

Promenade at Tradition Community Association, Inc.

c/o Harbor Management
641 University Blvd, Ste. 205, Jupiter, FL 33458
561-935-9366 / Fax: 561-624-7465
Email: admin@harborfla.com

SALES APPLICATION

CONDITIONS: This is an Application for Approval of a Sale. This form must be completely filled out and be submitted along with:

1. a properly executed Purchase/Sales Agreement
2. a check for \$150 for a non-refundable application fee **made payable to Promenade at Tradition**
3. a check for \$50 **PER APPLICANT, made payable to Harbor Management** for background checks. ****Background checks are required for each adult over age 18 who will be residing in the unit. See page 10 & 12 of this application for the required Background Authorization Forms. Each adult is required to submit a signed form with all required information. Copies of Applicants' drivers' licenses are required.****

All Applicants must have an interview by the Property Manager. Please email Ray Basante at ray@harborfla.com to set up the interview. Certificates of Approval are issued after Board of Directors' approval.

CLOSING DATE: _____

UNIT OWNER INFORMATION (Please PRINT – writing must be legible)

Promenade Address: _____ Unit # _____

Name of Unit Owner (Seller): _____

Owner Phone No. _____ Cell: _____

Owner Email: _____

APPLICANT INFORMATION:

Applicant Name: _____

[Member of the US Armed Forces on Active Duty or State Active Duty or member of the FL National Guard and US Reserve Forces? YES____ NO____ (copy of ID required)]

Applicant's Current Address (Buyer): _____

Applicant's Phone No: _____ Cell: _____

Applicant's Email Address: _____

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CO-APPLICANT INFORMATION:

Co-Applicant Name: _____

Co-Applicant's Current Address: _____

CO-Applicant's Phone No: _____ Cell: _____

Co-Applicant's Email Address: _____

PERSONAL REFERENCES (Do not list relatives)

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

RESIDENCE HISTORY: (If less than five (5) years, provide previous residence information also)

1. Previous Address: _____
Street address city/state/zip

2. Previous Address: _____
Street address city/state/zip

I/We have OWNED ____ / RENTED ____ this home for (length of time) _____

Name of landlord or mortgage holder: _____

Address of landlord or mortgage holder: _____

Phone number: _____ Email: _____

EMERGENCY CONTACTS:

Email Address(es): _____

1. In case of Emergency notify: _____

Address: _____ Phone: _____

2. In case of Emergency notify: _____

Address: _____ Phone: _____

3. In case of Emergency notify: _____

Address: _____ Phone: _____

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VEHICLE REGISTRATION FORM

LICENCES DRIVERS:

Name: _____ License #: _____ State: _____

Name: _____ License #: _____ State: _____

Name: _____ License #: _____ State: _____

Name: _____ License #: _____ State: _____

DESCRIPTION OF VEHICLE(S):

VEHICLE #1

VEHICLE #2

Make: _____ Make: _____

Model: _____ Model: _____

Year: _____ Year: _____

Color: _____ Color: _____

Tag#: _____ Tag #: _____

State: _____ State: _____

Vehicle #1 registered to: _____

Vehicle #2 registered to: _____

Please note:

- ALL INFORMATION ON THIS FORM MUST BE COMPLETED.
- ANY CHANGES IN USE OR APPEARANCE OF THE ABOVE-DESCRIBED VEHICLE(S) MUST BE SUBMITTED TO THE BOARD OF DIRECTORS WITH A NEW APPLICATION
- IT IS CLEARLY UNDERSTOOD THAT CARS MUST BE PARKED IN THE DRIVEWAY, GARAGE AND/OR DESIGNATED PARKING SPACES. PARKING IN THE STREET IS NOT PERMITTED.
- NO COMMERCIAL VEHICLES ARE ALLOWED TO PARK IN THE COMMUNITY.

Signature: _____ Date: _____

Signature: _____ Date: _____

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PET REGISTRATION FORM

- Limit two (2) pets only.
- No exotic pets are allowed.
- The breed of dog commonly known as “pit bull” or “pit bull mix” is prohibited.
- No pets shall be kept, bred or maintained for any commercial purpose.
- Dogs which are household pets shall, at all times, whenever they are outside a unit, be confined on a leash held by a responsible person.
- An owner shall immediately pick up and remove any solid animal waste deposited by their pet on the properties, including the common areas and the exclusive neighborhood common area.

PET(S): YES _____ NO _____

<u>Name of Pet</u>	<u>Age</u>	<u>Color</u>	<u>Weight</u>	<u>Breed</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature: _____ Date: _____

Signature: _____ Date: _____

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APPLICANT CERTIFICATION

By my/our signature(s) below, I/we hereby certify:

1. That I/we have received, read, understand and agree to abide by the Rules and Regulations of Promenade at Tradition COA, as promulgated by the Board of Directors.
2. That all of the information contained in the application is true and complete and I/we give my/our permission for a Nationwide Law Enforcement Background investigation and credit history verification for the undersigned Applicant(s).
3. That I/we understand and agree that *false or misleading* information given in this application constitutes grounds for disapproval of this application and revocation of my/our right to reside in the Promenade property.
4. That the unit I/we occupy may not be leased without the express written approval of the Promenade at Tradition Community Association, Inc. Subleasing is prohibited. Leases must be for a minimum of 6 months and a maximum of 12 months. No more than 2 leases per year from the date of the first lease. No VRBO or AirBnB are allowed. That no more than two (2) plants are allowed on the balcony. No commercial vehicles are allowed.
5. That no persons other than those shown on this application will reside in the Promenade unit and I/we agree that anyone residing in the unit, at a later date, will be registered with the Association and a background investigation done at the applicant's expense.
6. I must purchase the required Condominium Insurance for this unit. Proof of insurance must be provided to the Association.

Signature of Applicant #1 _____ Date: _____

Signature of Applicant #2 _____ Date: _____

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OWNER CERTIFICATION

By my/our signature below, I/we hereby certify:

1. That I/we provided these potential Buyers a true and complete copy of the Rules & Regulations and Condominium Documents of Promenade at Tradition Community Association, Inc.
2. That the information in this application is true and accurate to the best of my knowledge.
3. That a copy of the actual Purchase/Sales Agreement is attached and that there are no other agreements concerning this sale.
4. That the unit owner is responsible for any and all costs related to damages to community property and/or violation of the Condominium Documents and/or Rules & Regulations of Promenade at Tradition Community Association, Inc. and that these costs include actual damages and all costs and fees paid for the Association's attorney as may relate to the owner's tenant and/or guests of such tenant.
5. That I have proper insurance coverage for the unit.

I/We hereby authorize the Association to evict a tenant, at my expense, in any case where my tenant fails to abide by the Condominium Documents and/or Rules & Regulations of Promenade at Tradition Community Association, Inc.

I/We understand and agree to pay any fines approved by the Association Fining Committee and Association Board of Directors for violations of the Association's Rules & Regulations and/or Association Documents.

OWNER's Signature: _____ Date: _____

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DISCLOSURE SUMMARY

- As a purchaser of property in this community, you will be obligated to be a member of a Homeowner’s Association.
- There have been recorded restrictive covenants governing the use and occupancy of properties in this community.
- You will be obligated to pay monthly assessments to the association, which are subject to periodic change.
- Your failure to pay these assessments could result in sanctions on your property.
- The statements contained in this disclosure form are only summary in nature, and, as a prospective purchaser, you should refer to the covenants and the associations governing documents.
- These documents are matters of public record and can be obtained from the record office in the county where the property is located.

Purchaser: _____ Date: _____

Purchaser: _____ Date: _____

This unit is not a vacation destination and there are no nightly, weekly or monthly rentals. All rentals must be approved in advance by the Association. No AirBnB or VRBO are allowed.

Purchaser: _____ Date: _____

Purchaser: _____ Date: _____

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SALES ONLY

RESPONSIBILITY PASSED ON TO THE NEW OWNER

Call Property Management Office to determine if property has outstanding violations

(This form must be filled out for Board signature on C.O.A)

The owner of property located at: _____

The property has the following outstanding violations: _____

When you purchase this home, you will assume the following responsibilities: _____

Please indicate your choice of the opinions below, sign your name and the date:

1. Assume Responsibility: _____

2. Have owner remove or correct: _____

Signature: _____ Date: _____

As soon as your seller is in compliance, your application can be finalized.

PROPERTY MANAGER Signature: _____ Date: _____

BOARD OF DIRECTOR Signature: _____ Date: _____

DISCLOSURE REGARDING
BACKGROUND INVESTIGATION ON YOU

Harbor Management of the South Florida, Inc. (“the Company”) may obtain a “consumer report” about you from a consumer reporting agency for tenant purposes. A “consumer” report is a background screening report that may contain information regarding your criminal history, sex offender registry status, credit history, employment history, education history, driving history, professional licenses, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

The consumer reporting agency that may prepare an “consumer report” on you for the Company is Scott-Roberts and Associates, LLC, 2290 10 Ave. N., Suite 500, Lake Worth, Florida 33461, (888) 605-4265, www.scottrobertsassociates.com, info@scottrobertsassociates.com.

ADDITIONAL NOTICE REGARDING
INVESTIGATIVE CONSUMER REPORTS ON YOU

Harbor Management of the South Florida, Inc. (“the Company”) may also request an “investigative consumer report” on you from a consumer reporting agency.

An “investigative consumer report” is a background screening report generated through personal interviews with sources such as your neighbors, friends or associates.

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Please be advised that the nature and scope of the most common form of “investigative consumer report” that may be ordered by the Company is an investigation into your employment history. During such an investigation, Scott-Roberts and Associates may ask questions about your employment history to certain knowledgeable individuals and provide response information to the Company.

Note: You have the right to request disclosure of the exact nature and scope of any “investigative consumer report” ordered by the Company on you. You may do so by contacting the Company.

AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU;
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT;
- ADDITIONAL NOTICE REGARDING INVESTIGATIVE CONSUMER REPORTS ON YOU;
- ADDITIONAL STATE LAW NOTICES.

By signing below, I also authorize **Harbor Management of the South Florida, Inc.** to obtain “consumer reports” and “investigative consumer reports,” about me for tenant purposes.

Signature: _____ Date: _____

Print Name (First, Middle, Last Name)

PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK

Please supply the following information to facilitate a background check on you.

Last Name: _____ First Name: _____ Middle: _____

Other Names Used (alias, maiden, nickname): _____

Social Security Number: _____ Date of Birth: _____

Driver License No.: _____ State Issued: _____

Email Address: _____

Current Address: _____

Street/P.O. Box City State Zip Code County Dates

Former Address: _____

Street/P.O. Box City State Zip Code Country Dates

Current Employer Address City/State Start Date Salary

Supervisors name Employer Telephone Number

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Other Names Used (alias, maiden, nickname): _____

Social Security Number: _____ Date of Birth: _____

Driver License No.: _____ State Issued: _____

Email Address: _____

Current Address: _____

Street/P.O. Box City State Zip Code County Dates

Former Address: _____

Street/P.O. Box City State Zip Code Country Dates

Current Employer Address City/State Start Date Salary

Supervisors name Employer Telephone Number
