

**45 OCEAN CONDOMINIUM
4511 SOUTH OCEAN BOULEVARD
HIGHLAND BEACH, FL 33487-4276
561-272-7001 FAX (561)272-2062
E-MAIL:fortyfivocean.officemanager@gmail.com**

ATTENTION: Board of Directors, 45 Ocean Condominium

In accordance with Declaration of Condominium of 45 Ocean Condominium, you are hereby notified that I desire to accept the Bona Fide offer made to me by _____ to Lease/Purchase my private unit #_____, address _____ South Ocean Boulevard, assigned Parking Space #____. I am aware of the fact that the Board of Directors has a period of 30 days in which to process this application.

Date: _____

Owner's Signature: _____

Owner's Signature: _____

Owner and Tenant Agree That Lease Shall Be Subject to All the Provisions of the Condominium Documents.

APPLICATION OF PROSPECTIVE PURCHASER

In order for you to facilitate consideration of my/our application for the Lease of the above-named Unit in 45 Ocean Condominium, I/We represent that the following information is factual and true. I/We consent that you may make further Inquiry concerning this Application, particularly of the references given below. Children under 12 years of age are not permitted to use condominium facilities without adult supervision. **NO TENANTS OR GUESTS ARE PERMITTED PETS.** No children under 3 years of age or in diapers are permitted in the pool. A **PERSONAL** interview is required. Final approval of the Lease is subject to a personal interview by the Board of Directors. Date and time for personal interview will be set by the Board of Directors.

INTERVIEWS ARE SCHEDULED AFTER ASSOCIATION'S RECEIPT OF BACKGROUND REPORT.

Please attach:

- 1. Copy of Sales Contract
- 2. Check for \$200.00 by Purchaser to 45 Ocean Condominium. Enclosed for processing.
- 3. Copy of Current Driver's License or Picture Identification Card.

INSTRUCTIONS:

The following must be completed by the Prospective Purchaser(s). Print legibly or type. Be sure to provide complete addresses and telephone numbers where required. If any item is not answered or left blank, this application will be returned and not approved.

This application must be completed, signed, and returned to the Board of Directors before your interview date.

Full Name of Purchaser _____ Age _____

Contact Phone Number _____

Occupation (even if retired) _____ How Long _____

Full Name of Spouse: _____ Age _____

Occupation _____

Name and relationship of all other persons who will be occupying the apartment regularly:

Name: _____ **Relationship** _____ **Age** _____

Name: _____ **Relationship** _____ **Age** _____

Person to be notified in case of emergency: _____

Address: _____ **Zip** _____ **Phone #** _____

Make of Car: _____ **Year** _____ **License#** _____ **State** _____

Make of Car: _____ **Year** _____ **License#** _____ **State** _____

Mail Approval Notice to: _____ **Address** _____

City: _____ **State** _____ **Zip** _____ **Phone #** _____

PART 1: OCCUPANCY DATA:

Date of Expected Occupancy _____

PART II: RESIDENCE HISTORY (Last 10yrs)

Present Address: _____

Own _____ Rent _____

Phone _____ Apartment or Condo Name _____ Dates
of Residency: _____

Landlord or Mortgagee: _____ Phone _____

Address: _____ Mortgage No. _____

Previous Address: _____ Apt No.: _____

Apartment or Condo Name _____ Dates of Residency: _____

Landlord or Mortgagee: _____ Phone _____

PART III EMPLOYMENT REFERENCES

Employed by (Business Name) _____ Phone _____

How Long _____ Dept or Position _____ Monthly Income _____

Address: _____ Zip Code _____

Spouse's Employment: _____ Phone _____

How Long _____ Dept or Position _____ Monthly Income _____

Address: _____ Zip _____

Zip: _____ Phone # _____ Zip: _____ Phone # _____

PART IV PERSONAL REFERENCES (Non-relative)

Name: _____ Name: _____

Zip: _____ Phone # _____ Zip: _____ Phone # _____

Has Applicant Ever Been Convicted of Any Crime: Yes _____ No _____

If answer is yes, Please specify: _____

What was the charge or charges: _____
Disposition of Case or Cases: _____

As a prospective purchaser, I understand that to secure a community of compatible residents and as mandated by the Condo Documents, a personal interview with a committee of the Board of Directors will be required and that the Condo Association relies upon the Information contained on this application and will make such investigation as it may deem necessary and agree that the information herein provided may be used for that purpose.

- A. It is further agreed that you shall have the right to reject this application for any cause whatever, and that you shall incur no liability in connection with such rejection.
- B. Notice will be mailed to the Owner, or designated assignee listed above, within a thirty (30) day period, and it shall be sufficient notice of either acceptance or rejection of this application.

I/We **have read the 45 Ocean Condominium House Regulations** and are aware of, **and agree to abide by**, The 45 Ocean Condominium Documentation, and the 45 Ocean Condominium House Regulations, including addendum thereto. The application fee goes toward the hiring of an investigator who will process this application.

In witness whereof I hereby sign this Application this _____ day of _____ 20____.

Prospective Purchaser(s) Signature

Witness

Prospective Purchaser(s) Signature

Witness

ACTION TAKEN BY BOARD OF DIRECTORS - APPROVED [] DISAPPROVED []

BOARD OF DIRECTOR _____ DATE _____

BOARD OF DIRECTOR _____ DATE _____

Brown's Background Checks
Consent to Obtain Consumer Report on Applicant(s)
45 Ocean Condominium Association, Inc.

I (We) understand that you may obtain consumer reports to my credit and/or criminal history. This information will, in whole or in part, be obtained from AISS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4th Floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal, state, and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my credit and or/criminal history. I authorize, without reservation, any party, institution, or agency contacted by AISS to furnish the above-mentioned information.

_____ **California, Minnesota, & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you.

Notice to California Applicants:

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, under proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

APPLICANT:

Name _____

Address _____

Driver's Lic. # and State _____

Social Security # _____

Date of Birth _____

Previous Address _____

Signature _____

Date Signed _____

SPOUSE:

Name _____

Address _____

Driver's Lic. # and State _____

Social Security # _____

Date of Birth _____

Previous Address _____

Signature _____

Date Signed _____