

KINGS POINT COMMUNITY ASSOCIATION RESALE APPLICATION

- The enclosed application **must be** completely filled out in order for it to be processed.
- Submit one (1) copy of your completed application package along with a copy of your sales contract to this office.
- If application is not legible or is incomplete, it will result in it being delayed or returned for re-submission. **IF APPLICATION, COPY OF SALES CONTRACT, APPLICATION FEE AND PROPER PROOF OF AGE ARE NOT RECEIVED TOGETHER AS ONE COMPLETE PACKAGE, YOUR APPLICATION APPROVAL WILL BE DELAYED.**
- The board of directors of your association is responsible for approval or disapproval of an application. **Vesta Property Services, Inc.**, as the association's agent, is responsible for processing this application and notifying realtor or representative when approved. Do not contact the board directly. ALL communications must go through this office.
- The Capital Contribution & Processing Fee of \$2,000.00 *payable* to **Kings Point Recreation Corporation, Inc.**, the Not For Profit Corporation organized under Florida Statue 617 authorized to manage the recreation facilities, **must be submitted** with application for purchase.



Vesta Property Services, Inc.
7000 W Atlantic Avenue, Delray Beach, FL 33446
(561)556-9051

Business Hours

Monday to Friday 8:00 am – 4:00 pm

KINGS POINT COMMUNITY ASSOCIATION, INC. PURCHASE APPLICATION

1. Please type or print legibly. If application is not legible or is incomplete, it will result in it being delayed or returned for re-submission.
2. Applications **MUST** be received at least thirty (30) days prior to "closing" date.
3. Copy of fully executed SALES CONTRACT **MUST** accompany your application.
4. **Flanders and Monaco Condominium Association Application Fees:**
 - **Non-refundable \$150.00 check or money order made payable to the applicable community for each applicant
 - ***Married couples and Dependent children are considered one applicant and only require a single application fee
5. Following your closing Vesta Property Services must receive a copy of the executed deed as proof of the sale. Should proof of Ownership not be received within 10 days, the Association will not be obligated to waive any maintenance or additional fees incurred after purchase of the unit.
6. Your application is subject to the provisions of the Fair Housing Act of 1988. At least one applicant **MUST** be fifty-five (55) or older in order to become a resident. The NOTARIZED letter (enclosed) **MUST** accompany your application stating that it is understood that it is required that at least one occupant of each unit **MUST** be at least fifty-five (55) years of age.
7. All applicants and occupants must supply a clear copy of their photographic ID that include date of birth for proof of age, along with application. (i.e., driver's license, State ID, passport, VISA). The age verification form must be completed.

PLEASE NOTE: IF APPLICATION, COPY OF SALE CONTRACT, CHECK FOR APPLICATION FEE, AND PROPER PROOF OF AGE ARE NOT RECEIVED TOGETHER AS ONE COMPLETE PACKAGE, YOUR APPLICATION APPROVAL WILL BE DELAYED.

8. ID Cards and vehicle stickers – For Information, please call (561) 499-3335, Ext. 117. Both ID Cards and Vehicle Stickers belonging to the seller **MUST** be turned in to the Kings Point ID Booth in exchange for a receipt satisfying this requirement.
9. All assessment payments **MUST** be paid through the month of "closing". The Certificate of Approval will not be issued until all money owed to the association has been paid or accounted for. Include an estoppel letter if not paid to zero balance when application is submitted to Vesta Property Services.
10. Condominium Owners are subject to Monthly Maintenance Assessments as well as any Special Assessments that may be approved by the Board of Directors.
11. Should questions arise or changes become necessary, relating to this sales application, please contact Vesta Property Services immediately at (561) 556-9051

KINGS POINT COMMUNITY ASSOCIATION, INC. PURCHASE APPLICATION

12. RENTAL SPECIFICS:

- Owners MAY NOT lease their unit within the first 2 years (24 months) of ownership.
- Six (6) months and 1 day is the minimum time period for any rental with this Association.
- Six (6) months and 1 day is the maximum time period for any rental with this Association
- Prospective and exiting tenants renewing their leases must complete a renewal application every time they renew their leases.
- Owners **MUST** HAVE A SERVICE CONTRACT (WITH REPLACEMENT COVERAGE OF AIR CONDITIONING & HOT WATER TANK) & PEST CONTROL CONTRACT DURING THE ENTIRE LEASE.
- Once a renter is approved and obtains Kings Point ID, should the lease be broken, the owner cannot obtain a valid Kings Point ID until the expiration of the lease term.
- If a lease is renewed, a renewal application process must be done each and every time.
- If the owner becomes delinquent in their monthly assessments over 90 days, the renter will become responsible to pay their rent directly to Association until such debt is cured.

13. All applicants, occupants and/or their guests are required to abide by governing Association Documents as well as Rules & Regulations. Unit Owners are responsible for the actions of their guests and/or tenants, including any damages to the common elements. Therefore, it is the unit owner's responsibility to provide copies of all Association Documents to the applicant(s). The Association Board of Directors is committed to their enforcement

Note: New occupants seldom seek a copy to read and understand what is expected of them. Please be sure to provide and/or obtain for them a copy to avoid any misunderstandings, confusion and/or conflicts.

14. PETS ARE PROHIBITED

PLEASE BE SURE TO RETURN YOUR COMPLETED APPLICATION PACKAGE TO:

Vesta Property Services, Inc.
7000 W. Atlantic Avenue
Delray Beach, FL 33446
Telephone: (561) 556-9051

NOTE- FOR REALES ONLY – IT IS THE NEW OWNER'S RESPONSIBILITY TO PROVIDE DEED SO THAT THE NEW OWNERS INFORMATION IS UPDATED IN OUR RECORDS

Signature of BUYER(S) X, _____ X _____

Applicant hereby authorizes **Vesta Property Services** to obtain a consumer report, and any other information it deems necessary for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that the subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or sale of a residence for which this application was made. I hereby expressly release **Vesta Property Services** and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies including without limitation, various law enforcement agencies.

X _____
(Applicant's Signature)

X _____
(Applicant's Signature)

Sales Application

_____ DATE VESTA RECEIVED

_____ DATE VESTA SENT TO BOARD OF DIRECTORS

ASSOCIATION NAME: _____

SALE UNIT ADDRESS:

=====

NAME OF CURRENT OWNER: _____

PERMANENT ADDRESS OF OWNER:

CITY, STATE, ZIP#: _____

NAME OF APPLICANT: _____ AGE: _____

CO- APPLICANT NAME: _____ AGE: _____

APPLICANT'S ADDRESS: _____ PH#: _____

CITY, STATE, ZIP # _____ EMAIL: _____

RESALE APPLICATION – DESIRED CLOSING DATE: _____

PLEASE LIST ALL OCCUPANT(S), WHO WILL RESIDE AT THE RESIDENCE IF APPROVED: (ARTICLE XIII. OCCUPANCY OF A UNIT IS LIMITED TO TWO (2) INDIVIDUALS, FOR BOTH ONE (1) BEDROOM UNITS AND TWO (2) BEDROMM UNIT AS ORIGINALLY DESIGNED).

Note: Maximum of two resident ID cards per unit. The first ID card purchased for a resident/lessee must be issued to an individual fifty-five years of age of or older.

NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH
_____	_____	_____
_____	_____	_____

AGE OF OLDEST OCCUPANT _____

AGE OF YOUNGEST OCCUPANT _____

KPCA HAS A NO PET POLICY

HOW MANY CARS DO YOU HAVE? _____

Sales Application

NAME OF BUYER'S ATTORNEY, REALTOR OR TITLE COMPANY: (PLEASE CIRCLE ONE)

EMAIL ADDRESS: _____ PHONE #: _____

NAME OF SELLER'S ATTORNEY, REALTOR OR TITLE COMPANY: (PLEASE CIRCLE ONE)

EMAIL ADDRESS: _____ PHONE #: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

PHONE NUMBER (____) _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

STREET

CITY

STATE

ZIP

***APPLICANT AGREES TO OBTAIN FROM UNIT OWNER A COPY OF THE "RULES AND REGULATIONS" AND "DECLARATIONS" AS WELL AS ADHERE TO THEM. APPLICATION FEE AND COPY OF THE SALES CONTRACT MUST ACCOMPANY APPLICATION BEFORE THE PROCESSING CAN BEGIN.**

..... SUBLEASING IS NOT ALLOWED

..... LEASING WITH "OPTION TO PURCHASE" ARE NOT PERMITTED

..... LEASE RENEWALS MUST RECEIVE ASSOCIATION APPROVAL

THIS SECTION FOR OFFICE AND BOARD USE ONLY

BUYERS BECOME RESPONSIBLE FOR ANY AND ALL OUTSTANDING BALANCES AFTER THE CLOSING. PLEASE VERIFY CURRENT BALANCE AT THE TIME OF CLOSING.

OWNERS MUST HAVE THEIR ASSOCIATION, RECREATION AND/OR MASTER MANAGEMENT FEES PAID UP PRIOR TO THE APPLICATION BEING GIVEN THE NECESSARY APPROVAL AND SIGNATURE.

OWNER CURRENTLY OWES:

AMOUNT: \$ _____ AS OF _____

VERIFIED BY: _____

Kings Point Sellers and Buyers

After you close

Send a copy of the Warranty Deed to:

Vesta Property Services

7000 W Atlantic Avenue

Delray Beach, FL 33446

The owner's records will be updated, and the coupons will be sent.

Additionally, if the seller currently has their maintenance fee direct debited, they will need to cancel this through C-Property Pay – <https://propertypay.cit.com>

KINGS POINT ADDRESS

X _____

Signature of Seller/ Current Owner

X _____

Signature of Buyer/New Owner

Print Name

Print Name

KINGS POINT

To Seller/Buyer of Property or Renter of Unit:

This letter must be read, signed, and adhered to and returned with your Package. **All items must be turned over at Closing.**

Please check items that pertain to your Sale:

- Owner returns I.D. Cards prior to or at Closing
- All Lift Keys turned over
- Door Keys Mailbox Keys
- Parking Space # _____ Association assigns
- Condominium Documents

Comments: _____

I Understand and Agree to:

X _____ X _____

Seller/Owner

Buyer/Tenant

KINGS POINT COMMUNITY NOTARIZED LETTER

Date: _____ 20_____

To Whom It May Concern:

I/We, _____ has/have submitted an application to purchase Unit# _____ in the _____ Condominium Association.

I/we understand that I/we must complete and answer all information in the approval package for the association. I/we have been given copies and/or am aware of the association documents, rules and regulations, rental and resale restrictions, and understand that this association and Kings Point is a fifty-five (55) and over Community (At least one **APPROVED RESIDENT** must be over the age of 55).

I/WE, THE UNDERSIGNED WILL NOT RESIDE IN THE UNIT UNLESS ONE (1) DOMICILED AND APPROVED RESIDENT IS FIFTY-FIVE (55) YEARS OF AGE OR OLDER.

I/we agree that I/we may not move in, begin work, or take possession of the Condominium property prior to approval of the application by the association Board of Directors. Failure to comply may result in fines being levied.

I/we further agree that I/we will be responsible for any attorney's fees, court costs, etc., arising from any misrepresentation or failure on my part to comply with the association declaration of condominium, articles of incorporation, by-laws, amendments and rules and regulations.

Applicant's Signature: X _____

Applicant's signature's X _____

The foregoing instrument was sworn and subscribed before me this _____ day of _____, by _____ who is personally known or has produced _____ as identification.

Notary Public _____

FLANDERS & MONACO CONDOMINIUM ASSOCIATION, INC.

RENTING OR BUYING A UNIT:

Per Rules & Regulation of Monaco Condominium Association's Documents, Unit owners must have ownership for **2** year before they are allowed to rent.

Per Rules & Regulation of Flanders Condominium Association's Documents, Unit owners must have ownership for **2** years before they are allowed to rent.

NO PETS ALLOWED:

Flanders & Monaco Condominium Associations, Inc. has a NO PET policy.

Buyer x _____ Date _____
Signature

Buyer x _____ Date _____
Signature

55+

AGE VERIFICATION QUESTIONNAIRE

1. Identification of Unit: _____
2. BUYER of Unit (list all owners of record as to be stated on your deed):

Please list every person who is to occupy the Unit and complete all required information.
Please supply independent photographic evidence indicating date of birth (such as driver's licenses or current passports) of each occupant:

OCCUPANT NAME	AGE	TYPE OF PHOTOGRAPHIC EVIDENCE	DATE OF BIRTH	FAMILIAL OR OTHER RELATIONSHIP
1.				
2.				

PLEASE LIST ALL OCCUPANTS (S) WHO WILL RESIDE AT THE RESIDENCE IF APPROVED: (ARTICLE XIII. OCCUPANCY OF A UNIT IS LIMITED TO TWO (2) INDIVIDUALS, FOR BOTH ONE (1) BEDROOM UNITS AND TWO (2) BEDROOM UNITS AS ORIGINALLY DESIGNED)

Note: Maximum of two resident ID cards per unit. The first ID card purchased for a resident/lessee must be issued to an individual fifty-five years of age or older.

SIGNATURE(S) OF APPLICANT(S)

x.....

x_____

PRINTNAME

PRINTNAME

NOTE: This voting certificate is for the purpose of establishing who is authorized to cast the vote for any property owned by more than one person or owned by a corporation. It is not needed if a property is owned by only one (1) person. Please complete the voting certificate and return it as instructed in the cover notice.

******VOTING CERTIFICATE******
(Designation of Voting Member)

We, the undersigned, being the owners of the property located at _____, do hereby designate that _____ is entitled to cast one (1) vote at the Meetings of the above captioned Association until this Certificate is terminated or suspended by written notice to the Board of Directors of Association.

Dated this _____ day of _____ 20

X _____
Buyer's Signature

Please print your name

X _____
Buyer's Signature

Please print your name

KINGS POINT MULTIPLE OWNERSHIP

Unit Buyer: _____

Condominium you will be purchasing, _____

List addresses of other condominiums you own in Kings Point:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

EMERGENCY CONTACT INFORMATION

***This information is important in the event of an emergency-Please print clearly**

APPLICANT NAME(S) _____

KINGS POINT ADDRESS

HOME PHONE NUMBER () _____

CELL PHONE NUMBER () _____

EMERGENCY CONTACT NAME

ADDRESS _____

PHONE NUMBER: () _____ CELL NUMBER: () _____

RELATIONSHIP:

BACKGROUND INVESTIGATION AUTHORIZATION

- I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history, criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions, state Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration, military records from the National Personnel Record Center, education records including transcripts, and requests for records and information from any individual, company, firm corporation, present and/or past employers and public agencies (including the Social Security Administration and the Immigration & Naturalization Service). I fully understand that Global Background Analysis, Inc., may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent for Global Background Analysis, Inc. to do so.
- II. According to the Fair Credit Reporting Act (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and be given the name of the agency providing that report.
- III. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies.
- IV. I hereby authorize, without reservation, any one contacted by Global Background Analysis, Inc., to furnish the information described in Section 1.
- V. I hereby authorize, without reservation, Global Background Analysis, Inc., to contact my present employer for employment verification/references.

APPLICANT: COMPLETE THE FOLLOWING:

Credit & Criminal Criminal Only

Signature

Today's Date

Please print full name

Unit #

The following information is required, it is confidential and will not be used for any other purposes.

Please print other names you have used

Social Security Number - Your Social Security Number will be used in order to confirm your identity for purposes of completing an accurate background investigation and credit check.

Date of Birth - Your date of birth is required on this form in order to confirm your identity for purposes of completing an accurate background investigation.

Home Address

City

State

Zip

Driver's License Number and State

Name as it appears on License

Have you ever been convicted of, plead guilty, or "no contest" to a crime that has or has not been expunged or removed from your record? No Yes **If yes, please explain:** (Make sure to include the city/state/county and the year the crime occurred for each conviction.)

Have you ever been evicted from any leased premise? No Yes

FAIR CREDIT REPORTING ACT, DRIVER'S PRIVACY PROTECTION ACT, and ANY APPLICABLE STATE STATUE (S) NOTICE:
In accordance with the Fair Credit Reporting Act, this information may only be used to verify a statement(s) made by an individual in conjunction with legitimate business needs. The depth of information available varies from state to state. The report that will be generated it is in compliance with the Fair Credit Reporting Act, the Driver's Protection Act, and any applicable state statute(s).

Global Background Analysis, Inc.
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