

EDGEWOOD UNIT TWO APPLICATION FOR SALE/LEASE APPROVAL

1. THIS APPLICATION MUST BE COMPLETED IN DETAIL BY THE PROPOSED BUYER OR LESSEE AND RETURNED TO:

**C/O TRAK PROPERTY MANAGEMENT
751 Park of Commerce Drive Suite 116
Boca Raton, FL 33487
561-245-4444 OFFICE 561-245-4447 FAX**

2. PLEASE ATTACH **A COPY OF THE SALES CONTRACT OR LEASE AGREEMENT AS WELL AS PICTURE ID FOR ALL APPLICANTS OVER THE AGE OF 18 (DRIVERS LICENSE/PASSPORT)**
3. APPLICATION MUST INCLUDE THE FOLLOWING PAYMENTS;
 - A. A NON-REFUNDABLE APPLICATION FEE IN THE AMOUNT OF \$100.00 PAYABLE TO: EDGEWOOD UNIT TWO ASSOCIATION.
 - B. A NON-REFUNDABLE PROCESSING FEE AND BACKGROUND CHECK FEE IN THE AMOUNT OF \$75.00 PER APPLICANT OVER THE AGE OF 18 YEARS.
4. NO COMMERCIAL VEHICLES ARE PERMITTED. NO SIGNAGE ALLOWED ON ANY VEHICLE.
5. OWNERS MUST PROVIDE NEW BUYERS WITH A COPY OF THE DOCUMENTS FOR EDGEWOOD UNIT TWO. SIGNED PROOF OF THIS IS ATTACHED & MUST BE SIGNED.
6. OWNER AND TENANT MUST SIGN AND BE AWARE OF THE ASSIGNMENT OF RENT FORM INCLUDED.
7. THIS COMPLETED APPLICATION MUST BE SUBMITTED TO THE ASSOCIATION OFFICE NO LATER THAN 30 DAYS PRIOR TO THE DESIRED DATE OF CLOSING OR MOVE IN.
8. OWNERS MUST SUPPLY RENTERS WITH COPY OF RULES AND REGULATIONS. BOTH RENTERS AND OWNERS MUST BE AWARE THAT FAILURE TO ABIDE BY RULES/REGULATIONS OF EDGEWOOD UNIT TWO, COULD RESULT IN FORFEITURE OF SECURITY DEPOSIT. OWNERS ACKNOWLEDGE RESPONSIBILITY FOR ANY DAMAGE CAUSED BY TENANTS TO COMMON AREA IN EXCESS OF THE ABOVE SECURITY DEPOSIT (3-A). OWNERS SHOULD CHECK WITH MANAGEMENT PRIOR TO RETURN OF ANY SECURITY TO RENTERS.
9. THERE IS NO SUB LEASING AT ANY TIME ALLOWED. ALL LEASES CANNOT BE FOR LESS THAN THREE (3) MONTHS OR MORE THAN (12) MONTHS. NO UNIT MAY BE LEASED MORE THAN ONE TIME PER YEAR.
10. EDGEWOOD UNIT TWO IS A 55 AND OVER COMMUNITY. AT LEAST ONE ADULT OVER THE AGE OF 55 MUST BE OCCUPYING THE UNIT. NO OCCUPANTS UNDER THE AGE OF EIGHTEEN (18) ARE ALLOWED TO BE PERMANENT RESIDENTS OF EDGEWOOD UNIT TWO ASSOCIATION.
11. THERE ARE NO PETS ALLOWED IN EDGEWOOD UNIT TWO ASSOCIATION.

**APPLICATION FOR LEASE/SALE, GIFT, DEVISE OR
INHERITANCE APPROVAL**

PLEASE PRINT OR TYPE

TODAY'S DATE: _____

IS THIS A SALE OR LEASE: _____

CLOSING DATE: _____ LEASE TERM: _____

PRESENT OWNER'S NAME: _____

TELEPHONE: _____

ADDRESS OF UNIT FOR SALE OR LEASE:

NAME OF REALTOR HANDLING SALE OR LEASE: _____ TELEPHONE:

BUYER'S NAME: _____

LESSEE'S NAME: _____

PRESENT ADDRESS: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

OTHER PERSONS WHO WILL OCCUPY THE UNIT WITH YOU:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. I hereby agree for myself and on behalf of all persons who may use the home which I seek to purchase or lease:
 - a. I will abide by all the restrictions contained in the By-Laws, Rules and Regulations and Restrictions, which are or may in the future be imposed by EDGEWOOD UNIT TWO.
 - b. I understand that pets (if any) must be kept on a leash and solid waste must be removed.
 - c. I understand that sub-leasing or occupancy of this unit in my absence is prohibited.
 - d. I understand that any violation of the terms, provisions, conditions and covenants of the EDGEWOOD UNIT TWO Documents provides cause for immediate action as therein provided, or termination of the leasehold under appropriate circumstances.
2. I understand that the acceptance for Lease of a unit at EDGEWOOD UNIT TWO is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of information of these forms will result in the automatic rejection of this application. Occupancy prior to approval is prohibited.
3. I understand that the Board of Directors of EDGEWOOD UNIT TWO may cause to be instituted such an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors 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 and Officers of EDGEWOOD UNIT TWO 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 EDGEWOOD UNIT TWO will be final and 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.

APPLICANT'S Signature

CO-APPLICANT'S Signature

Print Applicant's Name

Print Co-Applicant's Name

APPLICATION FOR OCCUPANCY

PRESENT OWNER'S NAME: _____

TELEPHONE: _____

ADDRESS OF UNIT FOR SALE OR LEASE:

NAME OF REALTOR HANDLING SALE OR LEASE: _____

TELEPHONE: _____

BUYER'S/LESSEE'S NAME: _____

TELEPHONE: _____ MARITAL STATUS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____ EXPIRATION DATE: _____

SPOUSE/CO-APPLICANT: _____

TELEPHONE: _____ MARITAL STATUS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

DRIVER'S LICENSE #: _____ EXPIRATION DATE: _____

NUMBER OF ADULT OCCUPANTS: _____ NUMBER OF CHILDREN: _____

IN CASE OF EMERGENCY NOTIFY: _____

ADDRESS: _____

TELEPHONE: _____

RESIDENCY (SECTION 1)

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LANDLORD/MORTGAGE COMPANY: _____

MORTGAGE LOAN #: _____

EMPLOYMENT (SECTION 2)

PRESENT EMPLOYER: _____

TELEPHONE: _____

TITLE: _____ LENGTH OF EMPLOYMENT: _____

SALARY: _____

SPOUSE'S/CO-APPLICANT'S EMPLOYER: _____

TELEPHONE: _____

TITLE: _____ LENGTH OF EMPLOYMENT: _____

SALARY: _____

BANK INFORMATION (SECTION 3)

BANK NAME: _____ TELEPHONE: _____

ADDRESS: _____

CHECKING ACCOUNT #: _____ DATE ACCOUNT OPENED: _____

SAVINGS ACCOUNT #: _____ DATE ACCOUNT OPENED: _____

BANK NAME: _____ TELEPHONE: _____

ADDRESS: _____

CHECKING ACCOUNT #: _____ DATE ACCOUNT OPENED: _____

SAVINGS ACCOUNT #: _____ DATE ACCOUNT OPENED: _____

CHARACTER REFERENCES (SECTION 4)

(Do not give relatives' names)

NAME: _____ RELATIONSHIP: _____

TELEPHONE: _____ TELEPHONE: _____

NAME: _____ RELATIONSHIP: _____

TELEPHONE: _____ TELEPHONE: _____

AUTOMOBILE INFORMATION (SECTION 5)

NUMBER OF CARS: _____

MAKE: _____ MODEL: _____ YEAR: _____

TAG #: _____ DRIVERS LICENSE # _____

MAKE: _____ MODEL: _____ YEAR: _____

TAG #: _____ DRIVERS LICENSE # _____

MAKE: _____ MODEL: _____ YEAR: _____

TAG #: _____ DRIVERS LICENSE # _____

GENERAL INFORMATION (SECTION 6)

Have you ever been evicted before? _____

If yes, where/why? _____

Have you ever refused to pay rent? _____

If yes, where/why? _____

CHECKLIST

1. If any question is left blank, this application may not be approved. This application is subject to approval.
2. Please enclose a copy of the Lease/Sales Contract with this application.
3. Proof of receipt of documents on sales.
4. Proof of receipt of rules for leases.
5. Copies of registrations for all vehicles listed on application.
6. All necessary fees.

I/We declare the above information to be true and correct. I/We authorize the landlord, or agent(s) to verify and obtain a consumer credit report.

I/We agree to abide by the Rules and Regulations of the Association.

APPLICANT'S Signature/Date

CO-APPLICANT'S Signature/Date

Print Applicant's Name

Print Co-Applicant's Name

PROOF OF RECEIPT OF DOCUMENTS

10-2018

address is _____ and the undersigned tenant (s)
_____ agree as follows;

1. That said owner agrees to continue making payments directly to the Association all dues/assessments and/or special assessments as they are due.
2. That in the event that said owner does not pay any one (1) monthly assessment by the 30th day of each month, The Association, or any agent thereof, shall have the right to require that the tenant pay the monthly assessment along with any additional amounts then owed to the Association, including but not limited to, delinquent assessments, special assessments, late fees, attorney's fees, costs from enforcement of this Addendum or other legal action to collect delinquent maintenance/assessments, and fines directly to The Association and to then pay the remainder to the landlord/owner.
3. The Association shall send written notice to both the unit owner and the tenant of the imposition of the requirement, after an owner has failed to pay any one (1) month's dues/assessments by the 30th day of the month.
4. The unit owner hereby assigns that portion of the rents, including any delinquent assessments, special assessments, attorney's fees and court costs, due and payable to the Association, upon the association giving notice as described above of the delinquency and imposition of the requirement that the tenant pay the monthly assessment to the Association.
5. The unit owner agrees that he/she/they will not consider the tenant delinquent in their rental payment, nor commence eviction proceedings against the tenant, in the event that the tenant pays the monthly assessment directly to the Association and deducts same from the tenant's rental payment to the unit owner.
6. After the account balance becomes current by means of tenants payments, the tenant shall continue to deduct the monthly assessments/dues from the rent and pay it directly to the Association unless otherwise notified by The Association or an Agent of the association.

7. In the event it becomes necessary to bring legal action to enforce this agreement, the prevailing party shall be entitled to recover reasonable attorney's fees, costs and interest. Any fees or costs incurred by the Association shall be incurred in the amount paid by the tenant to the Association under this addendum.

THIS AGREEMENT SHALL BIND ALL PARTIES THERETO

Countersigned: _____ or Management

Unit Owner: _____

By: _____

Tenant: _____

Title: _____