

OASIS AT PALM AIRE ASSOCIATION, INC.
c/o Campbell Property Management
3500 Gateway Drive #202
Pompano Beach, FL 33069
Phone: (954) 968-4481

APPLICATION FOR PURCHASE OR TRANSFER

THIS APPLICATION REQUIRES NOTARIZATION OF BUYER'S SIGNATURE(S)

INSTRUCTIONS:

1. This application, the attached application for occupancy, and background authorization forms must be completed in detail by each proposed purchaser.
2. This application must be accompanied by a copy of the sales contract.
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. The seller must provide the purchaser with a copy of all HOA Documents, Amendments, and Rules & Regulations.
5. All applicants must make themselves available for a personal interview with the Board of Directors for approval. Occupancy prior to Board approval is prohibited.
6. Purchaser must notify the Association office of the closing date and supply a copy of the Warranty Deed and Settlement Statement to the management office upon closing.
7. Use of this property is for single family residences only.
8. All applicants must provide Proof of Income: 1 month of pay stubs PLUS 2 months of bank statements.

FEES REQUIRED*:

1. \$100 non-refundable processing fee must be attached to this application, made payable to Oasis at Palm Aire.

*Acceptance of this fee does not in any way constitute approval of the application.

OCCUPANCY RESTRICTIONS:

1. Pets require prior board approval.
2. No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, or recreational vehicles permitted on the HOA premises.
3. No rental in the first year of ownership.
4. Leases for less than 6 months (180 days) are prohibited without the approval of the Board.

NOTICE OF INTENTION TO SELL

Date: _____

To: Oasis at Palm Aire Association, Inc.
c/o Campbell Property Management, 3500 Gateway Dr. #202 Pompano Beach, FL 33069

You are hereby notified that I/we desire to accept a bona fide offer made to me/us by:

to purchase my/our private home located at _____

-----VALUES-----

Per Broward County Property Appraiser: "We rely heavily on the forms which are presented to Broward County Recording Division when deeds are recorded. These forms tell us whether there was personal property or unusual terms of sale involved with a particular transaction. The documentary stamp tax on deeds applies only to real estate, so buyers and sellers of property should be certain not to stamp the deed for anything other than real estate." Therefore, all personal property included in the sale must be separately valued as shown below. *The documentary stamps on the recorded deed must conform to this valuation.*

I/we are selling my/our apartment (CHECK ONE): Furnished Unfurnished

The price offered by the prospective purchaser is:

Selling price furnished: \$ _____

Value of personal property included in sale: \$ _____

Selling price unfurnished: \$ _____

A Purchase Application, completed by the above named prospective purchaser(s) is herewith submitted to you with this Notice, along with the required processing fee. This fee is non-refundable and does not in any way constitute approval of this transaction. The information supplied will enable you to determine the eligibility of the purchaser(s). I/we will provide a copy of the HOA Documents to the purchaser. I/we are aware that the Association has thirty (30) days to approve or disapprove this transaction. Upon receipt from you of your written approval, I/we will then proceed to sell this home.

ALL MAINTENANCE ASSESSMENTS MUST BE CURRENT.

Owner's Signature: _____

Owner's Signature: _____

PURCHASE APPLICATION

All questions must be answered in full by the Purchaser for this application to be processed.

Date _____ Approximate Closing Date _____

Property Address _____

Seller's Name _____ Telephone # _____

Seller's Present Address _____

Name of Realtor Handling Sale _____ Telephone # _____

Currently Tenant Occupied: Y / N If yes, lease expiration date _____

Name of Prospective Purchaser (as it will appear on the title):

(A) _____ (B) _____

Minor children who will occupy the home with you:

_____	_____	_____	_____
Name	Birth Date	Name	Birth Date
_____	_____	_____	_____
Name	Birth Date	Name	Birth Date

Other persons who will occupy the home with you:

_____	_____	_____
Name	Age	Relationship
_____	_____	_____
Name	Age	Relationship

Have you ever resided in Palm Aire before: _____ If yes, please state the name, address and dates of residency. _____

AGREEMENT:

In making the foregoing application, I represent to the Board of Directors that the purpose for the purchase of a house at Oasis at Palm Aire Association, Inc. is as follows:

Permanent Residence: _____ Seasonal Residence: _____ Investment/Rental: _____ Other: _____

1. I hereby agree for myself and on behalf of all persons who may use the house which I seek to purchase that I will abide by all the restrictions contained in the by-laws, rules and regulations, HOA documents, and restrictions which are or may in the future be imposed by Oasis at Palm Aire Association, Inc.
2. I have received a copy of the HOA Documents: Yes _____ No _____
3. I have received a copy of the 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 this application and any supplemental information required by the Association is received in which to approve or deny this application.

5. I understand that the acceptance for purchase of a house at Oasis at Palm Aire 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 rejection of this application. Occupancy prior to Board of Directors approval is prohibited.
6. I understand that the Board of Directors of Oasis at Palm Aire Association, Inc. may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly I authorize the Board of Directors, Management, and their agents to make such investigation and agree that the information contained in this and attached application may be used in such investigation, and that the Board of Directors and officers of Oasis at Palm Aire 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 Oasis at Palm Aire Association, Inc. will be final. I agree to be governed by the determination of the Board of Directors.

Buyer's Signature: _____ Buyer's Signature: _____

Print Name: _____ Print Name: _____

Present Address: _____

Telephone: _____ Telephone: _____

Email Address: _____

THIS DOCUMENT MUST BE NOTARIZED

Sworn to and subscribed before me this _____ day of _____, _____ by
 _____ who is personally known to me or produced identification .

 Notary Public

My Commission Expires:

For Board of Directors' Use

Date Approved _____

Date Disapproved _____

Board Member's Signature _____

READ FIRST: Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014

**** THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! ****

APPLICATION FOR OCCUPANCY

Association Name: Oasis at Palm Aire Association, Inc.

Circle one: Purchase - Lease - Occupant - Unit.# _____ Bldg.# _____ Address applied for: _____
Full Name _____ Date of Birth _____ Social Security # _____
Circle One: Single - Married - Separated - Divorced - How Long? _____ Other legal or maiden name _____
Have you ever been convicted of a crime? _____ Date (s) _____ County/State Convicted in _____
Charge (s) _____
Applicant's Cell Number(s) _____ Applicant's Email Address _____
Spouse _____ Date of Birth _____ Social Security # _____
Other legal or maiden name _____ Have you ever been convicted of a crime? _____ Date (s) _____
County/State Convicted in _____ Charge (s) _____
Spouse's Cell Number(s) _____ Spouse's Email Address _____
No. of people who will occupy unit – Adults (over age 18) _____ Description of Pets _____
Names and ages of others who will occupy unit _____
In case of emergency notify _____ Address _____ Phone _____

PART I – RESIDENCE HISTORY

A. Present address _____ Phone _____
(Include unit/apt number, city, state and zip code)
Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____
Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____
Are you on the Lease? _____ If not, who is the leaseholder? _____ Are you on the Deed? _____ If yes, under what name? _____
Name of Landlord _____ Phone _____ Email address _____
Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

B. Previous address _____
(Include unit/apt number, city, state and zip code)
Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____
Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____
Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? _____ If yes, under what name? _____
Name of Landlord _____ Phone _____ Email address _____
Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

C. Previous address _____
(Include unit/apt number, city, state and zip code)
Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____
Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____
Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? _____ If yes, under what name? _____
Name of Landlord _____ Phone _____ Email address _____
Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

PART II – EMPLOYMENT REFERENCES

Include a recent copy of an earnings statement to expedite processing

A. Employed by _____ Phone _____
 Dates of Employment: From: _____ To: _____ Position _____ Fax _____
 Monthly Gross Income _____ Address _____

B. Spouse Employed by _____ Phone _____
 Dates of Employment: From: _____ To: _____ Position _____ Fax _____
 Monthly Gross Income _____ Address _____

PART III – BANK REFERENCES

Include a recent copy of a bank statement to expedite processing

A. Bank Name _____ Checking Acct. # _____ Phone _____
 Address _____ Fax _____

B. Bank Name _____ Savings Acct. # _____ Phone _____
 Address _____ Fax _____

PART IV – CHARACTER REFERENCES (No Family Members)

1. Name _____ Home Phone _____
 Address _____ Business Phone _____
 Email Address _____ Cellular Phone _____

2. Name _____ Home Phone _____
 Address _____ Business Phone _____
 Email Address _____ Cellular Phone _____

3. Name _____ Home Phone _____
 Address _____ Business Phone _____
 Email Address _____ Cellular Phone _____

4. Name _____ Home Phone _____
 Address _____ Business Phone _____
 Email Address _____ Cellular Phone _____

Are you using a realtor? Yes _____ No _____ If yes: Realtor's name _____
 Email Address _____ Cellular Phone _____

Driver's License Number (Primary Applicant) _____ State Issued _____
 Driver's License Number (Secondary Applicant) _____ State Issued _____
 Make _____ Type _____ Year _____ License Plate No. _____
 Make _____ Type _____ Year _____ License Plate No. _____

If this application is not legible or is not completely and accurately filled out, Associated Credit (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 and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____

ASSOCIATED CREDIT REPORTING, INC.

Established 1985

4690 NW 103rd Avenue, Sunrise, Florida 33351
www.associatedcreditreporting.com

Phone: 754-216-0025
Toll Free: 800-676-7640
Fax: 954-635-2157
Toll Free Fax: 800-235-7185

AUTHORIZATION FORM

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY. If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

(Applicant's Signature)

(Spouse's Signature)

(Applicant's Name Printed)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)