



HORSESHOE ACRES CLUB, INC.
P.O. BOX 33111
PALM BEACH GARDENS, FL 33420
Email: board@horseshoeacresclub.com

11-HAC ACKNOWLEDGMENT BY APPLICANT(S)

By signing below, I/We hereby certify:

1. That I/We agree on behalf of all persons who may use the residence which I seek to purchase and myself, that I/We will abide by all the Restrictions in the By-Laws, Rules and Regulations and HAC governing documents.
2. That I/We agree that all of the information contained in the application is true and complete and that any false or misleading information given in this application constitutes grounds for rejection of this application.
3. That I/We give my/our permission for a nationwide law enforcement background investigation and credit history verification.
4. That no persons other than those shown on this application will reside at the Property and I/We agree that anyone moving into the Property at a later date will be registered with the Association and a background check may be performed at the applicant's expense.

Applicant 1 Signature

Printed Name: _____ Date _____

Applicant 2 Signature

Printed Name: _____ Date _____

Revised June 2025

**HORSESHOE ACRES CLUB
Buyer's Application**

Horseshoe Acres Club (HAC) Address:

Closing Date: _____ Purchase Price: \$ _____

Buyer 1: _____

Buyer 2: _____

Phone: _____ Phone 2: _____

Email Address(es): _____

Buyer's Realtor Name: _____

Phone / Email: _____

Seller Name(s): _____

Phone: _____ Phone 2: _____

Email Address(es): _____

Seller's Realtor Name: _____

Phone / Email: _____

Closing Agent: _____

Contact: _____

Phone / Email: _____

Occupants: Please provide the full name for ALL residents in the household and their relationship to the Buyer. (Please attach driver's license or ID cards for each occupant)

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

Vehicles: Please list the make, model and tag numbers of all automobiles that will be parked at your residence. Please include \$35 with your application for each car you will need a gate decal for:

Year _____ Make _____ Model _____ Color _____ Tag# _____

Year _____ Make _____ Model _____ Color _____ Tag# _____

Year _____ Make _____ Model _____ Color _____ Tag# _____

Year _____ Make _____ Model _____ Color _____ Tag# _____

Is this property a _____ primary or _____ second home?

Is this property intended to be a rental property? ___ Yes ___ No