55+ Condominium 512 Venice Avenue Venice, FL 34285 1-866-473-2573

# PURCHASE APPLICATION CHECKLIST

This application must be completed and submitted to Management at least 30 days prior to closing.

#### **Please Note**

Venice Avenue Condo Association may obtain a consumer report and other information deemed necessary, for the purpose of evaluating <u>any</u> occupant. It is understood 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.

Please return the following items to the office to begin the processing of the renter's application:

\*\*All Application fees are non-refundable.\*\*

 Completed Background Verification Authorization Form.
 Copy of a legible, valid <u>Photo Identification Card</u> issued by a federal or state agency. (i.e. Driver's License, State Issued ID, for all applicants)
 Completed & Signed Purchase Application.
 A check for \$100.00 for the processing of this application, made out to: Venice Avenue Condo Association.
 _ Agent must visit the closing portal at <a href="www.ciranet.com">www.ciranet.com</a> to start the closing process & obtain an estoppel.

\*No Pets of any Kind are permitted on the premises. \*No Smoking in any common area\*

After reviewing the Application, the owner will be contacted by the Management Company with the Board of Director's decision on the requested purchase.

THESE DOCUMENTS MUST BE PRINTED, SIGNED AND MAILED TO:

VENICE AVE CONDO, C/O REALMANAGE 333 TAMIAMI TRL. SOUTH VENICE, FL 34285

THEY MAY NOT BE SENT VIA EMAIL AS SIGNATURE AND PAYMENT MUST BE INCLUDED.

This page is for informational purposes only and does not need to be returned to the office.

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## **Purchase Application**

I / We hereby make an application to the Board of Directors to establish residence at Venice Avenue Condominium association and have attached a \$100 application fee. **Please note**: Application will not be considered without the fee being attached.

<u>Prospective Purchaser Information</u> (PLEASE PRINT	T)			
Prospective Purchaser Name:				
Prospective Purchaser Name:				
The Management office must know	where to se	end Association Corre	<u>espondence</u>	<u> </u>
Alternate Address:	City: _		_State:	_ Zip:
E-mail address:	E-mail	address:		
Phone Number(s):				
Prospective Property Purchase Information				
Current owner(s):				
Unit Address:				
Mortgage on property: ☐ Yes ☐ No Mortg  Must provide copy of mortgage statement.	gage Lende	er Name:		
Name of Representative (Realtor/Attorney/Title Co	ompany):			
Representative Phone Number:		email:		
Anticipated closing date:	_ Anticipate	ed occupancy date:		
Title/Lease to be taken as: Husband and \ Common other (specify)		Joint Tenants	In Trust	_ Tenants in
Name(s) in which title/ is to be taken:				1 of 4

THESE DOCUMENTS MUST BE PRINTED, SIGNED AND MAILED TO:

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#### APPLICANT ACKNOWLEDGEMENT OF RECEIPT OF DOCUMENTS:

Before you complete and sign this form, you should obtain from your seller, your realtor, our website documents. **Please Note:** It is the sellers' responsibility to provide these documents to the buyers.

I / We have received and/or read a copy of:

The Association Documents include the Articles of Incorporation, By-Laws, Rules & Regulations, and all amendments to original documents contained therein.

I UNDERSTAND THAT I AM RESPONSIBLE FOR COMPLYING WITH ALL DOCUMENT PROVISIONS THEREIN.

I / WE ALSO ATTEST AS A PROSPECTIVE PURCHASER/PROSPECTIVE OCCUPANT TO HAVE READ THE RULES AND REGULATIONS OF THE ASSOCIATION AND AGREE TO ABIDE BY ALL SUCH RULES AND HAVE INSPECTED THE UNIT AND WILL ACCEPT IT IN ITS PRESENT CONDITION.

Dated This \_\_\_\_\_\_, 20\_\_\_\_.

		Status-				
Names (Printed)	Signature	(Purchaser/occupant)				
The Purchase Application responses herein are made in good faith and to the best of my ability as to their accuracy.						
	Office Use Only					
Date Purchase Application Received: Date Decision Sent to Owner(s)/Buyer(s): Decision Email Sent:						
Action of Board of Directors						
Date: Designee Signature:	Appro	ved Unapproved:				

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# AFFIDAVIT \ CERTIFICATION OF AGE COMPLIANCE

**For Prospective Purchasers** – prospective *purchaser(s)* must complete and sign **restriction**) I/We do swear and affirm the following:

- 1. I/We are *prospective purchasers or occupants* of a unit Venice Avenue Condominium Association, located in Venice, Sarasota County, Florida 34285.
- 2. I/We are fifty-five (55) years of age or older. and are applying to become a member of the above-referenced Association.
- 3. The contents of this instrument are true and correct and based on my personal knowledge.

The undersigned being the prospective purchaser(s) at Venice Avenue Condominium Association, Inc., hereby acknowledge that the documents of the Association restrict occupancy and use of the unit for any purpose other than as a private dwelling for unit owner(s) or other occupancy approved by the Board of Directors, and the unit's occupants must be at least fifty-five (55) years of age.

The undersigned hereby acknowledges that the approval of Venice Avenue Condominium Association, for the undersigned's purchase of the subject unit is conditioned upon the undersigned's agreement to abide and comply with the above-described restriction at the time of closing of the purchase of the subject unit and throughout the undersigned's term of ownership thereof.

In addition, if visitation should conflict with the definition of "occupants" as determined by HUD and the Fair Housing Act as amended, and any legal ruling that may be retroactive to this purchase, then the visitation rights shall be amended and the appropriate legal requirements regarding "occupants" shall be adhered to.

I / WE AS APPLICANT(S) FOR PURCHASING at Venice Avenue Condominium Association ATTEST THAT THE FOREGOING INFORMATION IS ACCURATE. Under penalties of perjury, I/We declare that I/We have read this document and that the facts stated herein are true and correct.

Dated This \_\_\_\_\_\_, 20\_\_\_\_.

Names (Printed)	Signature	Status- (Purchaser/occupant)	Date of Birth
Hames (Frincea)	Signature	(Turchaser/occupanc)	Dute of Birth

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# **BACKGROUND VERIFICATION AUTHORIZATION**

<u>APPLICANT IDENTIFYING INFORMATION</u> (PLEASE PRINT) Please note: Applicants must attach a copy of a legible, valid Driver's license or state issued Identification. Applicants must meet the following age restrictions.

Unit #					
Applicant Name:	Birthdate:	Birthdate:			
Address:					
Applicant Name:	Birthdate:				
Address:					
AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CONSUMER REPORTS OR OTHER INFORMATION  I agree to hold harmless Venice Avenue Condominium Association and all providers of information on the applicant(s) stated above. In the event that the information provided by me (us) is found to be misleading or false, my acceptance for this application may be affected. I/We hereby authorize the Association's Agent to request a consumer report or other information from one of the consumer reporting agencies in considering this application. I/We also understand that any information will be held in strict confidence.					
Applicant Signature	Social Security Number*	Date			
Applicant Signature	Social Security Number*	Date			
Office Use Only					
Date Rental Application Received:	Date Rental Application Received: Date Decision Sent to Owner(s):				
Action of Date: Designee Signature:	f Board of Directors Approved	d Denied			