

PROPERTY TRANSFER APPLICATION

CENTURY VILLAGE EAST

DEERFIELD BEACH, FLORIDA

For every sale, rental, or other type of transfer of an interest in a CVE condo, whether done privately or with a realtor, this application must be submitted and approved by the applicant's building association. (In what follows the word "applicant" includes applicants, if more than one, and the word "purchaser" includes a tenant.) Every individual seeking to reside in Century Village East must submit a separate application (e.g., two applications per couple).

The application provides applicant background material, including criminal and financial information. A background investigation, which may take up to 30 days, will be initiated by the management company of the building association, who will charge a fee per application. This completed application should be dropped off or mailed to the building association's management company. In addition to this form, the completed application must include:

- A copy of a form of photo identification
- A copy of the sale, rental, or other type of transfer agreement
- Resident Emergency Information form

Submission of an application shall be taken as consent by the applicant for the management company to obtain a consumer credit report and conduct a background investigation. A resident renewing an existing annual lease will be issued a new ID without the need to reapply upon request with a signed letter by the Building Association President.

After application processing, the building association may require a supplemental application and an interview with applicant. The building will be provided with three copies of a Certificate of Approval Form to be completed by the building President.

All three copies of the Certificate of Approval Form are to be completed, signed, and sealed by the building President. Signing of the forms this way is an indication that the building association has approved the sale, rental, or other type of transfer.

One copy of the Certificate of Approval Form is to be retained by the building President and recorded on the Public Records. When the two remaining copies are returned to the CenClub ID Office in person or mailed via a provided envelope, a CVE ID may be issued to the applicant.

REQUIRED APPLICANT INFORMATION

BUILDING:	UNIT NUMBER:				
NAME OF PURCHASER / RENTER / OCCUPANT:					
	SSN:				
DATE OF BIRTH (MM/DD/YYYY): /					
UNIT OCCUPANCY (SELECT ONE): SEASONAL	ANNUAL				
CURRENT ADDRESS:					
CITY:	STATE: ZIP:				
EMAIL(S):					
PRIMARY PHONE: MC	OBILE PHONE:				
NAME(S) AND AGE(S) OF ALL OCCUPANT(S):					
(1)	AGE:				
(2)	AGE:				
(3)	AGE:				
Have you or any of the above occupants ever been co	onvicted of a felony? YES NO				
If yes, please identify convicted occupant(s) and describe details of conviction(s):					
Have you or any of the above occupants ever served t	time in prison? YES NO				
If yes, please identify occupant(s) involved and describe details of offense(s):					
Please list (if any) occupants who are currently on pare	ole:				
Please list (if any) occupants who are currently on probation:					
Applicant's Initials:					

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APPLICANT QUESTIONNAIRE

BUILD	DING:		UNIT NUMBER:			
NOTE: THE FOLLOWING QUESTIONS MUST BE ANSWERED TRUTHFULLY AND COMPLETELY. NO INFORMATION SHOULD BE WITHHELD. APPROVAL OF THE PURCHASE/RENTAL/OCCUPANCY WILL BE DETERMINED IN PART ON THE BASIS OF YOUR REPLIES TO THE QUESTIONS. ANY FALSIFICATION, DECEPTION, OR WITHHOLDING OF PERTINENT INFORMATION, OR MISLEADING ANSWERS, WILL JUSTIFY DISAPPROVAL.						
 If any of the prospective owner(s) and/or occupant(s) own any other real property in Century Village East, Deerfield Beach, please list the applicable address(es) below. 						
Е	BUILDING		UNIT			
(1)						
(2)						
(3)						
 If any of the units listed above are rented or leased by a tenant or tenants, please circle all that apply. (1) (2) (3) Please indicate your annual household income in USD: \$ By signing this application, I agree to abide by the rules and regulations of the building association, CVE Master Management Company, Inc., CenClub Recreation Management, Inc. If purchasing a unit, then I agree to abide by the following: a. Any applicable Building Association management agreement and any applicable CVE Master Management Company, Inc. agreement b. The recorded Declaration of Condominium and Bylaws and any amendments thereto c. Membership in CenClub Recreation Management, Inc. 						
PL	EASE INCLUDE:					
 A COPY OF A FORM OF PHOTO IDENTIFICATION A COPY OF THE SALE, RENTAL, OR OTHER TYPE OF PROPERTY TRANSFER AGREEMENT. 						
6.	Do you have a se	ervice animal or emotional support animal?	YES (addition	onal form required)		
Applicant's Initials:						
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BUILDING:	UNIT NUMBER:	

By submitting this Application, I verify that I have read and accept the above Terms and Conditions, that the statements I provided are true and correct, and I agree to be screened after payment of the application fee.

NOTARIZATION

ACKNOWLEDGMENT BY INDIVIDUAL:					
STATE OF					
COUNTY OF					
The foregoing instrument was acknowled	dged before me this	day of		of 20	
by	, who is personally	known to m	e or who has p	roduced	
	as identification.				
APPLICANT SIGNAT	TI IDE				
ALL ECAIN SIGNAL	TONE				
NOTARY N	IAME				
			SEAL		
SERIAL NUN	MBER				
Endorsement to be certified by Building Association's service management company ONLY:					
CRIMINAL AND FINANCIAL BACKGROUP	ND CHECK WAS PERFORI	MED BY SERVICE	MANAGEMENT C	OMPANY	
NAME OF SERVICE MANAGEMENT COMPANY:					
Print Name					
Signatura		Date			
Signature		Dale			



RESIDENT EMERGENCY INFORMATION

CENTURY VILLAGE EAST

DEERFIELD BEACH, FLORIDA

A copy of this form will be issued to your building president, as well as being retained in the CenClub database. This information will be kept confidential and will be used only to assist you during emergency situations. A separate form is required for each resident.

First Name:		Last Name:			
Date of Birth (MM/DD/YYYY):	1	/			
Century Village Address:					
Building:	Letter:	Number:			
Emergency Contacts:					
Name:		Phone Number:			
Name:		Phone Number:			
Name:		Phone Number:			
Please check all that apply:					
Hearing Impaired					
Diabetic					
Visually Impaired					
Do you require the use of a mob	oility device (walk	er, wheelchair, so	cooter, e	tc.)?	
Please describe other important med	dical information	below:			
Do you require a service animal or e	motional support	t animal?			
Yes: No:					
If yes, please describe the specific action(s) the service animal or emotional support animal is trained to provide:					
Except for service animals and support animals, no dogs or other animals are allowed on Recreation Property. Service and support animals are subject to exclusion or removal per Florida Statutes Section 413.08. Service and support animals that are specifically trained to aid disabled persons are welcome. By registering the information of the service or support animal, an appropriate symbol will be displayed on your CVE I.D., and the animal will be issued an I.D.					
Print Name:					
Signature:			Date:		