

PORT DE MER, INC.
1236 HILLSBORO MILE (A1A)
HILLSBORO BEACH, FLORIDA 33062
954-421-0093

BLDG. _____

APT _____

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

- 1 - This application, an application for approval, and authorization forms 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 question is not answered or left blank, this application will be returned, not processed and not approved.
- 3 - Please attach a copy of the sales contract to this application.
- 4 - Please attach a non-refundable processing fee of \$100.00 to this application, made payable to the **PORT DE MER, INC.** for each applicant, other than husband/wife or parent/dependent child (which is considered one applicant) and two letters of recommendation.
 - 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 interview prior to final Board of Directors approval. Occupancy prior to Board of Directors approval is prohibited.
- 7 - No pets of guests or tenants allowed at any time.
 - No pets allowed in excess of 20 pounds at maturity.
 - No more than 1 pet allowed.
- 8 - Use of this apartment is for single family residence only.
- 9 - No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, motorcycles, mopeds, etc. permitted to park on the premises overnight.
 - Only 1 assigned parking space available per apartment.
- 10 - The seller (current owner) must provide the purchaser with a copy of all Association Documents and Rules & Regulations otherwise, you must purchase them from the Association for \$35.00.
- 11 - Purchaser must notify the Association office with the exact date of their closing.
- 12 - Occupancy regulations:
 - One bedroom apartment - no more than 2 occupants.
 - Two bedroom apartment - no more than 4 occupants.
- 13 - Moving of furniture in or out of an apartment is not permitted on Sundays or Holidays. Hours for moving are from 8:00 A.M. to 5:00 P.M., Monday through Saturday with a 24 hour notification to the office.

MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Date _____ Bldg. No. _____ Apt. No. _____ Approx. Closing Date _____

Current Owner's Name _____ Tele. No. _____

Owner's Present Address _____

Name of Realtor Handling Sale _____ Tele. No. _____

NAME of Prospective Purchaser (as Title will appear):

a. _____ b. _____ (Spouse)

MORTGAGE INFORMATION: (If apartment will be mortgaged):

Name of Lender _____ Tele. No. _____

Address _____

(Continued on Back)

OTHER PERSONS who will occupy the apartment with you (if any):

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 or any proposed occupant ever been convicted of or pled to a crime? _____ If yes, please state the date(s), charge(s), disposition(s) and court location(s):

1. In making the foregoing application, I represent to the Board of Directors that the purpose for the Purchase of an apartment at **PORT DE MER** 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 apartment 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 **PORT DE MER, INC.**

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 no guest, visitor or tenant may bring a pet into **PORT DE MER**. I also understand that I may not have a pet that is in excess of 20 pounds at maturity and that I may not have more than 1 pet.

7. I understand that the acceptance for purchase of an apartment at **PORT DE MER** 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 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 **PORT DE MER, INC.** 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, INC.** 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 **PORT DE MER, INC.** 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 **PORT DE MER, INC.** 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 - Applicants are not legally married, an application on each person must be completed.
- 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.

APPLICATION FOR OCCUPANCY/APPROVAL

PRINT OR TYPE

Purchase _____ or Lease _____ (How Long)

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

Date _____ 20____ Desired date of occupancy _____

Name (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec. No. _____
(Passport, Alien, Green Card, Social Insurance No.)

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

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

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

CHARACTER REFERENCES

1. _____ Res. Phone (____) _____ Ofc. Phone (____) _____

Address _____ Zip _____

2. _____ Res. Phone (____) _____ Ofc. Phone (____) _____

Address _____ Zip _____

3. _____ Res. Phone (____) _____ Ofc. Phone (____) _____

Address _____ Zip _____

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, Renters Reference of Florida, Inc. (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, Renters Reference of Florida, Inc. 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, police arrest record 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

THIS FORM IS FOR THE EXCLUSIVE USE OF RENTERS REFERENCE CUSTOMERS. ANY REPRODUCTION OF THIS FORM WITHOUT THE EXPRESSLY WRITTEN PERMISSION OF RENTERS REFERENCE OF FLORIDA, INC. IS STRICTLY PROHIBITED.

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

ALL PARTS OF THESE FORMS ARE REQUIRED - DO NOT CUT OR SEPARATE THEM.

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND POLICE RECORD INFORMATION

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: RENTERS REFERENCE OF FLORIDA, INC.

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 _____

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(Applicant's Name Printed)

(Spouse's Signature)

(Spouse's Name Printed)

DATE _____