

PG Property Management
9858 Glades Road Ste D3 # 763
Boca Raton FL 33434
Tel: 561-324-1616
olivier@pgpm.net

**HAWAIIAN GARDENS PHASE VI ASSOCIATION
LOTUS, MARIGOLD, NETTLE, & ORCHID GARDENS**

**SALE APPLICATION
THIS IS A 55 YEAR OR OLDER COMMUNITY ONLY**

The attached application forms **MUST** be completed in full by each adult applicant (other than Husband/Wife or Parent/Dependant child which is considered one application) and returned to **PG Property Management** along with a \$100.00 Check or money order for each application made payable to **HAWAIIAN GARDENS PHASE VI**.

This application fee is non-refundable.

In addition, the following items and or terms are required to accompany the application forms and fee.

Please mark (√):

- 1.() A copy of the signed Sales Contract . All sales of apartments require a minimum of 20% down payment in cleared funds on contract unless the buyer(s) pay cash.
- 2.() Photo ID for each adult occupant driver's license or passport
- 3.() A copy of current credit report
- 4.() If applicable, a copy of Mortgage Commitment letter from the bank or Mortgage company including the terms of the loan, rate of interest, & monthly Payment
- 5.() Prospective purchasers must have an annual income of at least \$40,000 and/ or investments and assets to substantiate the capability to meet the financial obligations plus proof of income (last 2 years income tax returns and payroll stubs for the preceding month.)
- 6,() The applicant who pays his condo in cash must complete the agreement " **to not incomber** "
7. (); All applicants must make themselves available for a personal interview prior to final Board approval.

MORTGAGE INFORMATION: (If unit will be mortgaged):

Name of Lender _____ Tel _____

Address _____

OTHER PERSONS who will occupy the apartment with you:

Name _____ Age _____ Relationship _____

Occupation

Have you ever seasonally resided in Florida before? If yes, please state the name, address and dates of residency

If retired, please state the company's name and address retired from and when retired.

Have you or any proposed occupant ever been convicted of or pled to a crime? If yes, please state the date (s), charge(s), disposition(s) and location(s):

1. In making the foregoing application, I represent to the Board of Directors that the purpose for the purchase of an apartment at HAWAIIAN GARDENS PHASE VI is as follows:

Permanent Residence Seasonal Residence _____ Other: (Explain)

2. I hereby agree for myself and on behalf of all persons who may use the apartment which I seek to purchase that I will abide by all of the restrictions contained in the Bylaws, Rules and Regulations, Association Documents, and restrictions which are may be in the future be impose by the HAWAIIAN GARDENS PHASE VI ASSOCIATION.

3 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.

4. If this application is accepted, I will provide the Association with a copy of the Closing Statement and a copy of the recorded Deed within 14 days after closing.

5. I understand that there is a restriction on pets and that I may not bring any pet, nor may any guest, visitor or tenant bring, a pet into HAWAIIAN GARDENS PHASE VI, nor acquire one, either temporarily, or permanently alter occupancy.

6. I understand that the acceptance for purchase of an apartment at HAWAIIAN GARDENS PHASE VI is conditioned in part upon the true and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation, falsification or omission of information of these forms will result in the automatic disqualification of my application. Occupancy prior to Board of Directors approval is prohibited.

7. I understand that the Board of Directors of the HAWAIIAN GARDENS PHASE VI ASSOCIATION may cause to be institute an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management and RENTERS REFERENCE OF FLORIDA, INC, to make such investigation and agree that the information contained in this and the attached application may be use in such investigation, and that the Board of Directors, Officers and Management of the HAWAIIAN GARDENS PHASE VI ASSOCIATION 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 the HAWAIIAN GARDENS PHASE VI ASSOCIATION 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's Signature _____ Date _____

Applicant's Signature _____ Date _____

IMPORTANT NOTE: Complete all questions and fill in all blanks. 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 cannot be cancelled or refunded.

PLEASE USE BLACK INK

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

APPLICATION FOR OCCUPANCY

Association Name: Hawaiian Gardens Phase 6

NOTE: All information supplied is subject to verification. All telephone numbers must be able to be reached between 9-5 P.M. Date _____

Purchase__ Lease__ Occupant____ Apt. # _____ Building _____

Address applied for: _____

Full Name _____ Date of Birth _____ Social Security _____

Single Married E Separated Divorced__ _

Other legal or maiden name _____

Have you ever been convicted of a crime? _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

Spouse Date of Birth _____ Social Security _____

Maiden Name _____ Have you ever been convicted of a crime? _____ Date (s) _____

County/State Convicted in _____ Charge'(s) _____

No. of people who will occupy unit _____ Adults (over age 18) _____

Names and ages of others who will occupy unit _____

Names and ages of others who will occupy unit _____

Applicants Cell Number(s) _____ Applicants Email Address _____

In case of emergency notify _____

address _____ Phone _____

PART I— RESIDENCE HISTORY

Present address _____ Phone _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____

Dates of Residency: From _____ to _____

Own Home Parent/Family Member Rented Home Rented Apt Other _

Rent/Monthly Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No _____ Phone _____

Previous address _____ Phone _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____

Dates of Residency: From _____ to _____

Own Home Parent/Family Member Rented Home Rented Apt Other _

Rent/Monthly Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No _____ Phone _____

PART II — EMPLOYMENT REFERENCES

Include a recent copy of an earnings statement to expedite processing

Employed by _____ Address _____

Phone _____

Dates of Employment: From: _____ to: _____ Position _____

Monthly Gross Income _____

Spouse Employed by _____ Address _____

Phone _____

Dates of Employment: From: _____ to: _____ Position _____

Monthly Gross Income _____

PART III — BANK REFERENCES

Include a recent copy of a bank statement to expedite processing

Bank Name _____ Checking Acct. # _____ Phone _____

Address _____ Fax _____

Bank Name _____ Checking Acct. # _____ Phone _____

Address _____ Fax _____

PART IV — CHARACTER REFERENCES (No Family Members)

Please notify Character References that we will be contacting them to obtain a reference

Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address _____ Cellular Phone _____

Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address _____ Cellular Phone _____

Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address _____ Cellular Phone _____

Name _____ Home Phone _____

Address _____ Business Phone _____

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 (and 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
8795 West McNab Road, First Floor, Tamarac, Florida 33321
www.associatedcreditreporting.com

*****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)

Hawaiian Gardens Phase VI
Lotus, Marigold, Nettle, Orchid Gardens. Condominium Association, Inc.
APPLICATION FOR APPROVAL
(Sale or Lease of Apartment)
(55 YEARS OF AGE AND. OLDER COMMUNITY)

QUESTIONNAIRE

(PLEASE ANSWER ALL QUESTIONS DO NOT LEAVE ANY BLANKS)

I . Names, ages and relationships of all applicants (whose names will appear as grantees in the deed or lease).

Applicant A _____ Age _____ Relationship _____

Applicant B _____ Age _____ Relationship _____

Applicant A S S # _____ DOB _____

Applicant B S S # _____ DOB _____

Application for Approval (Sate or Lessee of Apartment)

2. Applicant's home address: _____

City & State _____ Zip _____

3. Applicant's s Telephone Number _____ Work _____

4. Applicant's mailing if different than home address _____

City & State _____ Zip _____

5. Applicant's residence for previous five (5) years:

Address _____ from _____ to _____

Address _____ from _____ to _____

Address _____ from _____ to _____

6. Applicants Employment:

Applicant A _____

Employed by: _____

Type of Business: _____

Business Telephone: _____

Position field: _____

Length Employed: _____

Applicant B _____

Employed by _____

Type of Business: _____

Business Telephone: _____

Position field: _____

Length Employed: _____

7. Names and addresses of two (2) unrelated personal references who have known applicant (s) for at least five (5) years:

Name _____ Address _____

Name _____ Address _____

8. Apartment is being Leased purchased by the Applicant (s) for personal residence, the Applicant (s) intend (s) to reside:

Year Round___Seasonally___

9. The Applicant (s) has (have)___children, the eldest of whom is years of_____age, and the youngest of whom is _____years of age.

Name_____Age_____Relationship_____

Name_____Age_____Relationship_____

Name_____Age_____Relationship_____

Name_____Age_____Relationship_____

The undersigned Applicant (s) bas (have) rend the Rules & regulations, Condominium Documents as promulgated by the Condominium Association, and agree (s) to abide by

I (We) AUTHORIZE FULL, INVESTIOATION OF ALL ANSWERS AND REFERENCES GIVEN, ABOVE BY CONDOMINIUM ASSOCIATION. ITS AGENTS OR MANAGEMENT, COMPANY.

Dated this _____ day of _____, 20____in the City of _____

State of _____, County of _____

(Applicant A)(Lessee) _____

(Applicant B) (Lessee) _____

APPROVED:

APARTMENT OWNER (Print Name)

Date

APARTMENT OWNER (Signature)

Date

OFFICE USE ONLY:

The undersigned hereby certifies that this Application for approval of Sale or Lease was ___APPROVED or ___DISAPPROVED by the Board of Directors of **HAWAIIAN GARDENS PHASE VI CONDOMINIUM ASSOCIATION, INC.** on the _____ day of _____20____

Secretary or Authorized officer of Condominium

NOTICE OF INTENTION TO SELL CONDOMINIUM UNIT

TO: The Board of Directors Hawaiian Gardens Phase VI Association,

DATE: _____

UNIT NO: _____

FROM _____

Unit owner(s) (please print)

In accordance with the regulations established by the Board of Directors under Article XIII of the Declaration of Condominium" and Chapter Two of the Rules and Regulations of Hawaiian Gardens Phase VI Association. I (we) hereby submit to the Board of Directors this Notice of intention to sell. the above described unit.

Unit Owner(s) signature:

INTENTION TO PURCHASE APPLICATION

Memorandum of Undersigned (to be signed by Purchaser / Lessee.)

I (We) the intended (Purchaser/Lessee) of the Condominium Unit described declare that we understand that we shall at all times hold out interest in the Condominium subject to the Provisions of the Declaration of Condominium for the Hawaiian Gardens Phase VI Association Inc.. as amended the By-laws of the Condominium and the rules promulgated or hereafter established by the Owners or Directors of the Condominium. I (we) further understand that the aforesaid Declaration, By-laws and Rules are available for inspection at the Condominium office.

Signature

Signature

Date

Date

Personal information and references to be supplied by the intended (purchaser/lessee) of Unit _____ in Building _____ in the Hawaiian Gardens Phase VI Association,

Names of Purchaser/Lessee: Applicant _____

Date of Birth: _____ SSN/SIN. _____

Co-Applicant _____

Date of Birth: _____ SSN/SIN. _____

Name of all other persons who will reside in Unit

Name _____ Date of Birth _____

Name _____ Date of Birth: _____

Name _____ Date of Birth: _____

Applicants(s) most banks, financial institutions, Mortgage companies and employers require your signature and name printed. Make sure this Authorization Form is complete as indicated A separate Authorization Form must be completed for each Applicant.

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE AND EMPLOYMENT INFORMATION.

I have named you as a reference on my application for purchase. You are hereby authorized release and give to Hawaiian Gardens Phase V1 Association Inc. or their Attorney. or Representative, any and all information they request concerning my banking, credit, residence and employment in reference with my/our application made for purchase,

DESIGNATED PARTY

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 purchase.

Applicant Signature

Applicant's Name Printed

Co-Applicant

Co-Applicant Name Printed

_____ 20_____
Date

**HAWAIIAN GARDENS PHASE VI ASSOCIATION
LOTUS, MARIGOLD, NETTLE, & ORCHID GARDENS
PURCHASE APPLICATION**

Every new buyer must have signed and initialed this purchase form which includes, without being limited to:

An acknowledgement of and obligation to read the Regulations of Hawaiian Gardens

Phase VI.

Initial (s) _____

The recognition that Phase VI is a senior community for persons 55 years old or older and to be an owner I (we) must have 55 years old or older.

Initial (s) _____

The condo leasing procedure.

Initial (s) _____

The addresses of communication and e-mail addresses including any future modifications thereof.

Initial (s) _____

The acceptance that nobody can rent their condo within two years of the date of closing the purchase with the lawyer.

Initial (s) _____

The acceptance of the obligation of installing cork underlay (sound proofing) under ceramic tile on the 2nd and 3rd floors of the Building.

Initial (s) _____

That owners are responsible for any damages caused by their Hot water tank; insurance companies recommend changing them after 10 years.

Initial (s) _____

The acceptance of the definition of blood relatives as defined in the Regulations of Phase VI.

Initial (s) _____

The acceptance of the obligation of having civil liability insurance in case of legal action.

Initial (s) _____

The acceptance to provide a functional copy of the condo keys to the Board of Officers of the Phase.

Initial (s) _____

The acceptance that violation of the Declaration of Condominium, By Laws or the Rules and Regulations can result in a legal action before the courts, and related expenses will be the responsibility of the guilty party.

Initial (s) _____

No pets allowed at any time without medical certificate.

Initial (s) _____

Use of this unit is for single family residence only. No corporations, company, partnership, or trust may purchase an apartment.

Initial (s) _____

No commercial vehicles, trucks, boats, trailers, motor homes, campers, motorcycles, etc. are permitted to park on the premises.

Initial (s) _____

Only one (1) assigned parking space available per apartment.

Initial (s) _____

Only two adult persons per bedroom are allowed to occupy a unit.

Initial (s) _____

No washers or dryers are permitted in the apartment.

Initial (s) _____

Purchase Application Unit: _____ Building _____ Address _____

Full Name _____ Date of birth _____

Full Name _____ Date of birth _____

Social Security Number _____ Single _____ in Couple _____

Number of people who will occupy thy unit (adult over 55) _____ (less 55) _____

Applicant cell number _____ Applicant Email _____

Applicant present address _____ State _____ Country _____

Driver's license Number (primary applicant) _____ State issued _____

Driver's license Number (secondary applicant) _____ State issued _____

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

AGREEMENT NOT TO ENCUMBER

This Agreement Not To Encumber (the "Agreement") is by and between and, husband and wife (collectively, "Purchaser") and Hawaiian Gardens Phase VI Association. (The "Association").

Whereas, Purchaser made application to purchase the unit within the Association having an address of, Lauderdale Lakes, Florida 33319 (the "Unit");

Whereas, the Association raised concerns regarding Purchaser's application; and
Whereas, Association has offered to dispense with its concerns if Purchaser enters into this Agreement.

Now therefore, for good and valuable consideration, the receipt of which is acknowledged by both parties, Purchaser and Association agree as follows:

Purchaser shall execute this Agreement and instruct Purchaser's closing agent to record this Agreement immediately after the Deed to the Unit.

Upon receipt of a copy of the fully executed Agreement, the Association shall execute a certificate of approval for Purchaser and forward the same to Purchaser's closing agent for recordation.

In the event that this Agreement is not recorded immediately following the deed, the certificate of approval shall be revoked and the purchase of the Unit shall be null and void.

Purchaser agrees that Purchaser, his successors and/or assigns shall not pledge, mortgage or otherwise encumber the Unit, having a legal description of:

Unit IN HAWAIIAN GARDENS Phase VI Association, a condominium according to the Declaration of Condominium thereof, recorded in Official Records Book, at Page, of the Public Records of Broward County, Florida, without obtaining the prior, written consent of Association.

This Agreement is effective as of this ___ day of., 201....

PURCHASER:

- - - - -

ASSOCIATION
Hawaiian Gardens Phase VI Association
By:

Print name: Print title:

STATE OF FLORIDA)
COUNTY OF BROWARD)

The foregoing Agreement Not To Encumber was acknowledged before me *this* ____ day of
....., 201... by and, who are
personally, known to me or provided as identification.

My commission expires:

Notary Public, State of Florida

Name of Notary Public

STATE OF FLORIDA)
COUNTY OF BROWARD)

The foregoing Agreement Not To Encumber was acknowledged before me this ____ day of
_____ 201__ by _____ as the _____ of
Hawaiian Gardens Phase VI Association who is personally known to me or provided as
identification.

My commission expires:

Notary Public, State of Florida

Name of Notary Public
