

CANADIAN OCEAN BREEZE CONDOMINIUM
c/o Lion Property Management Inc.
P.O. Box 8463
Coral Springs, FL 33075
Phone: 954-227-9556 Fax: 954-753-1417

INSTRUCTIONS FOR PURCHASE

1. Application must be completed in its entirety. **Failure to do so are grounds for rejection.** An application fee of **\$100.00** must be paid by **money order payable to Lion Property Management** at the time of submitting the application. The \$100.00 application fee per single applicant is required. If legally married, the \$100.00 is per couple. Any other applicant over the age of 18 there is an additional \$100.00 fee. International screening (residence outside of the United States) requires an additional fee per country per person. For further information contact management for details at 954-227-9556 or by e-mail to msangelo@lionpropertymanagement.net. No personal checks will be accepted. **THE APPLICATION FEE IS NON-REFUNDABLE WHETHER APPROVED OR NOT APPROVED.**
2. Clear copies of Driver's License and Social Security cards for all occupants including children over 18 combined on one sheet if possible.
3. Proof of income – **income tax return or total amount of one month's net income.**
4. Proof of current address - telephone or electric bill showing the current address.
5. **Complete and sign Disclosure and Release Statement for each applicant. Additional forms for applicants over 18 years of age will be required.**
6. Copy of the fully executed sales contract must be included plus the Good Faith Estimate if financing.

Please make sure you comply with the following occupancy regulation:

OCCUPANCY 2 PERSONS PER BEDROOM

**INITIAL EACH PAGE OF THE ATTACHED RULES & REGULATIONS
ACKNOWLEDGING RECEIPT AND COMPLIANCE.**

THIS APPLICATION WILL BE RETURNED IF ANY OF THE ABOVE INSTRUCTIONS ARE NOT COMPLETED AND LEGIBLE. THE BOARD HAS 30 DAYS TO PROCESS THIS APPLICATION WHICH BEGINS FROM THE DAY THAT ALL INFORMATION IS COMPLETED AND READY TO BE PROCESSED. THE APPLICANT WILL BE NOTIFIED BY A MEMBER OF THE BOARD TO SCHEDULE THE REQUIRED INTERVIEW IN A TIMELY MANNER. FAILURE TO ABIDE BY THESE REGULATIONS ARE GROUNDS FOR DENYING THE APPLICATION.

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APPLICATION FOR PURCHASE

THE ATTACHED APPLICATION FOR OCCUPANCY MUST BE COMPLETED IN DETAIL BY THE PROPOSED PURCHASER(S). IF ANY QUESTION IS NOT ANSWERED OR LEFT BLANK, THIS APPLICATION WILL BE RETURNED, NOT PROCESSED AND NOT APPROVED.

ATTACH TO THIS APPLICATION A MONEY ORDER FOR \$100.00 FOR TRANSFER FEES MADE PAYABLE TO LION PROPERTY MANAGEMENT. THE \$100.00 APPLICATION FEE IS REQUIRED PER SINGLE APPLICANT OR A LEGALLY MARRIED COUPLE. ANYONE ELSE OVER 18 YEARS OF AGE AN ADDITIONAL \$100.00 FEE PER PERSON PAYABLE TO LION PROPERTY MANAGEMENT MUST BE INCLUDED. INTERNATIONAL SCREENING (RESIDENCE OUTSIDE OF THE UNITED STATES) REQUIRES ADDITIONAL FEES PER COUNTRY PER PERSON. CONTACT MANAGEMENT FOR DETAILS AT 954-227-9556 or e-mail to: msangelo@lionpropertymanagement.net. NO PERSONAL CHECKS WILL BE ACCEPTED. FEES ARE NON-REFUNDABLE WHETHER APPROVED OR NOT APPROVED.

THE COMPLETED APPLICATION MUST BE MAILED TO LION PROPERTY MANGEMENT AT LEAST THIRTY (30) DAYS PRIOR TO THE EXPECTED CONTRACT CLOSING DATE. THE UNIT MAY NOT BE OCCUPIED BY THE NEW OWNER UNTIL THE BOARD APPROVAL HAS BEEN GIVEN.

A FULLY EXECUTED COPY OF THE SALES CONTRACT MUST BE ATTACHED TO THIS APPLICATION PLUS THE GOOD FAITH ESTIMATE IF FINANCING..

THE OWNER-SELLER SHALL PROVIDE THE BUYER WITH A COPY OF ALL CONDOMINIUM DOCUMENTS AND RULES & REGULATIONS.

THE BUYER SHALL MAKE THEMSELVES AVAILABLE FOR A PERSONAL INTERVIEW.

OCCUPANCY REGULATIONS – SINGLE FAMILY RESIDENCE ONLY AND NO MORE THAN TWO PERSONS PER BEDROOM.

PLEASE TYPE OR PRINT

DATE _____ APPROX. CLOSING DATE _____

ADDRESS _____ BLDG. NO. _____ APT. NO. _____

NAME OF CURRENT OWNER _____ PHONE _____

ADDRESS OF CURENT OWNER _____

NAME AND PHONE REALTOR _____

E-MAIL REALTOR _____

1. **NAME OF PROSPECTIVE PURCHASER (S)** as title will appear **IN THE CONTRACT**):

a. _____

b. _____ (Spouse)

2. **OTHERS WHO WILL OCCUPY THE UNIT**

_____ RELATION _____ AGE _____

_____ RELATION _____ AGE _____

_____ RELATION _____ AGE _____

3. **REFERENCES:**

NAME: _____ PHONE _____

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

4. **FINANCIAL INFORMATION**

NAME OF BANK _____ SAVINGS ACC# _____

NAME OF BANK _____ CHECKING ACC # _____

BANK ADDRESS _____

5. **APPLICANT INFORMATION**

APPLICANT NAME _____ DOB _____ SOC SEC # _____

APPLICANT NAME _____ DOB _____ SOC SEC # _____

CURRENT ADDRESS _____

PHONE _____ CELL _____

YEARS AT ADDRESS ___ OWNED ___ RENTED ___

LANDLORD CONTACT INFORMATION

6. **AUTO(S):** MAKE _____ YEAR _____ TAG # _____
 MAKE _____ YEAR _____ TAG# _____

7. EMPLOYER INFORMATION

EMPLOYER _____ ADDRESS _____

PHONE _____ POSITION _____

SPOUSE's _____ ADDRESS _____

PHONE _____ POSITION _____

8. WE FULLY AUTHORIZE INVESTIGATION OF ALL REFERENCES AND BACKGROUND CHECK.
9. WE ACKNOWLEDGE VEHICLES ARE LIMITED TO STANDARD MOTOR CARS (NO BOATS, TRAILERS, MOTORHOMES OR COMMERCIAL VEHICLES PERMITTED.
10. WE ACKNOWLEDGE THAT WE CANNOT OCCUPY PREMISES WITHOUT APPROVAL FROM THE ASSOCIATION.
11. WE HAVE RECEIVED THE COPY OF THE ASSOCIATION DOCUMENTS FROM THE SELLER.
12. WE ACKNOWLEDGE PETS CANNOT BE OVER 16 LBS AT MATURITY.
13. FALSE OR INCOMPLETE APPLICATIONS CAN BE REJECTED.
14. NO TRANSIENT OCCUPANCY IS ALLOWED. LEASES/RENEWAL LEASES MUST BE PROVIDED
15. ONLY 1 PARKING SPACE PER UNIT IS ASSIGNED. GUEST SPACES ARE FOR GUESTS ONLY NOT FOR RESIDENTS.
16. In making the foregoing application, I represent to the Board of Directors that the purpose for the purchase of a unit in **CANADIAN OCEAN BREEZE CONDOMINIUM** is as follows;
- Permanent Residence _____ Seasonal Residence _____ Rental _____ (Restriction Apply)
- Other (Please State) _____
17. I understand that acceptance for purchase of a unit in **CANADIAN OCEAN BREEZE CONDOMINIUM** is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Occupancy prior to approval is prohibited.
18. 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 By-Laws and Rules & Regulations, which are or may in the future be imposed by **CANADIAN OCEAN BREEZE CONDOMINIUM**.

- 19. I have received from the current owner _____ a copy of all the condominium documents and Rules and Regulation:
- 20. Yes _____ No _____
- 21. I shall be present when guests, relatives or children who are not permanent residents occupy the apartment, unless I have leased out the unit.
- 22. If this application is approved, **I/we will provide a copy of the closing statement and a copy of the recorded Deed within ten (10) days after closing.**
- 23. I understand that the submission of this application and the payment of the processing fee is no guarantee of approval. If this application is denied, no reason need be given and no refund of the processing fee will be made. Any misrepresentation or falsification of information on these forms will result in the automatic rejection of this application.
- 24. I understand that the Board of Directors of the **CANADIAN OCEAN BREEZE CONDOMINIUM** may cause to be instituted as such an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of directors or their agent to make such investigation and agree that the information contained herein may be used in such investigation, and that the Board of Directors and Officers of the **CANADIAN OCEAN BREEZE CONDOMINIUM** 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.
- 25. We certify all information to be true and correct: The Association and Agent, in event of sale, hereby authorize to act as our agent with full power and authority to take such action as may be required, if necessary, to compel compliance by our lessee and or guests with provisions of the Declaration of Association including, but not limited to, the Rules and Regulations and its supportive exhibits, rules and regulations of the associations, or instance of any violation of any of the above by the lessee and or guests under appropriate circumstances, to terminate the leasehold. The lessor agrees to reimburse association for any attorney fees and costs incurred as lessor agent in such enforcement of lease termination.
- 26. Applicant represents that as part of this application, applicant agrees if approved that applicant has read, understood and will strictly abide by all governing documents including, but not limited to, the attached rules and regulations.
- 27. Incomplete applications may be returned until all required information is re-submitted.
- 28. ALLOW A MINIMUM OF 30 DAYS PRIOR TO CLOSING/MOVE-IN DATE TO PROCESS THE APPLICATION. AN INTERVIEW WITH THE BOARD IS REQUIRED.
- 29. In making the foregoing application, I am aware that the decision of the **CANADIAN OCEAN BREEZE CONDOMINIUM** will be final and that no reason will be given for any action taken by the Board. I agree to be governed by the determination of the Board of Directors.

PROSPECTIVE OCCUPANT

PROSPECTIVE OCCUPANT

CURRENT OWNER_____

DATE_____

DISCLOSURE AND RELEASE STATEMENT

I, _____ hereby authorize CANADIAN OCEAN BREEZE CONDOMINIUM (the Association) c/o LPM to procure a screening criminal report and consumer credit report from Screening Services. (Screening), a company engaged in the business of collecting information for purposes of screening, for the limited purpose of evaluating me as a resident with the Association. I specifically understand that **it is necessary that I provide my date of birth, social security number and telephone number** for the completion of a screening report. I further understand that in all likelihood, the report will contain information about my background, mode of living, character, general reputation, and personal characteristics.

I hereby authorize all persons and entities, including but not limited to businesses, corporations, former employers, credit agencies, governmental agencies, law enforcement authorities, educational institutions, state insurance departments, private regulatory agencies, and all military services, to release all written and verbal information about me to Screening. I release and hold each harmless from all liability and responsibility for doing so.

I further release and hold Screening and Management Company harmless from liability for providing the aforementioned information to the Association for the limited purpose of evaluating me as a resident.

I further understand that upon written request, I will be given a list of the areas, which will be researched and included in the report to the Association.

This Disclosure and Release Statement, in the original or copy form, is valid now through the period of time the Association considers my application for approval. I agree with all of the provisions contained herewith and was furnished with a copy of this Disclosure and Release Statement.

Applicant Name

Date

Applicant Signature

Date of Birth

Social Security Number

Phone Number

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