## GOLDEN LAKES VILLAGE CONDOMINIUM ASSOCIATION "A", INC.

c/o Property Management Company Seacrest Services 2101 Centrepark W. Drive, Ste. 110 West Palm Beach, FL 33409 Telephone 561-697-4990

# **Purchase Application**

#### Showing the property:

#### NO OPEN HOUSES are allowed.

Clients must always be accompanied by their Real Estate agent while viewing properties at Golden Lakes Village.

#### Things to know:

Golden Lakes is a 55 + community. At least one of the occupants must be 55 years of age or older. No occupants under 18 are allowed.

Board approval and an Interview meeting are required prior to moving into the unit. All occupants living in the unit must be approved and registered. Golden Lakes uses an independent company for financial, rental, and criminal background checks.

Rental of the unit is permitted after the first year of purchase. (Please refer to the "Rules and Regulations" for details.)

**Pets- No Dogs allowed.** (Please refer to the "Rules and Regulation" for details.) Small birds or 2 indoor cats are allowed.

Parking – All permitted passenger vehicles must be parked in the assigned parking spots. Only 2 vehicles per unit may be registered to a property.

Signs – No posting of signs on property, in windows, or vehicles.

Guests – Guest are welcome; however, the owner must be present while guests are visiting.

No LLC's or Corporations allowed.

### **Instructions for Resale Application**

- 1) Application must be submitted a minimum of thirty (30) days prior to the next Board of Directors meeting for approval. (Board meetings are held on the 3<sup>rd</sup> Monday of the month)
- 2) Application must be filled out completely and signed by all purchasers and any person(s) living in the unit.
- 3) An Executed Contract must be included with the application.
- 4) Photo IDs are required (ex: Driver's license, Passport, Etc.).
- 5) Copy of vehicle registration(s). Only 2 vehicles per unit are allowed.
- 6) Non-Refundable Application Fee of \$150.00 per single adult or married couple made payable to Golden Lakes Condominium Association "A" Inc. (Cashier's Check or Money Order)
- 7) If financed, twenty (20%) proof of down payment must be attached. No approval will be issued without proof from the bank.
- 8) All buyers and occupants must be interviewed in person by a GLV Representative prior to the Board of Directors meeting. A Golden Lakes Village Condominium Association Representative will contact you to set an appointment for an interview.
- 9) As a condition of approval of a sale a unit or, in the Association's sole discretion, upon the commitment of the prospective purchaser to perform promptly following closing, the Association may require that all violations of the governing documents and these rules be cured.
- 10) Once you have been approved by the Board and complete your sale, you must bring in your warranty deed to obtain your Golden Lakes ID Card & Transponder for your vehicle. There is a charge of \$10.00 for your ID and \$12.00 for Transponder. We cannot accept cash or credit cards.
- 11) For Estoppel requests, please contact Seacrest Services at 561-697-4990 ext. 174 or please visit Seacrest Services website at www.seacrestservices.com and click on the link 'Request Estoppel' at the top of the page.

Applicant's Signature:	
Applicant's Signature:	

Incomplete application will be rejected and returned to the applicant without being processed for approval.

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#### INTENT TO SELL FORM

Date:			
GLV Address for sale:			
Parking space number:			
Current owner's name:			
Current owner's address:			
Current owner's email:		Phone:	
Applicant's name:			
Applicant's address:			
Applicant's email:		Phone:	
Realtor Name:		Phone:	
All Purchasers must be app	roved by the Golden Lakes Board	of Directors.	
The Board meeting are on t	he 3 <sup>rd</sup> Monday of each month.		
*The intent to sell form mu	st be submitted with the Purchase	application.	
(Office Use Only) Type of unit:	Bedrooms:	Bathrooms:	

#### APPLICATION FOR PURCHASE

- 1. This application, including the attached application for occupancy and authorization form must be completed in detail by each proposed purchaser. Husband/wife are considered one (1) applicant.
- 2. If any question is not answered or left blank, this application will be returned to the applicant without being processed for approval.
- 3. An executed copy of the sales contract must be submitted with this application.
- 4. A \$150 non-refundable application fee to made payable to Golden Lakes Condominium Association "A" must be submitted for each applicant, husband/wife considered one (1) applicant. (Only Cashier's check or Money Orders)
- 5. The completed application must be submitted to Seacrest Services, Inc. at least 30 days prior to the expected closing date and monthly Board meeting. Please attach a copy of driver's licenses or other proof of age.
- 6. Golden Lakes Condominium Association "A" is a community designed and intended to provide housing for residents that are age 55 or older. No permanent occupancy of any unit is permitted by persons under the age of 18 years. In addition, units must be permanently occupied by at least one-person age 55 or over.
- 7. All applicants must be interviewed prior to final BOARD OF DIRECTORS approval. Occupancy prior to Board approval is prohibited.
- 8. No pets except domestic birds or up to two house cats shall be kept within a unit.

#### 9. NO DOGS ALLOWED

- 10. Use of this unit is for single-family residence only. No corporation, company, partnership or trust may purchase a unit.
- 11. No commercial vehicles, trucks, boats, trailers, motor homes, mobile campers, recreational vehicle, etc., are permitted to park on the premises overnight. No parking on any grass areas.

Only 1 pre-assigned parking space is available per unit. A maximum of 2 vehicles is permitted.

- 12. The seller (current owner) must provide the purchaser with a copy of all Association Documents and Rules & Regulations within 3 days of signing a sales agreement contract, otherwise, you must purchase them from the Association for \$50.00.
- 13. Purchaser must notify the Association office with the exact date of their closing.
- 14. Occupancy regulations:

One- bedroom unit – no more than 2 occupants.

Two-bedroom unit – no more than 4 occupants.

Three-bedroom unit – no more than 5 occupants.

15. Moving of furniture is permitted from 8:00 A.M to sundown.

## PLEASE PRINT OR TYPE ALL INFORMATION OF THESE FORMS

Maintenance A	Account No.	Park	ing Space No	
Date:	Condo No	NoDesired Closing Date:		
Owner's Name	e		Phone:	
Owner's Addre	ess:		Owners Email:	
Name of Realt	or Agency		Tele. No	===== <u>-</u> 83
Name of Closi	ng Agent		Tele. No	
			be submitted to the Association office month in which your closing will occ	
Name of prosp	ective purchaser (as Title v	will appear):		
A		B		(Spouse)
MORTGAGE	INFORMATION:			
Name of Lendo	er		Tele. No	
Address				;
PERSONS wh	no will occupy the unit with	h you:		
Name		Age	Relationship	
Have you ever	resided in Golden Lakes V	Village before	?	
Have you ever	been convicted or pled gui	ilty to a crime	?	
If yes, please s	tate the dates, charges, and	disposition_		
Do you have a	dog? Yesor No			

1.	In making the forgoing application, I represent to the Board of Directors that the purpose for the purchase of a unit at Golden Lakes Village Condominium Association "A" is as follows:  Permanent Residence Other (Explain)
2.	I hereby agree for myself and on behalf of all persons who may use the unit, which I seek to purchase that I will abide by all the restrictions contained in the By-Laws, Rules and Regulations, Associations Documents, and restrictions, which are or may in the future be imposed by Golden Lakes Village Condominium "A".
3.	I have received a copy of all Association Documents from the owner: YesNo  I have received a copy of the Rules & Regulations from the owner: YesNo
4.	I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. <a href="https://doi.org/10.1001/journal.org/">OCCUPANCY PRIOR TO BOARD APPROVAL IS PROHIBITED</a>
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. Guests and visitors may not bring a pet or animal into Golden Lake Village Condominium Association "A". Yes No
7.	I understand that the acceptance for purchase of a unit at Golden Lakes Village Condominium Association "A" is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Occupancy <a href="PRIOR TO BOARD APPROVAL IS PROHIBITED">PROHIBITED</a>
8.	I understand that the Board of Directors of Golden Lakes Village Condominium Association "A" 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 Applicant Information 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 the Golden Lakes Village Condominium Association "A", 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 be the Board of Directors.
9.	I have been advised by the Seller and understand the 4-foot perimeter area of the unit being purchased is the responsibility of the homeowner for landscaping purposes. Any and all landscaping, with the exception of cutting the grass in the 4-foot perimeter will become my responsibility. Prior to adding or removing any landscaping in the 4-foot area, I understand written Board approval must be received.
Associat	ng the forgoing application, I am aware that the decision of the Golden Lakes Village Condominium ion "A", Inc. will be final, and no reason will be given for any taken by the Board of Directors. I be governed by the determination of the Board of Directors.
Applicar	ntApplicant
Occupan	ntOccupant

# APPLICATION FOR OCCUPANCY/ APPROVAL Print or type

Move-In/Closing Date			
NAME OF APPLICANT(S):			
Last Name	First Name	Middle Initial	Age
Last Name	First Name	Middle Initial	Age
PRESENT ADDRESS: (DO NOT GI	VE POST OFFICE ADDRESS)		
Address	City	State	Zip Code
(			
Phone Number	Email		
PREVIOUS ADDRESS OF PERMA	NENT NAUTRE OVER PAST FIVE YEARS,	, IF DIFFERENT FROM ABOVE:	
Address	City	State	Zip Code
DO YOU INTEND TO HAVE ANYO	ONE ELSE LIVE IN THE UNIT NOW OR IN	THE FUTURE? YES	NO 🗌
Additional Occupant Name DOB			

## **APPLICANT EMPLOYED BY:** (\_\_\_\_\_)\_\_\_-Phone Number Name of Employer Address of Employer City, State & Zip Code YES | NO RETIRED: CO-APPLICANT EMPLOYED BY: ( ) -Phone Number Name of Employer City, State & Zip Code Address of Employer RETIRED: YES NO CHARACTER REFERENCES: (LIST TWO (2) WITH CORRECT ADDRESSESS & PHONE NUMBER) **VEHICLE REGISTRATION:** Tag Number Model State Make Year 2. Model Tag Number State Make Year Vehicle(s) must be registered in the name of the owner. **Emergency Contact:** Name: Relation: Phone: \_\_\_\_\_\_ Address: \_\_\_\_\_ If this application is NOT legible or is not filled out completely, the Association will not be liable or responsible for any inaccurate information in the investigation and related (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, 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. Signature: \_\_\_\_ \_\_\_\_\_Signature: \_\_\_\_ **Applicant Applicant**

## Addendum to Existing Sales Application

1. I have been advised by the Seller and I understand the 4- foot perimeter area of the unit being purchased is the responsibility of the homeowner for landscaping purposes. Any and all landscaping, with the exception of cutting the grass, in the 4-foot perimeter will become my responsibility. Prior to adding or removing any landscaping in the 4-foot area, I understand written Board approval must be received.

Buyer(s) Signature:	
Buyer(s) Signature:	
Seller(s) Signature:	
Seller(s) Signature	

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#### **Affidavit**

I,	applicant at	
in Golden Lakes Village Phase "A" based upon the age requirement of Rules. However, I may reside at this	fifty-five (55) years o	not eligible for residency in Golden Lakes or older, as stated in the Condo Association dent that is 55 years or older.
I hereby state that I shall not occup as a resident until I reach the age of	y the premises of f fifty-five (55) years	of age.
I have read the Association Rules an	nd agree to abide by	them.
Buyer's Name		_
Buyers Signature		_
		_, hereby notarize the above statement of
		_ the Affiance ( )who is personally known to
me or ( ) has produced	as	s identification and ( )did or ( )did not take an
oath.		
Dated this	Day of	
Ry		

#### **DISCLOSURE & RELEASE**

In connection with my application to rent, lease or purchase a dwelling unit at <u>Golden Lakes Village Condominium Association "A", Inc.</u> I understand that consumer reports and / or investigative consumer reports will be requested from a consumer reporting agency. These reports may include the following types of information: Names and dates of current or previous landlords and employers, reason for termination of employment or termination of residency as well as other sources of information such as bankruptcy proceedings, judgments, criminal records, etc., from federal, state and other agencies, which maintain such records. Other information obtained may relate or my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristic, or mode of living. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency Applicant Information, formerly known as Renters Reference of Florida, upon proper identification, 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 recipients of any reports on me which the agency has previously furnished within the twelve-month period preceding my request. I hereby consent to your obtaining the above information from the agency.

I hereby authorize procurement of consumer report(s) and investigative consumer report(s). if my application is accepted; and I occupy a dwelling unit, this authorization shall remain on file and shall serve as ongoing authorization for your procure such reports at any time during my residency on the property.

☐ California, Minnesota, and Okla copy of any consumer report or		mers only: Check box if you reque		
Print Last, First and Middle Name	_	Social S	ecurity Number	
Applicant Signature	_	Date of Birth (N	MM/DD/YYYY)	
Driver's License Number		Driver's	License state	
Current Street Address	City	State	Zip	

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☐ California, Minnesota, and Oklacopy of any consumer report or		ers only: Check l	box if you request a
Print Last, First and Middle Name		Social S	Security Number
Applicant Signature	-	Date of Birth (N	MM/DD/YYYY)
Driver's License Number		Driver's	License state
Current Street Address	City	State	Zip