



River Ridge Homeowners Association of Martin County Inc.

New Resident Application Package



INSTRUCTIONS

THIS PACKAGE MUST BE SUBMITTED 14 DAYS PRIOR TO CLOSING

Please completely fill out all attached pages and submit 14 days prior to closing to:

**RIVER RIDGE HOA.
ATTN: Cherylynn Pannebecker
18600 COUNTY LINE ROAD
TEQUESTA, FL 33469**

PH# 561-747-0122 Fax# 561-427-6052
EMAIL: cherylynnrrhoa@earthlink.net

- Attach a check in the amount of \$100, for the transfer fee made out to River Ridge HOA.
- Attach a check in the amount of \$100 for the estoppel letter. The check should be payable to Kloo Management, Inc.
- **Attach a copy of your contract of sale or lease agreement.**
- Specify the closing date or lease dates to and from.
- Upon closing please forward a copy of your warranty deed to River Ridge HOA at the address above and inform Cherylynn Pannebecker of new contact telephone numbers.
- Quarterly assessments are due January 1, April 1, July 1, and October 1. Please secure your coupon from the seller or call the property manager for a new one. If you do not receive a coupon book this does not excuse payment. You can also pay by direct deposit. Your lot number is your account number.
- Secure the front gate remote control opener from the owner, if not available contact property manager for purchase. Cost is \$35 per remote. Renters will need to obtain an opener from the owner.
- New residents should meet with the River Ridge Welcome Committee. This meeting will be set up with the purchaser upon receipt of this completed package.
- **IMPORTANT NOTE:** Property improvements are welcome in River Ridge however any changes to the yard or exterior of a home **MUST FIRST BE APPROVED** by the Architectural Committee. This includes but is not limited to re-landscaping, removing or adding shrubs or trees, installing a new roof, changing the color of a home or driveway, etc...) If you plan to make any changes, please complete the Project Approval Application Form and submit it to the property manager. The form can be printed from the River Ridge Web Site (www.riverridge.ws) or obtained from the property manager. **NO CHANGES** (i.e., landscape, roof, painting etc) can be made until approval is submitted.



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IMPORTANT NOTICE: All sections of this Application Package must be fully and accurately completed and submitted to the designated property manager for review before any purchaser will be provided with a Letter of Estoppel and granted full access to the community.

SECTION I: Purchase _____ Lesase _____ - Applicant Information

Property Address: _____ Lot# _____

Name of Current Property Owner/Seller or Landlord (circle one): _____

Address _____ Telephone: _____

Closing Date or Lease Term: _____ Occupancy Date: _____

Name of Real Estate/Rental Agent: _____ Telephone: _____

Address: _____

Name of Purchaser/Lessee: _____ SSN: _____

Valid Drivers License Number: _____ State of Issue: _____

Current Telephone Numbers:

Day: _____ Evening: _____

Name of Spouse/Significant Other: _____

NOTE: Non-married co-applicants must file separate applications.

Name(s) of other person(s) who will reside with you and their relationship to you;

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Pets (Type and Quantity): _____

Present Address: _____

[] Own [] Rent How many years/months at location: _____ If less than 3 years – list prior location

If rent – Landlord Name: _____ Telephone: _____

Present Employment: _____ Telephone: _____

Address: _____ Supervisor: _____

Position/Title: _____ Years/Months at Current Job: _____

If less than 3 years – list prior location

Prior Employment: _____ Telephone: _____

Address: _____ Supervisor: _____

Years/Months at previous employment: _____

Spouse/Significant Other Employment: _____ Telephone: _____

Address: _____ Supervisor: _____

Years/Months at employment: _____

Personal References (Must provide two):

Name: _____ Telephone: _____

Address: _____ Relationship: _____

Name: _____ Telephone: _____

Address: _____ Relationship: _____

CERTIFICATON: I hereby certify that the above information is true and accurate to the best of my knowledge with no material omissions. I understand and agree that a willful false statement or omission is grounds for denial of this application regardless of when the false statement or omission is discovered.

Purchaser/Lessee Signature _____ Date: _____



SECTION II: Disclosure Summary for River Ride Homeowners Association of Martin County, Inc.

1. AS A PURCHASER OF PROPERTY IN THE COMMUNITY OF RIVER RIDGE, YOU WILL BE OBLIGATED TO BE A MEMBER OF THE RIVER RIDGE HOMEOWNERS ASSOCIATION OF MARTIN COUNTY, INC. (HEREIN AFTER REFERRED TO AS "RRHOA").
2. THERE HAVE BEEN RECORDED RESTRICTIVE COVENANTS GOVERNING THE USE AND OCCUPANCY OF PROPERTIES IN THIS COMMUNITY.
3. YOU WILL BE OBLIGATED TO PAY QUARTERLY ASSESSMENTS TO THE RRHOA WHICH ARE DUE ON THE 1ST OF JANUARY, APRIL, JULY AND OCTOBER. ASSESSMENTS MAY BE SUBJECT TO PERIODIC CHANGE. PAYMENTS ARE MADE VIA COUPON AND IT IS YOUR OBLIGATION TO SECURE THE COUPON BOOK FROM THE SELLER OR SECURE A NEW COUPON BOOK FROM THE PROPERTY MANAGER AND PAY ALL ASSESSMENTS ON TIME. YOU WILL ALSO BE OBLIGATED TO PAY ANY SPECIAL ASSESSMENTS IMPOSED BY THE RRHOA. SUCH SPECIAL ASSESSMENTS MAY BE SUBJECT TO CHANGE.
4. YOU MAY BE OBLIGATED TO PAY SPECIAL ASSESSMENTS TO THE RESPECTIVE MUNICIPALITY, COUNTY, OR SPECIAL DISTRICT. ALL ASSESSMENTS ARE SUBJECT TO PERIODIC CHANGE.
5. YOUR FAILURE TO PAY SPECIAL ASSESSMENTS OR ASSESSMENTS LEVIED BY THE RRHOA WILL RESULT IN LATES FEES AND INTEREST AND COULD RESULT IN A LIEN ON YOUR PROPERTY OR EVEN FORECLOSURE IN ACCORDANCE WITH APPLICABLE FLORIDA LAW.
6. THERE IS AN OBLIGATION TO PAY USE FEES FOR COMMONLY USED FACILITIES (E.G., CLUBHOUSE) AND RESOURCS OWNED BY THE RRHOA AND THESE FEES MAY BE SUBJECT TO PERIODIC CHANGE.
7. THE RRHOA HAS THE RIGHT TO AMEND THE RESTRICTIVE COVENANTS, BY-LAWS, AND ARTICLES OF INCORPORATION WITH THE APPROVAL OF THE ASSOCIATION MEMBERSHIP.
8. THE STATEMENTS CONTAINED IN THIS DISCLOSURE FORM ARE ONLY SUMMARY IN NATURE, AND, AS A PROSPECTIVE PURCHASER, YOU SHOULD READ THE COVENANTS, BY-LAWS, ARTICLES OF INCORPORATION AND OTHER RRHOA MANUALS AND POLICIES BEFORE PURCHASING PROPERTY IN RIVER RIDGE. ALL RRHOA DOCUMENTS ARE POSTED AND AVAILABLE AT WWW.RIVERRIDGE.WS OR FROM THE DESIGNATED PROPERTY MANAGER.
9. SOME OF THESE DOCUMENTS ARE MATTERS OF PUBLIC RECORD AND MAY ALSO BE OBTAINED FROM THE PUBLIC RECORD OFFICE OF MARTIN COUNTY.

Purchaser/Lessee: _____ Date: _____

Purchaser/Lessee: _____ Date: _____

If Lessee Application –
Current Property Owner: _____ Date: _____

Board Member or Designee: _____ Date: _____



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SECTION III: Acknowledgment, Acceptance, and Intent to Abide by Rules and Regulations

I hereby acknowledge that I have received, read and understand the River Ridge Homeowners Association Inc. By-Laws, Articles of Incorporation, and Amended and Restated Declaration of Covenants, Conditions and Restrictions.

I hereby acknowledge and agree to abide by the River Ridge Homeowners Association Inc. By-Laws, Articles of Incorporation, and Amended and Restated Declaration of Covenants, Conditions and Restrictions in their current format and as they may be amended from time to time. I hereby acknowledge and agree that I am responsible for my actions and the actions of all others who reside with me as well as my guests.

I hereby acknowledge and agree that the River Ridge Homeowners Association has the right to pursue all available remedies to prevent, stop, and correct any and all violations of the By-Laws, Articles of Incorporation, and Amended and Restated Declaration of Covenants, Conditions and Restrictions which may include notices, fines, suspension of Association member privileges, the filing of liens and foreclosure, and the collection of legal fees.

I hereby acknowledge and agree that the River Ridge Homeowners Association has 15 days to process this application but understand that every effort will be made to expedite this process. I understand and agree that the River Ridge Homeowners Association has the right to approve or disapprove this application and I will not challenge this decision. As required, I have attached a copy of my purchase contract or lease agreement to this application.

I hereby acknowledge that this signed acknowledgment and acceptance is the entire agreement and no other modifications, stipulations, or other written or oral agreements exist with the River Ridge Homeowners Association.

CHECK THE APPLICABLE BLOCK:

PURCHASER:

I hereby acknowledge and agree that by purchasing property in River Ridge that I become a member of the River Ridge Homeowners Association for as long as I own that property. Further, I acknowledge and agree that as an Association member I am obligated to pay all quarterly and special assessments.

RENTER/LESSEE/TENANT:

I hereby acknowledge and agree that as a renter/lessee I am not a member of the River Ridge Homeowners Association.

I hereby acknowledge and agree that failure to comply with the River Ridge Homeowners Association By-Laws, Articles of Incorporation, and Amended and Restated Declaration of Covenants, Conditions and Restrictions may result in actions for damages or injunctive relief against myself as the Renter/Lessee/Tenant rather than the Lot/Property owner.

I hereby acknowledge and agree that the application fee of \$100.00 for a Renter/Lessee/Tenant is non-refundable regardless of the application outcome. My check for \$100.00, made out to the River Ridge Home Owners Association, is attached to this application.

Purchaser/Lessee: _____ Date: _____

If Lessee Application –
Current Property Owner: _____ Date: _____

Board Member or Designee: _____ Date: _____



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SECTION IV: Authorization for Release of Information

I authorize the River Ridge Homeowners Association and/or its authorized designees to obtain information relating to my background and activities from individuals, employers, residential management agents, collection agencies, credit bureaus, and other sources of information.

I understand and agree that the release of information to the River Ridge Homeowners Association will be related to the official processing of my application and determination of my eligibility to become a resident of River Ridge. I also understand that the information collected by the River Ridge Homeowners Association is confidential and will not be released or re-disclosed to another party.

I authorize any and all applicable custodians of records and other sources of information pertaining to me to release information upon request, and regardless of any previous agreements to the contrary, to the River Ridge Homeowners Association and/or its authorized designees.

I understand that, upon request, I have the right to inspect and copy the information disclosed, except for certain information regarding the identity of the source of information.

I understand that I may revoke this consent at any time by notifying the River Ridge Homeowners Association in writing. I also understand that, even if I do not revoke this consent, the consent will expire in 30 days from the signed date below.

Printed Name: _____ Signature: _____

Date Signed: _____

SSN#: _____ Current Telephone #: _____

Other Names Used: _____

Current Address: _____



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SECTION V: Certificate of Approval/Disapproval

[] DISAPPROVED DATE: _____ BOARD SIGNATURE: _____

[] APPROVED DATE: _____ FOR APPROVALS - COMPLETE CERTIFICATE BELOW.

CERTIFICATE OF APPROVAL

THE RIVER RIDGE HOMEOWNERS ASSOCIATION, according to the rules and regulations as set forth by the River Ridge Homeowners Association Articles of Incorporation, By-Laws, and Amended and Restated Declaration of Covenants, Conditions and Restrictions as recognized by the State of Florida and/or recorded in the public records of Palm Beach County, Florida, hereby approves the *(circle one)* transfer - lease of Lot# _____, address _____ Of River Ridge, a Homeowners Association, from:

to:

DATED this _____ day _____, 2_____.

RIVER RIDGE HOMEOWNERS ASSOCIATION

For the Board of Directors

State of Florida
County of Palm Beach

The foregoing Certificate of Approval was acknowledged before me by _____, Respectively, _____ of River Ridge Homeowners Association, Inc. on this _____ day _____, 2_____.

Seal:

NOTARY PUBLIC

PRINT NAME

MY COMMISSION EXPIRES: _____



River Ridge Homeowners Association Inc.
E-MAIL COMMUNICATION Form



WWW.RIVERRIDGE.WS

Name (Last, First): _____
Spouse/Significant Other Name (Last, First): _____
Street Address: _____ Lot# _____

SELECT ONE OF THE FOLLOWING THREE OPTIONS

ADD MY E-MAIL ADDRESS TO YOUR DATABASE.....[]

List e-mail address to be added: _____

DELETE MY E-MAIL ADDRESS FROM YOUR DATABASE.....[]

List e-mail address to be deleted: _____

CHANGE/UPDATE MY E-MAIL ADDRESS THAT IS ALREADY IN THE DATABASE.....[]

List prior e-mail address to be changed: _____
OR

List new e-mail address to be added: _____

NOTE: The Board will use the e-mail address information to send important information, notices, and Newsletters to community members. This will greatly increase the timeliness of information received by community members as well as decrease mailing costs to the community. This information will only be used for internal community business.

Signature of Homeowner authorizing the use of the e-mail address: _____

Date: _____

SUBMIT COMPLETED FORM TO PROPERTY MANAGER

Official Use Only:



River Ridge Homeowners Association Inc.

Resident Security Information Form

Rev 1



LOT#: _____ DATE: _____

Name (Last, First): _____

Spouse/Significant Other Name (Last, First): _____

Address: _____

Telephone Number(s):

Home: _____ Work: _____

Cell/Mobile: _____ Other: _____

Names of Person(s) Residing at Property:

Circle A to add or R to remove from list

A or R _____ A or R

A or R _____ A or R

A or R _____ A or R

A or R _____ A or R

A or R _____ A or R

Vehicle(s):

Circle A to add or R to remove from list

Color/Make/Model: _____ License Plate State/#: _____ A or R

Color/Make/Model: _____ License Plate State/#: _____ A or R

Color/Make/Model: _____ License Plate State/#: _____ A or R

Color/Make/Model: _____ License Plate State/#: _____ A or R

Color/Make/Model: _____ License Plate State/#: _____ A or R

Color/Make/Model: _____ License Plate State/#: _____ A or R

Permanent Guest List (allowed entry at any time):

Circle A to add or R to remove from list

A or R _____ A or R

A or R _____ A or R

A or R _____ A or R

A or R _____ A or R

A or R _____ A or R

Permanent Service Personnel:

Circle A to add or R to remove from list

Landscape Maintenance: _____ A or R

Pest Control: _____ A or R

Alarm Company: _____ A or R

Pool Maintenance: _____ A or R

Domestic Employee: _____ A or R

Other: _____ A or R

Other: _____ A or R

Other: _____ A or R

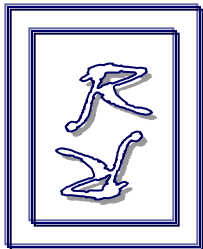
Other: _____ A or R

Signature of Resident/Homeowner: _____

SUBMIT COMPLETED FORM TO GUARDHOUSE FOR ENTRY INTO THE RESIDENT DATABASE

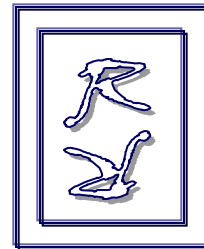
Official Use Only:

Approved By: _____ Date: _____



River Ridge Homeowners Association

of Martin County Inc.



Resident Vehicle Decal Request Form

Date: _____

Name (Last, First): _____

Address: _____

Phone: _____

Lot #: _____

Vehicle(s):

Color/Make/Model: _____

Color/Make/Model: _____

Color/Make/Model: _____

License Plate State/#: _____

License Plate State/#: _____

License Plate State/#: _____

Vehicle Identification #: _____

Vehicle Identification #: _____

Vehicle Identification #: _____

Signature of Resident or Homeowner: _____

SUBMIT COMPLETED FORM TO PROPERTY MANAGER FOR PROCESSING

Official Use Only:

Vehicle Decal Number (s): _____

Approved By: _____ Date: _____

River Ridge Homeowners Association

of Martin County Inc.

PET REGISTRATION FORM

Date: _____

Owner Name (Last, First): _____

Address: _____

Phone: _____ CELL _____

Lot #: _____

PET INFORMATION:

NAME: _____

TYPE: (Dog, cat, bird etc) _____

BREED: _____

COLOR: _____

NAME: _____

TYPE: (Dog, cat, bird etc) _____

BREED: _____

COLOR: _____

NAME: _____

TYPE: (Dog, cat, bird etc) _____

BREED: _____

COLOR: _____

Please attach a photo of your pet(s).

Should you acquire any new pets please make sure you register them with the association.

Approved By: _____ Date: _____