

Oriole Gardens Condominium Two Association, Inc.

An Adult Retirement Community

7700 North West 5th Court

Margate, Florida 33063

(954) 972-3410

Fax (954) 972-8060



APPLICATION PACKAGE

PLEASE PRINT OR TYPE ALL INFORMATION.

IF ANY QUESTION IS NOT ANSWERED OR IS LEFT
BLANK, THIS APPLICATION WILL NOT BE
ACCEPTED.

PLEASE DO NOT SUBMIT PARTIAL PACKAGES
APPLICATIONS ARE NOT CONSIDERED RECEIVED
UNTIL ALL DOCUMENTATION IS SUBMITTED.

INCOMPLETE APPLICATIONS WILL BE RETURNED
WITHOUT ACTION.

INSTRUCTIONS:

- 1-All applicants are processed as separate investigations.
- 2-Print legibly or type all information. Account and telephone numbers and complete addresses are required.
- 3-If any question is not answered or left blank, this application may be returned, not processed or not approved.
- 4-Missing information will cause delays in processing your application.
- 5-Any misrepresentation, falsification or omission of information may result in your disqualification.
- 6-Only the applicants are authorized to sign all forms on page 2.

☒ Contract of Sale☒ Photo ID☒ Proof of Income

APPLICATION FOR OCCUPANCY/APPROVAL

☒ PRINT OR TYPE (Use Black Ink)

Apt. No. _____ Bldg No. _____ Special Address or Unit _____ Purchase _____ or Lease _____ (How long) _____
Date _____ 20 _____ Desired date of occupancy _____
Name (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____
Spouse (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)
[] Sngl. [] Married [] Widow(er) [] Sep. _____ [] Div. _____ Maiden Name _____
(How long) (How long) (Passport, Alien, Green Card, Social Insurance No.)
Number of people who will occupy. Adults (over age 18) _____ Children (over 18) _____ Children (under 18) _____

Names & ages of children who will occupy: _____

☒ RESTRICTED-PET COMMUNITY

In case of emergency notify: _____

☒ PRINT OR TYPE (Use Black Ink)

RESIDENCE HISTORY (15 years)

A. Present Address _____ Name _____ Address _____ Telephone _____
Name of Apt./Condo _____ (Street Address, Apt No., City, State, Zip) _____ Phone () _____
Name of Landlord or Mortgage Co. _____ Phone () _____
Address _____ Mtg. No. _____
B. Previous Address _____ (Street Address, Apt No., City, State, Zip) _____ Your Apt No. _____
Name of Apt./Condo _____ Phone () _____ Dates of Residency _____
Name of Landlord or Mortgage Co. _____ Phone () _____
Address _____ Mtg. No. _____
C. Prior Address _____ (Street Address, Apt No., City, State, Zip) _____ Your Apt No. _____
Name of Apt./Condo _____ Phone () _____ Dates of Residency _____
Name of Landlord or Mortgage Co. _____ Phone () _____
Address _____ Mtg. No. _____

☒ PRINT OR TYPE (Use Black Ink)

EMPLOYMENT & BANK REFERENCES (15 years)

A. Employed By (Business Name) _____ Phone () _____
(or retired from) _____
How long _____ Dept. or Position _____ Mo. Income _____
Address _____ Zip _____
B. Spouse's Employment (Business Name) _____ Phone () _____
(or retired from) _____
How long _____ Dept. or Position _____ Mo. Income _____
Address _____ Zip _____
C. Bank Reference _____ Phone () _____
How long _____
Address _____ Zip _____
D. Bank Reference _____ Phone () _____
How long _____
Address _____ Zip _____

☒ PRINT OR TYPE (Use Black Ink)

(Continued on Back)

CHARACTER REFERENCES

(No Relatives)

1.	Name _____	Address _____	Phone (Residential & Office) _____
2.	Name _____	Address _____	Phone (Residential & Office) _____
3.	Name _____	Address _____	Phone (Residential & Office) _____

☒ Driver's Lic. No. #1 _____ #2 _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

If this application is NOT legible or is not completely and accurately filled out, Renters Reference of Florida (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, Renter-Reference of Florida 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, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

☒ Signature _____

Applicant

Signature _____

Applicant's Spouse

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure Authorization Form is completed as indicated.

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND CRIMINAL BACKGROUND

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my /our application made for residency.

DESIGNATED PARTY: RENTERS REFERENCE OF FLORIDA

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

☒ _____

(Applicant's Signature)

☒ _____

(Applicant's Name Printed)

(Spouse's Signature)

(Spouse's Name Printed)

☒ DATE _____

AFFIDAVIT AND AGREEMENT

STATE OF FLORIDA)

COUNTY OF BROWARD)

X BEFORE ME, the undersigned authority, personally appeared _____ ("Affiant"), who upon being by me first duly sworn, deposes and says:

1. Affiant is intending to purchase _____ (circle one) Unit# _____ in Condominium _____ of the Oriole Gardens Two Condominiums which is subject to the governance of the Oriole Gardens Condominium Two Association, Inc./ and
2. Affiant has been informed and hereby acknowledges that the Oriole Gardens Condominium Two Community is intended as Housing for Older Persons as an exemption to the Federal Fair Housing Amendments Act, and, as such, each unit must be occupied by at least one individual age fifty-five (55) or older/ and
3. Affiant hereby acknowledges that he/she (circle one) is at least fifty-five (55) and does hereby present a true and correct _____ as evidence of same, a copy of which shall be maintained by the Association/ and
4. Affiant hereby acknowledges that the information presented herein will be relied upon by the Association in approving this application and ensure that the occupancy intended therein complies with the Association's status as housing for older persons; and
5. Affiant also acknowledges that, if approved, he/she (circle one) does intend to reside in the unit on a permanent basis and acknowledges that the unit cannot be occupied as a residence by persons under the age of fifty-five (55) unless such occupancy is temporary (for a period of not to exceed 60 days per year) or unless the unit is also occupied by a resident who is fifty-five (55) years of age or older. Affiant appoints Association as his/her (circle one) agent for the purpose of evicting or removing any occupants in violation of the use restrictions and agrees to bear full responsibility for the costs and attorney's fees incurred by the Association in enforcing the restrictions contained in the Declaration of Condominium, the Articles of Incorporation, Bylaws and properly promulgated Rules and Regulations of the Association, including, but not limited to, the age and occupancy restrictions above mentioned; and
6. _____ Bldg.# _____ Apt.# _____ is purchasing for occupant _____ is the sole occupant(s) of the apartment.

In the event that he/she vacates the apartment, the owner can sell, but cannot live there while he/she is under 55 years of age, or allow anyone else to occupy the apartment if they are under 55 years of age.

X
AFFIANT

Sworn to and subscribed before me this day _____ of _____

Personally Known _____ Or
Produced Identification _____

Type of Identification _____

NOTARY PUBLIC - STATE OF FLORIDA

Sign _____

Print _____

My Commission Expires _____

ORIOLE GARDENS CONDOMINIUM TWO ASSOCIATION, INC.

7700 NW 5 COURT
MARGATE, FL 33063
(954)-972-3410

BLDG. _____

UNIT NO. _____

AN AGE 55 OR OVER RESIDENTIAL COMMUNITY

APPLICATION FOR PURCHASE, TRANSFER, GIFT, DEVISE OR INHERITANCE APPROVAL

- 1 - This application, an application for approval, and authorization forms must be completed in detail by each proposed adult occupant, other than husband/wife or parent/dependent child (which is considered one applicant).
- 2 - If any question is not answered or left blank, this application will be returned, not processed and not approved.
- 3 - Please attach a copy of the sales contract to this application.
- * 4 - Please attach a non-refundable processing fee of \$100.00 to this application, made payable to ORIOLE GARDENS CONDOMINIUM TWO ASSOCIATION, INC. for each applicant, other than husband/wife or parent/dependent child (which is considered one applicant).
 - Acceptance of the processing fee does not in any way constitute approval of this transaction.
- 5 - The completed application must be submitted to the Association office at least 30 days prior to the expected closing date.
- 6 - All applicants must make themselves available for a personal interview prior to final Board of Directors approval. Occupancy prior to Board approval is prohibited.
 - A proposed buyer moving in or taking up residence on a temporary or permanent basis prior to receiving the aforesaid written approval from the Association may be summarily removed from the unit, pursuant to Article XXIII of the Declaration of Condominium.
- 7 - ORIOLE GARDENS CONDOMINIUM TWO is an adult community designed and intended for residents who are age 55 or over. Those persons above 18 years of age, under single-family guidelines, may occupy the unit on a permanent basis, only if the over 55 years of age owner is in residence at all times. There is no permanent residence for those under 18 years of age.
- 8 - No pets allowed at any time.
- 9 - Use of this unit is for single family residence only. No corporation, company, partnership, or trust may purchase a unit.
- 10 - No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, motorcycles, mopeds, etc. permitted to park on the premises overnight.
 - Only 1 assigned parking space available per unit.
- 11 - The seller (current owner) must provide the purchaser with a copy of all Association Documents and Rules & Regulations otherwise, you must purchase them from the Association.
- 12 - Purchaser must notify the Association office with the exact date of their closing.
- 13 - Occupancy regulations:
 - One bedroom unit - no more than 3 occupants.
 - Two bedroom unit - no more than 5 occupants.
- 14 - Moving of furniture in or out of a unit is permitted from 8:00 A.M. to 8:00 P.M.
- 15 - No renting or leasing of a unit permitted.

MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Date _____ Bldg. No. _____ Unit No. _____ Approx. Closing Date _____

Owner's Name _____ Tele. No. _____

Owner's Present Address _____

Name of Realtor Handling Sale _____ Tele. No. _____

NAME of Prospective Purchaser (as Title will appear): _____

a. _____ b. _____ (Spouse)

MORTGAGE INFORMATION: (If unit will be mortgaged):

Name of Lender _____ Tele. No. _____

Address _____

* OTHER PERSONS who will occupy the unit with you:

<u>Name</u>	<u>Age</u>	<u>Relationship / Occupation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever seasonally resided in Florida before? ____ If yes, please state the name, address and dates of residency: _____

If retired, please state the company's name and address retired from and when retired: _____

Have you ever been convicted or pled to a crime? ____ If yes, please state the date(s), charge(s) and disposition(s): _____

- 1. In making the foregoing application, I represent to the Board of Directors that the purpose for the Purchase of a unit at **ORIOLE GARDENS CONDOMINIUM TWO** is as follows:
Permanent Residence ____ Seasonal 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 of the restrictions contained in the Bylaws, Rules and Regulations, Association Documents, and restrictions which are or may in the future be imposed by the **ORIOLE GARDENS CONDOMINIUM TWO ASSOCIATION, INC.**
- 3. I have received a copy of all Association Documents: Yes ____ No ____
I have received a copy of the Rules & Regulations: Yes ____ No ____
- 4. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. Occupancy prior to Board of Directors approval is prohibited.
- 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 and that I may not bring a pet, nor may any guest, visitor or tenant bring a pet into **ORIOLE GARDENS CONDOMINIUM TWO**, nor acquire one, either temporarily or permanently after occupancy.
- 7. I understand that the acceptance for purchase of a unit at **ORIOLE GARDENS CONDOMINIUM TWO** is conditioned in part upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation, falsification or omission of the information on these forms will result in the automatic disqualification of my application. Occupancy prior to Board of Directors approval is prohibited.
- 8. I understand that the Board of Directors of **ORIOLE GARDENS CONDOMINIUM TWO ASSOCIATION, 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 **RENTERS REFERENCE OF FLORIDA, INC.** 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 **ORIOLE GARDENS CONDOMINIUM TWO ASSOCIATION, 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 by the Board of Directors.

In making the foregoing application, I am aware that the decision of the **ORIOLE GARDENS CONDOMINIUM TWO ASSOCIATION, INC.** will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

* APPLICANT _____ APPLICANT _____