

TRADEWINDS CONDOMINIUM ASSOCIATION, INC.

C/O M&M Property Management LLC

1280 SW 36 Ave #305 * Pompano Beach, FL 33069 * Phone: (954) 582-4400 * Web: www.MMPM.us

APPLICATION FOR PURCHASE OR LEASE

Check One: Purchase _____ Lease _____ Occupancy _____

INSTRUCTIONS:

1. This application including all pages and authorization forms must be completed in detail by each proposed purchaser, other than husband/wife or dependent child (which is considered one applicant). All individuals over the age of 18 must complete their own application including appropriate fee.
2. Please attach a copy of the sales or lease contract to this application.
3. The Association has 30 days to complete its processing from the date of receipt of the fully completed application, all fees and any supplemental information required. If a question is not answered adequately or left blank, this application may be returned, not processed and not approved.
4. Use of this apartment is for single-family residences only. No corporation, Company, or Partnership or Trust may purchase any apartment.
5. Only one lease per year is permitted. A minimum of 6 months and a maximum of 12 months.
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.
7. Purchaser must notify the Association office of the closing date and supply a copy of the unrecorded Warranty Deed to the management office immediately upon closing.
8. All lockboxes must be registered with the M&M Management and located only in designated area of each building on the rack of outside wall by recycling room.

FEES REQUIRED: FEES REQUIRED: Money Orders/Cashier's Check only:

1. \$100.00 non-refundable application fee must be attached to this application, made payable to TRADEWINDS CONDOMINIUM ASSOCIATION, INC.
2. \$69.00 fee payable to TRADEWINDS CONDOMINIUM ASSOCIATION, INC. for installation of your name on the tele-entry board in building A, B, or C, made on a separate check.
3. Seller must provide the purchaser with a copy of all Condominium Documents.

ACCEPTANCE OF PROCESSING FEE DOES NOT IN ANY WAY CONSTITUTE APPROVAL OF THIS TRANSACTION.

OCUPANCY RESTRICTIONS:

1. No pets allowed at any time.
2. No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, motorcycles, mopeds, etc. permitted on the Condominium premises.
3. One-bedroom apartment – no more than 2 occupants.
4. Two-bedroom apartment – no more than 4 occupants.
5. One rental per year for a minimum 6 months and maximum 12 months.
6. **Minimum Credit Score of 650 or above is required.**

MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Date _____ Building # _____ Apt. # _____ Approx. Closing Date _____

Current Owner's Name _____ Phone # _____

Buyer/ Tenant's Realtor _____ Phone # _____

Name of Purchaser/ Tenant [As will appear on Contract]

A. _____

B. _____

Children that will occupy the apartment with you:

A. _____ Date of Birth _____

B. _____ Date of Birth _____

C. _____ Date of Birth _____

Other persons that will occupy the apartment with you:

A. _____ Age _____ Relationship/ Occupation _____

B. _____ Age _____ Relationship/ Occupation _____

C. _____ Age _____ Relationship/ Occupation _____

Have you ever lived in the Township before? Yes _____ No _____

If YES, state building # _____, Apartment # _____, Dates _____ to _____ and

Association Name _____

Have you ever seasonally resided in Florida before? Yes _____ No _____

If YES, please state the name, address, and dates of residency _____

Mortgage information: (if unit will be mortgaged) _____

AGREEMENT:

In making this application, I represent to the Board of Directors that the purpose of the purchase of an apartment in TRADEWINDS CONDOMINIUM ASSOCIATION, INC. is as follows:

Permanent _____ Seasonal _____ Investment for Rental _____ Other _____

1. I hereby agree for myself and on behalf of all persons who may use the apartment which I seek to purchase that I will abide by all restrictions contained in the By-Laws, Rules and Regulations, Association Documents and restrictions which are or may in the future be imposed by the TRADEWINDS CONDOMINIUM ASSOCIATION, INC.
2. I have received a copy of all Condominium Documents: Yes _____ No _____
3. I have received a copy of the Condominium 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. I understand that the Association has 30 days from the date of this application and any supplemental information required by the Association is received in which to approve or deny this application.
5. 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 TRADEWINDS CONDOMINIUM ASSOCIATION, INC., nor acquire one, either temporarily or permanently after occupancy.
6. I understand that I may not have guests or visitors when I am not present.
7. I understand that I may have guests for no more than 30 days when I am present.
8. I understand that the acceptance for purchase of an apartment at TRADEWINDS CONDOMINIUM ASSOCIATION, INC. is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of the information on these forms will result in the automatic disqualification of my application. Occupancy prior to Board of Directors approval is prohibited.
9. I understand the Board of Directors of TRADEWINDS CONDOMINIUM ASSOCIATION, INC. may cause to be instituted an investigation of my background, as the Board may deem necessary.

Accordingly, I specially authorize the Board of Directors, Management and the investigative company to make such investigation, and agree that the information contained in the attached application may be used in such investigation, and that the Board of Directors, Officers and Management of TRADEWINDS CONDOMINIUM 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 TRADEWINDS CONDOMINIUM ASSOCIATION, INC., 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 _____

Address _____

Notary Public: Sworn to and subscribed before me this _____ day of _____, 20__

SEAL

Signed _____

APPLICATION AUTHORIZATION SINGLE, MARRIED COUPLE OR PARENT CHILD

This application authorization form is to be completed by all applicants to be living or owning property/ unit/ apartment listed in the application for purchase or lease. Any person over 18 is required to fill out this section, a separate fee is also required for the screening portion. This portion can be used by 1 person unless married couple or parent/ child. All others are required to fill out their own application authorization. Any information not applicable to you put N/A.

PRINT ONLY

SECTION 1: APPLICANT INFORMATION

Name: _____ Date of Birth _____

Best Contact # _____ Email: _____

Name: _____ Date of Birth _____

Best Contact # _____ Email: _____

If you are not legally married, both persons must fill out a separate application and pay separate fee.

Address of Property: _____ Build _____ Unit _____

(___) Single (___) Married - # of vehicles person(s) using this form to be parked on property _____

Vehicle # 1 – Make/ Model/ State/ Plate # _____

Vehicle # 2 – Make/ Model/ State/ Plate # _____

Vehicle # 3 – Make/ Model/ State/ Plate # _____

SECTION 2: RESIDENCE HISTORY – PAST 3 YEARS

Present Address: _____ City _____ State _____

Resided From: _____ to _____

If Renting: Landlord Name: _____ Phone: _____

Previous Address: _____ City _____ State _____

SECTION 3: CHARACTER REFERENCES – PLEASE LIST 3, NO FAMILY PLEASE

Name: _____ Best Phone # _____

City & State _____

Name: _____ Best Phone # _____

City & State _____

Name: _____ Best Phone # _____

City & State _____

SECTION 4: EMPLOYMENT & BANK REFERENCES

APPLICANT

Employer: _____ Length of Time: _____

Address: _____ Position: _____

Supervisor: _____ Phone: _____ Monthly Income \$ _____

CO-APPLICANT

Employer: _____ Length of Time: _____

Address: _____ Position: _____

Supervisor: _____ Phone: _____ Monthly Income \$ _____

Banking Reference: Attach copy of latest bank statement in name of applicant, block out account #.

If this application is not completed in its entirety, M&M Property Management LLC or contracted affiliates used for background services for the above parties considering renting, occupy or purchase will not be held liable for inaccurate information gathered. It is also agreed to allow M&M Property Management LLC or contracted affiliate to do a full background/ financial check that is deemed necessary to complete the screening process, not be held liable for any inquiries into applicant’s credit file and will not hold liable any parties contracted/ hired by M&M. It is also agreed that for any reason applicant is rejected, M&M Property Management LLC and all affiliates will not be held responsible. If applicant brings any parties to court, applicant will be held fully responsible for all legal fees.

BY SIGNING YOU FULLY UNDERSTAND AND HAVE READ THE ABOVE INFORMATION

APPLICANT _____ CO-APPLICANT _____

M&M Property Management LLC

1280 SW 36th Ave #305 * Pompano Beach, FL 33069 * Phone: (954) 582-4400 * Web MMPM.us

Please complete, date and sign the release authorization form below

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND
CRIMINAL RECORDS (INCLUDING ARREST/POLICE RECORDS) INFORMATION.

For References: I have named you _____ as a reference on my application for residence and/or employment. You are hereby authorized to release and give to the below mentioned party(s) or their attorney or representative, all information they request concerning my banking, credit, residence, employment, and background with reference to my/our application for residence and/or employment.

DESIGNATED PARTY: M&M Property Management LLC

For prospective occupants, lessee, or buyers: I hereby waive all rights, privileges I may have with respect to said information in reference to its release to the above-mentioned party(s). It is also agreed by signing this that I release M&M Property Management LLC from any liability damage, loss of work or anything else related to this background check. Photocopies of this authorization may be made to facilitate multiple inquiries. In the event you receive a photocopy of this authorization, it should be treated as an original and requested information should be released to facilitate my/our application.

Applicant Full Legal Name _____

Address _____

City _____ State _____ Zip _____

Social Security # _____ DOB: _____

Signature _____ Date _____

Co-Applicant Full Legal Name _____

Address _____

City _____ State _____ Zip _____

Social Security # _____ DOB: _____

Signature _____ Date _____