

**HAMMOCK TRACE HOMEOWNERS ASSOCIATION  
C/O BRISTOL MANAGEMENT SERVICES, INC  
1930 COMMERCE LANE SUITE 1  
JUPITER FL 33458  
TEL 561-575-3551 FAX 561-575-5423**

**PURCHASE/LEASE APPLICATION**

Hammock Trace address: \_\_\_\_\_  
Rent/Sale Amount \_\_\_\_\_  
Occupancy Date: \_\_\_\_\_ Lease Term or Closing Date \_\_\_\_\_  
Name: \_\_\_\_\_  
Present Address \_\_\_\_\_  
Phone #: \_\_\_\_\_ Work # \_\_\_\_\_  
How Long \_\_\_\_\_ Own or Rent \_\_\_\_\_ How Long? \_\_\_\_\_  
Name of Present Owner of Hammock Trace Home: \_\_\_\_\_  
Name of Agent handling Purchase/Rental: \_\_\_\_\_  
Agent's Phone # \_\_\_\_\_  
In case of emergency notify: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Relationship: \_\_\_\_\_

**Address:**  
Present/Employer \_\_\_\_\_ Telephone #: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

**Address:**  
Previous Employer \_\_\_\_\_ Telephone # \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Name of Spouse \_\_\_\_\_ # of Children \_\_\_\_\_  
Ages of Children: \_\_\_\_\_

Spouse's Employer \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Will anyone other than spouse and children listed above reside with you?  
No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, Names: \_\_\_\_\_

**Personal References:**                      **Address:**                      **Phone #:**  
(1) \_\_\_\_\_  
(2) \_\_\_\_\_

**Driver's License #**                      **State:**                      **Year, Automobile Make, Model:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ACKNOWLEDGEMENT**

**I agree to abide by the rules and regulations of the Hammock Trace Homeowners Association and am subject to the Declaration of Covenants of Hammock Trace Homeowners Association. Failure to comply with the terms and conditions thereof shall be a material default and breach of the lease/sales agreement.**

\_\_\_\_\_  
**Owner**

\_\_\_\_\_  
**Board Member**

\_\_\_\_\_  
**Lessee/Purchaser**

\_\_\_\_\_  
**Lessee/Purchaser**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

**Applications instructions:**

- 1. Fill out notification completely and submit to: Hammock Trace Homeowners Association c/o Bristol Management 1930 Commerce Lane Suite 1, Jupiter Fl 33458 or fax to 561-575-5423. Please allow 10 days for review and action to be taken by the Hammock Trace Homeowners Association. There is a \$50.00 non-refundable application fee.**
- 2. The above signed acceptance of the Rules and Regulation must be submitted along with the application, as well as, a copy of the lease agreement or the purchase contract.**

**Every effort will be made to expedite the notification process.**