



Stratford Arms Condominium Association, Inc.

2600 South Ocean Boulevard
Boca Raton, Florida 33432

APPLICATION FOR PURCHASE, GIFT, DEVISE OR INHERITANCE APPROVAL

1. This application and the attached Application for Occupancy must be completed by the proposed purchaser.
2. **If any question is not answered or left blank, this application will be returned, not processed and not approved.**
3. A copy of the purchase and sale agreement must be signed and attached to this application.
4. Please attach a non-refundable processing fee of \$150.00 to this application made payable to **Stratford Arms Condominium Association, Inc.** **Acceptance of this fee does not in any way constitute approval of this transaction.**
5. The completed application must be submitted to the Association office at least **30 days** prior to the expected closing date.
6. All applicants must make themselves available for a personal interview prior to final Board of Directors approval.
7. Apartments are for single family residence only. No corporation, company or partnership may purchase an apartment.
8. No pets allowed at any time.
9. No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, motorcycles, Mopeds, etc., are permitted to park on the premises overnight. Parking is permitted in assigned parking space(s) available per apartment or in public parking areas.
10. The seller must provide the purchaser with a copy of all Association documents and rules and regulations. Otherwise, the purchaser must purchase them from the Association for \$50.00.
11. The purchaser must notify the Association office of the exact date of the closing.
12. Occupancy regulations: No more than 6 occupants per apartment.
13. Moving of furniture in or out of an apartment is not permitted on Saturdays, Sundays or holidays. Hours of moving are from **8:30 AM to 3:30 PM, Monday through Friday.**
14. Leasing or renting is not permitted. Guest privileges are limited according to regulations of the Association.

INSTRUCTIONS:

- 1 -All applicants are processed as separate investigations.
- 2 -Print legibly or type all information. Account and telephone numbers and complete addresses are required.
- 3 -If any question is not answered or left blank, this application may be returned, not processed or not approved.
- 4 -Missing information will cause delays in processing your application.
- 5 -Any misrepresentation, falsification or omission of information may result in your disqualification.
- 6 -Only the applicants are authorized to sign all forms on page 2.

APPLICATION FOR OCCUPANCY/APPROVAL

PRINT OR TYPE (Use Black Ink)

Purchase _____ or Lease _____ (How long)

Apt. No. _____ Bldg No. _____ Special Address or Unit _____

Date _____ 20____ Desired date of occupancy _____

Name (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

Spouse (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

[] Sngl. [] Married [] Widow(er) [] Sep. _____ [] Div. _____ Maiden Name _____
(How long) (How long)

Number of people who will occupy. Adults (over age 18) _____ Children (over 18) _____ Children (under 18) _____

Names & ages of children who will occupy: _____

Description of Pets (Breed, Size, Color, Weight, Etc.) _____

In case of emergency notify: _____
Name Address Telephone

PRINT OR TYPE (Use Black Ink)

RESIDENCE HISTORY

A. Present Address _____ Phone (____) _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____

B. Previous Address _____ Your Apt No. _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____

C. Prior Address _____ Your Apt No. _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____

PRINT OR TYPE (Use Black Ink)

EMPLOYMENT & BANK REFERENCES

A. Employed By (Business Name) _____ Phone (____) _____
(or retired from)

How long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip _____

B. Spouse's Employment (Business Name) _____ Phone (____) _____
(or retired from)

How long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip _____

C. Bank Reference _____ Phone (____) _____

How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____

Address _____ Zip _____

D. Bank Reference _____ Phone (____) _____

How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____

Address _____ Zip _____

PRINT OR TYPE (Use Black Ink)

CHARACTER REFERENCES

1. _____
Name Email Phone (Residential & Office)

2. _____
Name Email Phone (Residential & Office)

3. _____
Name Email Phone (Residential & Office)

Driver's Lic. No. #1 _____ #2 _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

If this application is NOT legible or is not completely and accurately filled out, Applicant Information (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, Applicant Information may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature _____ Applicant Signature _____ Applicant's Spouse

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure the Authorization Form is completed as indicated.

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND CRIMINAL BACKGROUND

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my /our application made for residency.

DESIGNATED PARTY: APPLICANT INFORMATION

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

(Applicant's Signature)

(Applicant's Name Printed)

(Spouse's Signature)

(Spouse's Name Printed)

DATE _____

PLEASE PRINT OR TYPE ALL INFORMATION ON THIS FORM

DATE _____ APT. NO. _____ APPROX. CLOSING DATE _____

OWNER'S NAME _____ TEL. NO. _____

OWNER'S PRESENT ADDRESS _____

NAME OF REALTOR _____
REALTOR'S TELEPHONE NUMBER _____

NAME OF PROSPECTIVE PURCHASER (AS TITLE WILL APPEAR):

a. _____

b. (SPOUSE) _____

CURRENT ADDRESS OF PROSPECTIVE PURCHASER: _____

ZIP CODE _____ TELEPHONE _____

MORTGAGE INFORMATION: (IF UNIT WILL BE MORTGAGED):

NAME OF LENDER _____ TEL. NO. _____

ADDRESS _____

OTHER PERSONS WHO WILL OCCUPY THE APARTMENT WITH YOU:

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

HAVE YOU EVER SEASONALLY RESIDED IN FLORIDA? _____ IF YES, PLEASE STATE THE CONDOMINIUM NAME, YOUR ADDRESS AND DATES OF RESIDENCY

IF RETIRED, PLEASE STATE COMPANY'S NAME AND ADDRESS RETIRED FROM
AND DATE RETIRED _____

HAVE YOU EVER BEEN CONVICTED OR PLED GUILTY TO A CRIME _____
IF SO, STATE DATE, CHARGES AND DISPOSITION _____

1. In making the foregoing application, I represent to the Board of Directors that the purpose for the purchase of an apartment at the Stratford Arms Condominium is:

Permanent Residence _____ Seasonal Residence _____ Other _____
Explain Other _____

2. I hereby agree for myself and on behalf of all other persons who may use the apartment which I seek to purchase that I will abide by all of the restrictions contained in the By-Laws, Rules & Regulations, Association Documents, and restrictions which are or may be in the future imposed by the Stratford Arms Condominium Association, Inc.
3. I have received a copy of all Association Documents _____
I have received a copy of the Rules & Regulations _____
4. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. Occupancy prior to Board of Directors approval is prohibited.
5. If this application is accepted, I will provide a copy of the Closing Statement and a copy of the recorded Deed to the Association within 20 days after closing.
6. I understand that there is a restriction on pets and that I may not bring a pet, nor may any guest or visitor bring a pet into the Stratford Arms Condominium, nor acquire one, either temporarily or permanently, after occupancy.
7. I understand that the acceptance for purchase of an apartment at the Stratford Arms Condominium 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 this document will result in the automatic rejection of this application.

8. I understand that the Board of Directors of the Stratford Arms Condominium Association, Inc., may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors and Management of the Stratford Arms Condominium Association, Inc., and RENTERS REFERENCE OF FLORIDA, INC., to make such investigation and agree that the information contained in this application may be used in such investigation, and that the Board of Directors, Officers and Management of the Stratford Arms 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.

9. I understand that leasing and/or renting of apartments in the Stratford Arms Condominium is prohibited and that guests and visitors are restricted by the Rules & Regulations of the Stratford Arms Condominium Association, Inc.

10. The Stratford Arms Condominium Association, Inc., is empowered by our execution of this application to confirm our financial wherewithall and creditworthiness with the personal references or business references listed above. We specifically grant permission to the Association to seek information or confirmation from our personal and financial references, all by virtue of our execution of this document.

In making the foregoing application, I am aware that the decision of the Stratford Arms Condominium Association, 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 _____ DATE _____

APPLICANT _____ DATE _____

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