the Board of Directors has reviewed the application package and approved, a Certificate of Approval will then be issued. If a Certificate of Approval of the prospective new homeowner is not provided by the Association within ten (10) business days, it shall be deemed a disapproval of the prospective new homeowner by the Association. In the event of a sale, it shall be the responsibility of the purchaser to furnish the Association with a recorded copy of the deed of conveyance indicating the owner's mailing address for all future assessments and other correspondence from the Association.

**APPLICATION CHECKLIST:**

- **Copy of the Sales Contract**- Please note that the Comprehensive Rider should have the correct name of the association as stated above and the correct amounts for the fees such as the Quarterly Maintenance Fee and Application Fee(s).
- **Application Page 1-4**- MUST be complete with all information as requested including the sellers (current owners) information and signature of acknowledgement.
- **The \$100 Non-Refundable Application Fee made payable to**-This fee is due and payable to **Bedford Homeowners Association** upon submitting the application. ALL applicants that are 18 years of age or older are required to pay this fee with the exception of married couples.
- **Application Page 5- NTN Credit and Background Check Authorization**-MUST be completed with all the information as requested. This form must be completed for all occupants that are 18 years of age or older.
- **The \$100 Non-Refundable Fee for Credit and Background Check**- This fee is due and payable to **4H Association Management Company** upon submitting the application. ALL applicants that are 18 years of age or older are required to pay this fee.
- **Photo ID**- A copy of ALL applicant's photo ID or drivers license must be included.
- **Pet Information**- Please submit a photo of each pet with a copy of their current veterinarian records.

**RETURN ALL DOCUMENTS TO:**

Bedford at Lake Catherine HOA, Inc.,  
c/o 4H Association Management Co., Inc.,  
P.O. Box 1364, Jupiter, FL 33468  
Phone: 561-262-8947

Email: [Chasson@4HAssociationManagement.com](mailto:Chasson@4HAssociationManagement.com)

**For information to hand deliver the application package,  
please contact management via phone, text or email.**



**PURCHASE/ SALE APPLICATION  
SELLER/BUYER ACKNOWLEDGEMENT**

We hereby apply to the Board of Directors of Bedford at Lake Catherine HOA for approval of the following Sale/Purchase. The Association has TEN (10) Business Days to review the completed application package once all required documentation, information, and fees are received.

DATE APPLICATION SUBMITTED: \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE OF CLOSING: \_\_\_\_/\_\_\_\_/\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

**CURRENT OWNER INFORMATION AND ACKNOWLEDGEMENT OF SALE:** I/We hereby acknowledge the sale of our home located at the address listed above.

Name:	Name:
Signature:	Signature
Phone:	Phone:

**BUYER INFORMATION AND ACKNOWLEDGEMENT OF SALE/PURCHASE:** I/We hereby acknowledge the purchase of the home located at the address listed above and that the information provided herein to be accurate and true to the best of my/our knowledge.

Name:	Name:
Signature:	Signature
Phone:	Phone:

Email:	Email:
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**OCCUPANT INFORMATION:** Please list ALL occupants that will be residing in the home.

Name:	Age:	Relationship:

ALL occupants that are 18 years of age or older must provide an application fee of \$100 (See Checklist) and complete the NTN Authorization form for the credit/background check.

**PET INFORMATION:** Please list ALL pets (dogs or cats) that will also be residing in the home.

DOG/CAT (Circle One)	Breed:	Weight:
DOG/CAT (Circle One)	Breed:	Weight:
DOG/CAT (Circle One)	Breed:	Weight:

**VEHICLE INFORMATION:** Please be aware that there are certain restrictions on the types of vehicles permitted in the community (Please see Rules & Regulations). Overnight Parking on the streets is NOT permitted by any homeowner, visitor, or guest(s). Additionally, no parking or blocking of HOA Common Areas such as sidewalks is permitted, and NO PARKING ON GRASS at anytime is permitted.

Make/Model:	Color:		Tag #:



**PROSPECTIVE BUYER/OCCUPANT ACKNOWLEDGEMENT**

The undersigned prospective Buyer(s) OR Occupant(s) acknowledge that they have received, read, understand, and agree to follow and abide by all the terms and conditions of the following (Please INITIAL each item and sign below):

- \_\_\_\_ Declaration of Covenants, Restrictions and Easements - Bedford at Lake Catherine HOA
- \_\_\_\_ Bylaws - Bedford at Lake Catherine HOA
- \_\_\_\_ Current Rules & Regulations - Bedford at Lake Catherine HOA
- \_\_\_\_ Certificate of Fourth Amendment to the Declaration of Covenants and Restrictions for Bedford at Lake Catherine Homeowner Association.
- \_\_\_\_ Copy of the Current **APPROVED BUDGET** and the Current **QUARTERLY MAINTENANCE FEE AMOUNT**.

Note: Information listed above may be obtained from the association website

[www.BedfordBeacon.net](http://www.BedfordBeacon.net)

Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date

4H Association Management Company, Inc., PO Box 1364, Jupiter FL 33468-1364  
 Phone: (561) 262-8947 Email: [Chasson@4HAssociationManagement.com](mailto:Chasson@4HAssociationManagement.com)

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

4H Association Management Company, Inc. may obtain information about you from a consumer reporting agency for tenant, purchase, occupancy screening purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (driving records), verification of your education or employment history or other background checks. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for residency is a criminal background check investigation conducted by **National Tenant Network, 9580 NW 136<sup>th</sup> Drive, Alachua, FL 32615.**

**ACKNOWLEDGEMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING THE BACKGROUND INVESTIGATION. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by 4H Association Management Company, Inc. at any time after receipt of this authorization and throughout my tenancy, ownership, or occupancy, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school, or university (public or private), information service bureau, employer, insurance company, and other party to furnish any/all background information requested by **National Tenant Network, 9580 NW 136<sup>th</sup> Drive, Alachua, FL 32615.** I agree that a facsimile (fax) or electronic or photographic copy of this Authorization shall be as valid as the original.

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**PLEASE COMPLETE FOR EACH APPLICANT**

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(1) Applicant Name: \_\_\_\_\_

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

Social Security No: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(2) Co-Applicant Name: \_\_\_\_\_

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

Social Security No: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_