



Resale Application

Unit# _____



Buyer Approval Checklist

All forms must be signed and completed in its Entirety

- Application Form
- Acknowledgement of Receipt of Documents form
- Signed Disclosure and Authorization for Consumer Reports form
- Contact information form
- Certificate of Appointment Form
- Moving Authorization & Elevator Request form
- Color copy of valid identification for each applicant
- Vehicle Identification Form
- Package Receipt Authorization Form
- Waiver of Liability and Release Form
- Frequently Asked Questions Included
- Executed Sales Contract
- \$100 Application fee per applicant with Social Security card (Money Order only, payable to "Bay Garden Manor Condo Association")
- \$200 Application fee per International application (without social security card)
- \$100 Moving Deposit: Moving date must be scheduled with management prior to moving in or out. Only money order or cashier's check is accepted
- \$50 Moving Fee: Payment only in the form of a money order or cashier's check is accepted

Please allow 10 – 20 business days for the processing of the application



BUYER APPLICATION FORM

(PLEASE PRINT CLEARLY)

PERSONAL INFO:

Applicant 1 _____ SSN: _____ - _____ - _____ D.O.B.: ____/____/____
Name: Last, First

Applicant 2 _____ SSN: _____ - _____ - _____ D.O.B.: ____/____/____
Name: Last, First

Applicant 3 _____ SSN: _____ - _____ - _____ D.O.B.: ____/____/____
Name: Last, First

Name and Age of any person under the age of 18: _____

Current Address: _____

Home Phone: (____) _____ - _____ Mobile Phone: (____) _____ - _____

Current Landlord/Mortgage Co. _____ Phone: (____) _____ - _____

Landl./Mort. Co. Address: _____

Time at Current Address: ____ Yrs., ____ mos. Monthly Rent/Mort. \$ _____ Mort. Acct. No. _____

Prior Address: _____

Prior Landlord/Mortgage Co. _____ Phone: (____) _____ - _____

Landl./Mort. Co. Address: _____

Current Employer: _____ Phone: (____) _____ - _____

Employer Address: _____

Position/Title: _____ Time: : ____ yrs., ____ mos. Salary \$ _____ per _____

Supervisor: _____ Phone: (____) _____ - _____ ext. _____

Previous Employer: _____ Phone: (____) _____ - _____

Employer Address: _____

Position/Title: _____ Time: : ____ yrs., ____ mos. Salary \$ _____ per _____



Acknowledgement of Receipt of Documents

NO PETS ALLOWED

Potential: (check one)

- Owner
- Renter

Date: _____

Unit No. _____

I, _____ (print name), certify that I have read, and have been given a copy of, all the Bay Garden Manor Condominium Association Rules & Regulations, including the Parking Rules & Regulations, and agree to abide by them. I also understand that I will be subject to fines and/or charges if I am found in violation of any of these Rules/Regulations.

I understand that any changes, additions, updates, or modifications to any Rules & Regulations will be posted in the building and will be available on the association's website, www.baygardenmanor.com, and that I may request a current copy of these Rules & Regulations at any time from the management office or by downloading them directly from the website. By signature below, I acknowledge agreement to abide by any changes made to the Rules & Regulations for the duration of my ownership or residence at Bay Garden Manor.

I also acknowledge receipt of the "Information for Owners/Renters" document and a current copy of the State of Florida Condominium Governance Form.

(signature)



**DISCLOSURE AND AUTHORIZATION
FOR CONSUMER REPORTS**

In connection with my application for occupancy for a dwelling and or Residential with _____, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: **United Screening Services, Corp.** (name) ("Agency"), **P.O. Box 55-9046, Miami, FL. 33255-9046** (address), telephone number **(305) 774-1711 or (800) 731-2139**, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: **www.unitedscreening.com**.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's



offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

Printed Name:

Signature:

Date: _____

For identification purposes:

Social Security No.: _____; Date of Birth: _____.

Driver's License No.: _____; State of Issue: _____.

Street Address: _____ City: _____ State: _____

Zip: _____



Contact Information
(PLEASE PRINT CLEARLY)

Date: _____ Unit: _____ Owner Renter

Name: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

E-mail: _____ Facebook: Y N

Mailing address if other than unit at Bay Garden:

Emergency Contact Information
(PLEASE PRINT CLEARLY)

In the event of an emergency please provide a contact that does not reside with you.

Name: _____

Address: _____

INCLUDE PHONE NUMBER _____

Relationship: _____

All information is treated as confidential and only to be used in the case of an emergency or for security purposes. The information will be deemed accurate and any changes are the responsibility of the tenant/owner to notify the association management office.



CERTIFICATE OF APPOINTMENT

To the secretary of
Bay Garden Manor Condominium
Association, Inc.
(the "Association")

THIS IS TO CERTIFY that the undersigned, constituting all of the record owners of Unit (Apartment) No. _____ in BAY GARDEN MANRO CONDOMINIUM, have designated:

As their representative to cast all votes and to express all approvals that such owners may be entitled to cast or express at all meetings of the membership of the Association and for all other purposes provided by the Declaration, the Articles and By-Laws of the Association.

The following examples illustrate the proper use of this Certificate:

- (i) Unit owned by John Doe and his brother, Jim Doe. Voting Certificate is required designating either John or Jim as the Voting Representative (NOT A THIRD PERSON).
- (ii) Unit owned by Overseas, Inc., a corporation. Voting Certificates must be filed designating an officer or employee entitled to vote, signed by President or Vice-President or Corporation and attested by Secretary or Assistant Secretary or Corporation.
- (iii) Unit Owned by John Jones. Voting Certificate is not required.
- (iv) Unit owned by Bill and Mary Rose, husband and wife. Voting Certificate is not required.

The Certificate is made pursuant to the Declaration and the By-Laws and shall revoke all prior Certificates and be valid until revoked by a subsequent Certificate.

DATED the ____ day of _____, 201__.

OWNER

OWNER

OWNER

NOTE: This form is not a proxy and should not be used as such. Please be sure to designate one of the joint owners of the unit as the Voting Representative, not a third person.



MOVING AUTHORIZATION AND ELEVATOR REQUEST

Date: _____ Unit: _____ Owner Renter

Name: _____ Move: In Out

Contact Phone:(_____) _____ - _____

Moves must be scheduled no less than **5 days in advance** and must be confirmed by Management. Moves are permitted during the following hours only:

Moving Options

Monday – Friday

Please mark time period below for time slot

- 9:00 a.m. – 12:30 p.m.**
- 12:30 p.m. – 4:30 p.m.**

Saturdays, Sundays & Holidays

*****Moving in not permitted*****

Please accept this as my request for authorization to move on _____, 20_____.

I agree to accept responsibility to any damage caused to any of the common areas or elements utilized in the course of moving (i.e. lobby entrance doors, loading dock gate, elevator, hallway walls and doors, etc.).

I understand that I must give a security deposit of \$100 in order to receive this authorization, and that the cost to repair any damages found will be deducted from that deposit. If the cost of these repairs exceeds the security deposit, I understand that I will be billed for the excess and agree to pay that amount within 10 days of the date of billing.

I understand that the \$50 Moving fee is non-refundable and covers the cost of the association organizing the move, such as setting up the elevator and loading dock areas.

I understand that I may request that the Maintenance Supervisor or Building Manager inspect, in my presence, the common areas to be utilized prior to and immediately after my move, in order to confirm any damages caused during the move.

I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE ABOVE.

Signature

Print Name



VEHICLE IDENTIFICATION FORM

(For use when requesting a Parking Permit)

Date: _____ Unit: _____ Owner Renter

Name: _____

Driver's License No. _____ State: _____

Contact Phone: (_____) _____ - _____

Vehicle info: Make: _____ Model: _____ Year: _____

Color: _____ Lic. Plate No. _____

I hereby certify that I am authorized, by ownership or by permission, for the personal use of the above described vehicle.

I acknowledge that it is my responsibility to inform any person using the above described vehicle, of the Bay Garden Manor Condominium Association Parking Rules and Regulations, and agree that I will be held accountable and responsible for any infraction of the Rules and Regulations that said vehicle commits, and agree to pay any applicable fine.

I understand that parking spaces are neither assigned nor guarantee and are available on a first come, first served basis.

I understand that I am not required to purchase a parking permit or use the building parking lot, but if I do, I agree to abide by all current parking rules as detailed in the Association's Parking Rules and Regulations including any updates approved by the Board of Directors, and that failure to abide by any Rules/Regulations is cause for penalties including towing of my vehicle.

Signature

Print Name



PACKAGE RECEIPT AUTHORIZATION

THE UNDERSIGNED, tenant(s) of Unit # _____ of Bay Garden Manor Condominium hereby authorize(s) the Condominium Association's front desk personnel to accept, receive and sign for any parcels or mail addressed to the Unit, without imposing any liability thereon for the condition or substance of any such parcels so received.

Understanding that this authorization is solely for the benefit of the undersigned, I/we hereby release the Condominium Association, its employees, agents and assigns, from any liability arising from this authorization, including, without limitation, liability arising from its employees, agents and assigns, in such regard.

Executed on the _____ day of _____, 201____.

By: _____

Signature

Print Name

By: _____

Signature

Print Name



WAIVER OF LIABILITY AND RELEASE FORM

WHEREAS, the undersigned RESIDENT ("Resident") of Unit ____ of the BAY GARDEN MANOR CONDOMINIUM is desirous of making use of the exercise equipment in the gym which is a portion of the common elements of the condominium; and

WHEREAS, THE BAY GARDEN MANOR CONDOMINIUM ASSOCIATION, INC. (the "Association" is willing to make the facilities available to the undersigned resident upon assurance by the Resident that he/she understands the risks involved and agrees to indemnify and hold the Association harmless for any claims for damage, injury or death to Resident resulting directly or indirectly from Resident's use of the gym facility.

NOW, THEREFORE, it is hereby agreed that:

- (i.) The Resident hereby acknowledges, he/she is over eighteen (18) years of age and agrees that he/she shall release, indemnify and hold the Association and its officers, directors and members harmless from any claims and demands, suits, judgements, actions, causes of action, debts, sums of money, accounts, claims and demands arising out of or related to the Resident's use of the gym facilities. Then release, indemnification and hold harmless shall include, but not be limited to, any claims for damage, injury or death resulting from the use of the gym facilities by Resident, and shall specifically include, but not be limited to, any claims which may result directly or indirectly, in whole or in part, from the negligent act or failure to act of the Association; its officers, directors, members or agents.
- (ii.) Resident agrees that by executing this Agreement he/she is agreeing to accept all risks for any injuries or damages which may result from this use of the room and its neighboring facilities, and he/she agree not to sue the Association, its Board of Directors, Management, its officials, or employees for any such injuries or damages, no matter how or why such injuries or damages may arise, and no matter whose fault they are.
- (iii.) The undersigned acknowledges that any usage of the gym is subject to and contingent upon compliance with the provisions of the Declaration of Condominium, Articles of Incorporation, By-Laws, and Rules and Regulations that may be adopted by the Board of Directors from time to time. Resident agrees to follow all rules and regulations promulgated by the Board of Directors regarding use of the gym, including all prohibitions against wet clothing, and sandals or open toes shoes in the gym area.
- (iv.) The undersigned further acknowledges that the Association has no relationship with or does not endorse in any way the services of personal trainer or instructor and that such services are allowed in the gym only as an accommodation to the Resident and the Association in no way assumes responsibility for the services rendered by any such personal trainer or instructor, nor will the Association verify licensure or capabilities of any such personal trainer or instructor as this is the responsibility of the Resident.



RESIDENT STATES THAT HE/SHE HAS CAREFULLY READ THIS RELEASE FORM AND UNDERSTANDS ITS CONTENT AND MEANING.

IN WITNESS WHEREOF, Resident has signed this Agreement on this ____ day of _____, 201__.

Resident

Signature: _____

Print Name: _____

Unit No.: _____