

A Florida Not-For-Profit Corporation & 55+ years and older Community
VILLAGE ON THE GREEN CONDOMINIUM III ASSOCIATION, INC.

PURCHASE/LEASE/CO-RESIDENT APPROVAL APPLICATION

NOTE: A \$100.00 NON-REFUNDABLE FEE CENSUS FORM w/PHOTO and COPY OF SALES CONTRACT OR LEASE AGREEMENT MUST ACCOMPANY THIS APPLICATION PRIOR TO ITS CONSIDERATION FOR APPROVAL.

This application is for: SALE _____ LEASE _____ CO-RESIDENT _____

ADDRESS OF PROPERTY: _____ Clearwater, FL 33763

NAME OF PRESENT OWNER(S): _____

MAILING ADDRESS OF OWNER(S): _____

PERSONAL DATA OF PURCHASER(S), LESSEE(S) OR CO-RESIDENT(S) **SEPARATE APPLICATION AND FEE IS REQUIRED FOR OTHER THAN SPOUSE AND BONA FIDE DEPENDANT.**

NAME: _____ BIRTH DATE ____/____/____ PHONE: _____

DRIVER'S LICENSE NO: _____ VEHICLE #1: _____

LICENSE PLATE NO: _____ SOCIAL SECURITY (Last 4 Digits): _____

NAME: _____ BIRTH DATE ____/____/____ PHONE: _____

DRIVER'S LICENSE NO: _____ VEHICLE #1: _____

LISCENCE PLATE NO: _____ SOCIAL SECURITY (Last 4 Digits): _____

CURRENT ADDRESS: _____ HOW LONG: _____

PURCHASER(S): MORTGAGEE: _____ PHONE: _____

BANK NAME: _____

BANK NAME: _____

LESSEE'S FORMER LANDLORD ADDRESS/PHONE: _____

PURCHASER(S)/LESSEE(S): (if retired, prior employment)

CURRENT EMPLOYER: _____ **PHONE:** _____

OCCUPATION: _____ **HOW LONG:** _____

FORMER EMPLOYER: _____ **PHONE:** _____ **HOW LONG:** _____

ANY OTHER PERSON(S) THAT WILL OCCUPY UNIT FOR MORE THAN 3 WEEKS DURING A 6 MONTH PERIOD, OR 6 WEEKS DURING A YEAR PERIOD, MUST COMPLETE A SEPARATE APPLICATION.

HAVE YOU EVER BEEN EVICTED? _____
HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____

HAVE YOU EVER BEEN IN LITIGATION WITH LANDLORD OR CONDOMINIUM ASSOCIATION? _____

IF YES, PROVIDE DETAILS AS TO DATE, LOCATION AND OTHER PERTINENT INFORMATION _____

NAME OF REAL ESTATE AGENT OR PERSON HANDLING TRANSACTION: _____

ADDRESS: _____ **PHONE NO:** _____

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PURCHASER(S) ONLY: PURCHASER(S) UNDERSTANDS THAT SHE/HE/THEY WILL AUTOMATICALLY BECOME A MEMBER OF THE CONDOMINIUM ASSOCIATION AND THAT ALL DULY ENACTED ASSESSMENTS OF THE ASSOCIATION ARE DUE AND PAYABLE AS ENACTED AND IF UNPAID, ARE SUBJECT TO A CLAIM OF LIEN TO BE PLACED UPON THE UNIT: _____

_____(Initial)

PURCHASER(S) & LESSEE(S): AUTHORIZE THE ASSOCIATION OR MANAGING AGENT TO SECURE CREDIT AND ANY OTHER INFORMATION DEEMED NECESSARY IN APPROVING THIS APPLICATION. _____(Initial)

PURCHASER(S) HAS/HAVE RECEIVED THE FOLLOWING: DECLARATION: _____
BY-LAWS: _____; ARTICLES OF INCORPORATION: _____
CURRENT BUDGET: _____

PURCHASER(S) HAS/HAVE READ THE ABOVE STATED DOCUMENTS AND AFFIRM THAT SHE/HE/THEY WILL ABIDE BY ALL CONDITIONS AND TERMS OF SAID DOCUMENTS AS NOW ENACTED OR WILL BE DULY ENACTED OR AMENDED IN THE FUTURE: _____

LESSEE(S) HAVE RECEIVED AND READ THE RULES & REGULATIONS AND AFFIRM THAT SHE/HE/THEY WILL ABIDE BY ALL THE CONDITIONS AND TERMS OF SAID RULES AND REGULATIONS AS NOW ENACTED OR WILL BE DULY ENACTED IN THE FUTURE: _____

PROPOSED MOVE IN DATE: _____, IF LEASE, EXPIRATION DATE: _____
NO LEASE SHALL BE FOR LESS THAN ONE (1) YEAR PERIOD.

APPLICANT(S) SIGNATURE(S):

DATE: _____ WITNESS: _____

DATE: _____ WITNESS: _____

DELIVER OR MAIL TO:

Robert Kelly
Ameri-Tech Community Management, Inc.
24701 US Highway 19 North, Suite 102
Clearwater, FL 33763

AN INTERVIEW BY THE BOARD OF DIRECTORS MUST BE COMPLETED PRIOR TO APPROVAL OF THIS APPLICATION AND BEFORE CLOSING OF SALE OR LEASE.

APPROVED _____ DISAPPROVED _____

PRINT NAME TITLE SIGNATURE DATE

PRINT NAME TITLE SIGNATURE DATE

PRINT NAME TITLE SIGNATURE DATE

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VILLAGE ON THE GREEN
CONDOMINIUM III ASSOCIATION, INC.
FAIR HOUSING ACT – CENSUS

I/We am/are the permanent occupant of _____
Clearwater, Florida 33763, in Village on the Green Condominium III Association, Inc.

We understand that the Association is required by Federal Law to have this census form completed and on file in the official records of the Association to continue to qualify for the Housing of Older Persons Exemption to the Federal Fair Housing Amendments Act of 1988, and the Housing for Older Persons Act of 1995, in order to maintain our retirement community lifestyle and continue to prevent persons under the age of 18-years of age from permanently residing in our community. (Viewing of this form is limited, by law, to the properly authorized persons or agencies.)

The following information is true and correct:

a. As of the date shown on this affidavit, there was (in case of a sale or lease, will be) at least one (1) person occupying my unit who was age 55 or over.

Yes _____ No _____

b. Has the occupancy of this unit changed since September 12, 1988?

Yes _____ No _____

c. Please identify the occupant(s) who is/are over 55 years of age:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

d. Please identify all occupant(s):

Name _____ Date of Birth _____

Name _____ Date of Birth _____

We have provided one of the following showing proof of age for all occupants, and a copy of this/these Document(s) is/are attached hereto for the Association's records: (check form being provided for proof of Age)

_____ (1) Birth Certificate _____

_____ (2) Driver's License No. _____

_____ (3) Medicare Card No. _____

_____ (4) Voter's Registration _____

_____ (5) Other (specify) _____

Dated this _____ day of _____, 20_____

(person providing information)

Print Name of Affiant _____