

APPROVAL REQUEST FOR OWNERSHIP TRANSFER OR RENTAL

This request for approval must be received at least fifteen (15) days prior to closing/lease date.

Unit Address # _____ Purchase _____ or Lease _____

Current Owner: _____ Phone: _____

Purchasers / Tenants: _____ Phone: _____

Date of Closing or Lease Effective Date: _____ Length of Lease: _____

Title Company: _____ Phone: _____ Fax: _____

Real Estate Agent: _____ Phone: _____ Cell: _____

Purchaser(s) / Tenant(s) represent that the following information is true and correct and hereby consents to the association's inquiry and investigation concerning this or any other information provided or deemed necessary for approval of this request. Applicant agrees that a background check may be obtained and any other verification of information regarding this application. Any material misstatements as to the lessees' or buyers' statements contained herein, may be grounds for denial.

1) LIST ALL OCCUPANTS (Maximum of 2 per bedroom)

A) Name: _____ Phone: _____

Date of Birth: _____ SS#: _____ Driver's License #: _____

Email: _____

B) Name: _____ Phone: _____

Date of Birth: _____ SS#: _____ Driver's License #: _____

Email: _____

ATTACH SEPARATE SHEET IF NEEDED. PLEASE ATTACH COPY OF DRIVER'S LICENSES FOR ALL DRIVERS

2) LIST ALL AUTOMOBILES:

Make/Model/Year: _____ Color: _____ Tag #: _____

Make/Model/Year: _____ Color: _____ Tag #: _____

3) RESIDENCE HISTORY

A) Present Address: _____ Owned or Rented: _____

City: _____ State: _____ Zip: _____ Dates of Residency: _____

B) Previous Address: _____ Owned or Rented: _____

City: _____ State: _____ Zip: _____ Dates of Residency: _____

4) EMPLOYMENT REFERENCES

Employed by or Retired from: _____

Address: _____

Phone: _____ Years employed: _____ Occupation/Position: _____

SALE AND RENTAL INSTRUCTIONS

To: Unit Owners and Realtors

We welcome your Real Estate Transactions under the following guidelines:

- 1) No 'For Sale' or 'For Rent' signs or other displays or advertising shall be posted on any part of the Common Elements, Limited Common Elements, or Condo Units.
- 2) Anyone wishing to purchase or rent any unit must first complete and submit an Application to the management company at least 15 days prior to desired closing or occupancy. The following information is needed to complete a transaction:
 - a) Fully Completed Application
 - b) Check in the amount of \$100 payable to the association
 - c) Copy of Driver's Licenses or other official identification
 - d) Copy of the Purchase or Lease Agreement
 - e) Attend a Personal Orientation Interview

All information must be submitted together to the management company.
- 3) Condominium documents including current Rules & Regulations must be supplied to buyers and tenants from the current unit owner. A full hard copy set may be purchased from the management company for \$50, or emailed electronically for free.
- 4) Pet Policy: Customary house pets are permitted for owners, but no more than one dog or one cat.
LEASE TENANTS NOT PERMITTED TO HAVE PETS.
- 5) Rental Policy: Units may only be leased or rented for a period of 3 months or more. Owner may not lease their unit more than 7 times in a 3 year period.
- 6) Tenants are bound to the covenants of use and occupancy to the same extent as a unit owner as outlined in the association's governing documents. All tenants must read and agree to abide by Association Rules & Regulations and other condominium documents.

The above information is summary in nature. For more details, please refer to the Condominium Documents.
If you should have any questions regarding a sale or rental, please contact:

5) EMERGENCY CONTACT INFORMATION (list persons to contact in case of a medical or building emergency)

A) Name: _____ Phone(s): _____

Address: _____

B) Name: _____ Phone(s): _____

Address: _____

6) OCCUPANT CONTACT INFORMATION: In accordance with Florida Statute 718, owner's/occupant's telephone numbers may be published and distributed to other owners/occupants unless you specifically request in writing for the information to be withheld.

Best Contact Phone #: _____ Alt. Phone #: _____

E-mail address: _____ [] Do Not Publish Phone or Email

7) BUYER INFORMATION: Unit Will Be: Permanent Residence _____ Seasonal Residence _____ Rental Unit: _____

Mailing Address After Closing: _____

Approval of this request is subject to all financial obligations to the Association, including but not limited to, maintenance fees, late charges, special assessments, legal fees, and application fees having been paid in full at or prior to closing. The Board of Directors has up to fifteen (15) days to approve or deny this application.

Purchaser / Tenant Signature

Date

Purchaser / Tenant Signature

Date

_____ Enclose a check for \$100

_____ Enclose a copy of the Sale or Lease Contract

_____ Enclose a copy of Driver's Licenses

**** You will be contacted to schedule a personal Orientation Interview. ****

Association Use

Date Rc'd: _____ Fee Rec'd.: \$ _____ Check #: _____ Copy of Contract Rc'd.: _____

Date Interviewed: _____ Interviewer Signature: _____

Board Sig. _____ Approve: _____ Deny: _____ Date: _____

DATE _____

BUYER _____

RENTER _____

I/We _____

Prospective tenant (s) buyer (s) for the property located at _____

Managed By: _____

Owned By: _____

Please provided a copy of the Sale Agreement or Lease Agreement.

TENANT INFORMATION

☐ Single ☐ Married

Social Security # _____

Full Name: _____

Date of Birth: _____

Driver License # _____ St. _____

Current Address: _____

How Long? _____

Landlord & Phone: _____

Previous Address: _____

How Long? _____

Employer: _____

Occupation: _____

Gross Monthly Income: \$ _____

Length of Employment: _____

Work Phone Number: (____) _____

Have You Ever Been Arrested?
(Circle One) YES NO

Have You Ever Been Evicted?
(Circle One) YES NO

SIGNATURE: _____

Phone Number: (____) _____

SPOUSE / ROOMMATE

☐ Single ☐ Married

Social Security # _____

Full Name: _____

Date of Birth: _____

Driver License # _____ St. _____

Current Address: _____

How Long? _____

Landlord & Phone: _____

Previous Address: _____

How Long? _____

Employer: _____

Occupation: _____

Gross Monthly Income: \$ _____

Length of Employment: _____

Work Phone Number: (____) _____

Have You Ever Been Arrested?
(Circle One) YES NO

Have You Ever Been Evicted?
(Circle One) YES NO

SIGNATURE: _____

Phone Number: (____) _____