

SABAL PINE CONDOMINIUM, INC.
C/O FLORIDA ONE PROPERTY MANAGEMENT
9825 MARINA BLVD SUITE 100
BOCA RATON, FL 33428

BLDG: _____
UNIT: _____

AN AGE 55 OR OVER RESIDENTIAL COMMUNITY INFORMATION SHEET

APPLICATION FOR PURCHASE, TRANSFER, GIFT, DEVISE OR INHERITANCE APPROVAL

1. **This application, an application for approval and authorization must be completed in detail by each proposed adult occupant, other than husband/wife or parent/dependent child (which is considered one applicant).**
2. If any questions is not answered or left blank this application will be returned and cannot be considered received or processed until it is submitted in completed form.
3. Please attach a copy of the sales contract to this application.
4. A non-refundable \$100 processing fee is required for each applicant, other than husband/wife or parent/child (which is considered one applicant). Acceptance of the processing fee does not in any way constitute approval of this transaction.
5. The completed application must be submitted to the Association office at least 30 days prior to the expected closing date.
6. All applicants must make themselves available for a personal interviewed prior to final Board of Directors approval. Occupancy prior to Board approval is prohibited.
7. SABAL PINE is a community designed and intended to provide housing for residents who are age 55 or over. Units must be permanently occupied by at least one person age 55 or over. In addition, no permanent occupancy of any unit is permitted by a person under age 18.
8. No pets allowed at any time.
9. Use of this unit is for single family residence only. Purchase / transfers are prohibited to a corporation, company, partnership.
10. No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, motorcycles, mopeds, etc. permitted to park on the premises. Only 1 (one) assigned parking space available per unit. Extra parking is East of the buildings. Restrictions Apply
11. The seller (current owner) must provide the purchaser with a copy of all Association Documents and Rules and Regulations; and, 2 clubhouse keys. Otherwise you must purchase them from the Association.
12. Occupancy Regulations: Please see Article 16 in the Declaration of Condominium for Sabal Pine.
13. Owners are prohibited from leasing their unit during the first 24 months of ownership.
14. Clubhouse Key(s) and 2 guest parking placards should transfer from the seller to the buyer at closing. If these items are not available they can be purchased from management. Clubhouse key \$100.00 each and vehicle guest placards are \$30.00 each.
15. Please include a copy of a government issued photo ID for each individual on the application.

MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Date _____ Bldg. No. _____ Unit No. _____ Approx. Closing Date _____

Onwer's Name _____ Tele. No. _____

Onwer's Present Address: _____ Ph: _____

Name of Realtor handling Sale: _____ Ph: _____

NAME of Prospective Purchaser (as title will appear):

a. _____ b. _____

Mortgage Information: (If unit will be mortgaged):

Name and Address of Lender: _____

OTHER PERSONS who will occupy the unit with you:

Name

Age

Relationship / Occupation

<u>Name</u>	<u>Age</u>	<u>Relationship / Occupation</u>

Have you ever seasonally resided in Florida before? ____ If yes, please state the name, address and dates of residency:

If retired, please state the company's name and address retired from and when retired: _____

Have you ever been convicted or pled to a crime? ____ If yes, please state the date(s), charge(s) and disposition(s):

1. In making the foregoing application, I represent to the Board of Directors that the purpose for the Purchase of a unit at **SABAL PINE CONDOMINIUM** is as follows:

Permanent Residence ____ Seasonal Residence ____ Other (Explain)

2. I hereby agree for myself and on behalf of all persons who may use the unit which I seek to purchase that I will abide by all of the restrictions contained in the Bylaws, Rules and Regulations, Association Documents, and restrictions which are or may in the future be imposed by the **SABAL PINE CONDOMINIUM ASSOCIATION**.

3. I have received a copy of all Association Documents: Yes ____ No

I have received a copy of the Rules & Regulations: Yes ____ No

4. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. Occupancy prior to Board of Directors approval is prohibited.

5. If this application is accepted, I will provide the Association with a copy of the Closing Statement and a copy of the recorded Deed within 30 days after closing.

6. I understand that there is a restriction on pets and that I may not bring a pet, nor may any guest, visitor or tenant bring a pet into **SABAL PINE**, nor acquire one, either temporarily or permanently after occupancy.

7. I understand that the acceptance for purchase of a unit at **SABAL PINE CONDOMINIUM** is conditioned in part upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation, falsification or omission of the information on these forms will result in the automatic disqualification of my application. Occupancy prior to Board of Directors approval is prohibited.

8. I understand that the Board of Directors of the **SABAL PINE CONDOMINIUM ASSOCIATION** may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management and **RENTERS REFERENCE OF FLORIDA** to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors, Officers and Management of the **SABAL PINE CONDOMINIUM ASSOCIATION** itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

In making the foregoing application, I am aware that the decision of the **SABAL PINE CONDOMINIUM ASSOCIATION** will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

APPLICANT _____ APPLICANT _____

INSTRUCTIONS:

- 1 -All applicants are processed as separate investigations.
- 2 -Print legibly or type all information. Account and telephone numbers and complete addresses are required.
- 3 -If any question is not answered or left blank, this application may be returned, not processed or not approved.
- 4 -Missing information will cause delays in processing your application.
- 5 -Any misrepresentation, falsification or omission of information may result in your disqualification.
- 6 - Only the applicants are authorized to sign all forms on page 2.

APPLICATION FOR OCCUPANCY/APPROVAL

PRINT OR TYPE (Use Black Ink)

Purchase _____ or Lease _____ (How long)

Apt. No. _____ Bldg No. _____ Special Address or Unit _____

Date _____ 20 _____ Desired date of occupancy _____

Name (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____

(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

Spouse (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____

(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

[] Sngl. [] Married [] Widow(er) [] Sep. _____ [] Div. _____ Maiden Name _____

(How long) (How long)

Number of people who will occupy. Adults (over age 18) _____ Children (over 18) _____ Children (under 18) _____

Names & ages of children who will occupy: _____

Description of Pets (Breed, Size, Color, Weight, Etc.) _____

In case of emergency notify: _____

Name Address Telephone

PRINT OR TYPE (Use Black Ink)

RESIDENCE HISTORY

A. Present Address _____ Phone (____) _____

(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____

B. Previous Address _____ Your Apt No. _____

(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____

C. Prior Address _____ Your Apt No. _____

(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____

PRINT OR TYPE (Use Black Ink)

EMPLOYMENT & BANK REFERENCES

A. Employed By (Business Name) _____ Phone (____) _____

(or retired from)

How long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip _____

B. Spouse's Employment (Business Name) _____ Phone (____) _____

(or retired from)

How long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip _____

C. Bank Reference _____ Phone (____) _____

How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____

Address _____ Zip _____

D. Bank Reference _____ Phone (____) _____

How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____

Address _____ Zip _____

PRINT OR TYPE (Use Black Ink)

CHARACTER REFERENCES

1. _____
Name Address Phone (Residential & Office)

2. _____
Name Address Phone (Residential & Office)

3. _____
Name Address Phone (Residential & Office)

Driver's Lic. No. #1 _____ #2 _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

If this application is NOT legible or is not completely and accurately filled out, Applicant Information (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, Applicant Information may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature _____ Applicant Signature _____ Applicant's Spouse

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure Authorization Form is completed as indicated.

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND CRIMINAL BACKGROUND

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my /our application made for residency.

DESIGNATED PARTY: APPLICANT INFORMATION

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

(Applicant's Signature)

(Applicant's Name Printed)

(Spouse's Signature)

(Spouse's Name Printed)

DATE _____