



THE HAMPTONS WEST
Condominium Association, Inc.

SCREENING FEE: \$100.00
Check or Money Order payable to:
The Hamptons West Condominium
Association, Inc.

APPLICATION FOR PURCHASE

Date: _____ Application for Unit Number: _____

Name of Person Submitting the Application

THIS IS TO INFORM YOU OF OUR PROCEDURES FOR HANDLING THE APPLICATIONS FOR RENTAL AND SALE APPROVALS SO THAT YOU CAN PLAN ACCORDINGLY.

Please sign this form and return it with your application.

1. Processing and application takes **twenty-one days**.
2. Your credit is checked through a credit reporting company.
3. Your references are contacted by telephone.
4. We forward your application to be approved by the Board of Directors who is solely responsible for the period of time they take to approve it.
5. Once the **twenty-one days** have passed, if you have not been notified, you may contact the Management Office and inquire about the approval.

Screening your application takes some time and follow-up is vital. Sometimes it takes several attempts to contact the personal references listed by telephone, as not everyone is available during working hours. That is why it is important to have applicant's home and work telephone numbers.

The above information should give you an understanding of why applications cannot be "pushed."

Thank you for your cooperation.

Applicant: _____

Unit # _____

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

1. This Application and the attached Application for Occupancy and Authorization forms must be completed in detail by the proposed Buyer.
2. If any question is not answered or left blank, this Application will be returned not processed or approved.
3. Please make sure to attach a copy of the **Sales Contract**.
4. Please attach a non-refundable \$100.00 processing fee, payable with a check or money order to the Hamptons West Condominium Association for each applicant, other than Husband/Wife or Parent/Dependent Child (considered an applicant). Acceptance of the processing fee does not in any way constitute approval of this Application.
5. The completed Application must be submitted to the Management Office 21 days prior to the expected closing date.
6. All applicants must take themselves available for a personal interview prior to final Board of Directors approval. Occupancy prior to Board approval is prohibited.
7. Pets are allowed: (Only one (1) and less than twenty (20) pounds).
8. No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, etc. are permitted to park on the premises overnight. Only 1 assigned parking space available per unit.
9. The seller (Current Owner) must provide the buyer with a copy of all the Association Documents, Rules and Regulations. Otherwise, a copy of the Condominium Documents may be purchased from the Association Office with a check or money order.
10. The Buyer must provide the Association Office with the exact closing date.
11. Occupancy Regulations:

Two Bedroom Apartment – No more than 4 occupants
Three Bedroom Apartment – No more than 6 occupants

1. In making the foregoing application, I represent to the Board of Directors that the purchase of an apartment at The Hamptons West Condominium is as follows:

Permanent Residence _____ Seasonal Residence _____ Other _____

2. I hereby agree for myself and on behalf of all person who may use the apartment which I seek to purchase that I will abide by all of the restrictions contained in the by-laws, Regulations, and restrictions which are or may in the future be imposed by The Hamptons West Condominium Association.
3. I have received a copy of the Rules & Regulations: Yes____ No____
I have received a copy of all Association Documents: Yes____ No____
4. I understand that I will be advised by The Board of Directors of either acceptance or denial of this Application.
5. If this application is accepted, I will provide a copy of the Closing Statement and of the recorded Deed within 30 days after closing.
6. I understand that the acceptance for purchase at The Hamptons West Condominium is conditioned upon the truth and accuracy of the Application and upon the approval of the Board of Directors. Any misrepresentation or falsification of information on these forms will result in the automatic rejection of this application.
7. I understand that the Board of Directors of The Hamptons West Condominium Association 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 Screening Company, 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 Hamptons West Condominium Association 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.
8. You must notify the office to schedule a move (in/out) and provide a \$250.00 check or money order for a damage deposit. The hours of moving are from 9:00 am to 4:30 pm, Monday through Friday and Saturday from 9:00 am to 12:00 Noon. Moving of furniture is not permitted on Sundays or Holidays

In making the foregoing application, I am aware that the decision of The Hamptons West Condominium Association 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

Co-Applicant

APPLICATION FOR OCCUPANCY

Name: _____
 (Last) (First) (Middle)

Spouse: _____
 (Last) (First) (Middle)

UNMARRIED COAPPLICANTS MUST FILE SEPARATE APPLICATIONS AND PAY SEPARATE SCREENING FEES.

Present Address: _____ Home Phone: _____

Dates of occupancy at this address: _____ Landlord/Phone # _____

Previous Address: _____

Dates of occupancy at this address: _____ Landlord/Phone # _____

Previous Address (if above less than 4 years) _____

Dates of occupancy at this address: _____ Landlord/Phone # _____

Home Phone # _____ Work Number _____

Cell Phone _____ Email _____

Social Security No. _____
 (Applicant) (Spouse)

Date of Birth: _____
 (Applicant) (Spouse)

Children: _____
 (Names and ages)

Total numbers of persons to occupy premises: _____

DO YOU HAVE A PET? _____ List Type _____

HAVE YOU BEEN EVICTED? _____ WHEN/WHY? _____

In Case of Emergency, notify: _____ Phone# _____

Vehicle 1, type & color: _____ Tag# _____

Vehicle 2, type & color: _____ Tag# _____

Other vehicle _____ ID/Tag# _____

EMPLOYMENT INFORMATION:

(Applicant's Employer) (Position) (Phone Number)

Dates of employment: _____ Previous employer (if less than one year at
present employment): _____

Bank Reference: _____
(Bank Name) (Location)

(Type of Account) (Account Number) (Phone Number) (Date Opened)

CHARACTER REFERENCES OTHER THAN RELATIVES:

1. _____ Home# _____ Office# _____

2. _____ Home# _____ Office# _____

3. _____ Home# _____ Office# _____

Present Landlord or Mortgage Co. _____ Phone# _____

Approval is hereby granted to the Association or their Agent, to investigate all information supplied on this application and full disclosure of pertinent facts may be made to the Association. The Association is also authorized to obtain a credit rating through a credit reporting agency if required.

Signature of Applicant

Signature of Spouse

Application for Unit# _____

Date: _____

**Association Name: The Hamptons West Condominium Association
Address: 20281 East Country Club Drive Aventura, Florida 33180**

**THIS APPLICATION MUST BE COMPLETED IN FULL BY PROSPECTIVE RESIDENTS
If information is missing, processing will be delayed until it is complete.**

APPLICATION FOR PURCHASE

- This Application and the attached Application for Occupancy must be completed in detail by the proposed Lessee.
- Please attach a copy of the Sales Contract to this Application.
- The Seller (current owner) shall provide the Buyer with a copy of all Condominium documents.
- Occupancy prior to final approval is prohibited.
- Processing of this Application will begin after all required forms have been completed, signed and in the Management's office.

PLEASE PRINT OR TYPE

Date: _____ Unit# _____ Approximate Closing Date: _____

Owner's Name: _____ Phone: _____

Owner's Present Address: _____

Name and Telephone of Realtor: _____

Name of proposed Buyer (as will appear on Title)

A) _____ b) _____

NAME, AGE, & RELATIONSHIP of other family members who will occupy the unit:

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHER PERSONS who will usually or frequently will occupy the unit:

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. In making the foregoing application, I represent to the Board of Directors that the purpose for the purchase at unit _____ is as follows:

Permanent Residence _____ Seasonal Residence _____ For Rental _____ 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 we will abide by all the restrictions contained in the By-Laws, Rules and Regulations, Condominium Documents and restrictions which are or may in the future be imposed by The Hamptons West Condominium Association.

3. I understand that I will be present when guests, relatives or children who are not residents occupy the unit.

4. I have _____ have not _____ received from the current owner a copy of all the Condominium Documents and Rules and Regulations.

5. I understand that the acceptance for purchase of a unit at the Hamptons West Condominium Association is conditioned upon the truth and accuracy of this Application and upon the approval of the Board of Directors. Occupancy prior to approval is prohibited.

6. I understand that the Board of Directors of The Hamptons West Condominium Association may cause to be instituted such an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors or their Agents 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 and officers of the Hamptons West Condominium Association itself shall be held harmless from contained herein or any investigation conducted by the Board.

In making the foregoing application, I am aware that the decision of the Hamptons West Condominium Association will be final and that 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.

Applicant _____ Co-Applicant _____

**THE HAMPTONS WEST CONDOMINIUM
ASSOCIATION**

**20281 East Country Club Drive
Aventura, Florida 33180**

**AUTHORIZATION OF RESIDENTIAL APPLICANT
FOR RELEASE OF BANKING AND
CREDIT INFORMATION**

I, _____ hereby authorize the release of information to the Hamptons West Condominium Association, Inc. and their Agents or Representatives concerning my bank and credit records in reference to this application.

I understand that this information is to be used as part of an investigate report. Furthermore, I hereby waive any privileges. I may have with respect to the disclosure of said information of the aforesaid parties.

Signature of Applicant

Date

Address

Date of Birth

Social Security Number