

Ambassador

Community Management, Inc.

7100 West Commercial Blvd. ~ Suite 107 ~ Lauderhill, FL 33319

Phone: 954-741-8811

www.ambassadormanagement.com

HAWAIIAN GARDENS PHASE 8 ASSOCIATION

THISTLE, UMBRA, VINE, & WALNUT GARDENS CONDOMINIUM SALE / LEASE APPLICATION

THIS IS A 55 YEAR OR OLDER COMMUNITY ONLY

1. This application packet must be completed in detail by each proposed adult occupant other than husband/wife (which is considered one application)
2. If any question is not answered or left blank this application may be returned, not processed, and not approved.
3. Please attach a copy of the signed **sales contract** or **Lease agreement** along with a **photo ID** for each Applicant (ie: driver's license or state ID) when turning in this application
Owners must own for 2 years before they can rent their units.
4. All sales require a copy of a current Credit Report from a certified credit agency, and minimum annual income of at least \$35,000.00.
5. Units may be rented for no more than 6 months and not more than once per 12 month Period.
6. Hawaiian Gardens Phase 8 is a 55 years of age and older Community. All residents must be 55 or over
7. Please attach a non-refundable processing fee of \$100.00 for each application, made payable to **Hawaiian Gardens Phase 8 Condominium**
Acceptance of processing fee does not in any way constitute approval.
8. The completed application packet and all required items listed must be turned in to **Ambassador Community Management**. No application will be accepted by fax. If you mail your application please make certain that all the information is completed and all material is included. if any part of the application is missing it will be returned to you not processed or approved.
9. Signed, notarized, Affidavit of Occupancy & Qualification for your individual building

The Association will call and schedule an appointment for your interview

Occupancy prior to approval is prohibited

Thank you for your interest in the Hawaiian Gardens Phase 8 Association. If you have any questions, please contact Barbara Da Costa at 954-741-8811 EXT. 204.

APPLICATIONS WILL NOT BE ACCEPTED BY FAX

HAWAIIAN GARDENS PHASE VIII ASSOCIATION SCREENING CHECKLIST

DATE OF SCREENING: _____ INTENDED CLOSING DATE: _____

INTENDED BUYER(S) NAME(S): _____

CONDO _____ PARKING NO. _____ LOCKER NO. _____

| | | | |
|--|----------|---------------|--|
| SALES CONTRACT BY ALL PARTIES | R | | |
| AUTHORIZATION FOR INQUIRIES IF MORTGAGE | R | | |
| RECEIVED \$100 PAYMENT? CHECK ___ OR CASH ___ | R | | |
| 55+ PROOF OF IDENTITY (DRIVER'S LICENCE, ETC.) | R | | |
| THE FAIR HOUSING ACT FORM COMPLETED | R | SCR 02 | |
| SUMMARY OF THE BY-LAWS, RULES & REGULATIONS | G | SCR 03 | |
| OWNER(S) PERSONAL CONTACT INFORMATION COLLECTED (INCLUDING EMERGENCY CONTACTS) | R | SCR 04 | |
| ALL DOCUMENTS COMPLETED, SIGNED, APPROVED AND STAMPED BY THE BUILDING'S PRESIDENT AND COUNTERSIGNED BY THE PHASE VIII ASSOCIATION PRESIDENT | G | SCR 05 | |
| AFFIDAVIT VERIFYING OCCUPATION & QUALIFICATION FULLY EXECUTED & STAMPED | G | SCR 06 | |

DOCUMENTS RECEIVED (R) OR GIVEN (G)

INTENDED CLOSING DATE _____

Building President: _____

Hawaiian Gardens Phase VIII Association: _____

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: Hawaiian Gardens Phase 8

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), 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)



Active U.S. Service Members Only

Pursuant to (Fla.Stat. §83.683) of the Florida Residential Landlord and Tenant Act.

If you are a member of the U.S. Armed Forces "On active duty or state active duty", member of the Florida National Guard, or member of the U.S. Reserve Forces.

Please provide the following information as well as a copy of your Military ID upon submitting your application for Lease.

1. State what branch you are currently serving in

2. Sign and date _____ 20_____

By signing this form; you acknowledge that you are on Active duty in the U.S Armed Services and are submitting an application to Lease in the Association.

**HAWAIIAN GARDENS PHASE VIII
IMPORTANT INFORMATION**

New owner's name _____

Spouse name or other _____

BLDG _____ CONDO # _____ Tel USA: _____

Home address: _____ Tel #: _____

(If not a permanent resident here)

In case of Emergency:

Name: _____ Tel #: _____

Name: _____ Tel #: _____

Owner's Email address: _____

Spouse's or other Email address: _____

RENSEIGNEMENTS IMPORTANTS

Nom du nouveau propriétaire: _____

Nom de l'épouse - conjoint (te) _____

Édifice: _____ CONDO # _____ Tel USA: _____

Adresse à la maison : _____ Tel #: _____

Contacts en cas d'urgence:

Nom: _____ Tel : _____

Nom: _____ Tel : _____

Courriel 1 : _____ Courriel 2 : _____

HAWAIIAN GARDENS PHASE VIII

SUMMARY OF THE BY-LAWS, RULES AND REGULATIONS

THIS IS ONLY A SUMMARY OF THE BY-LAWS, RULES AND REGULATIONS. IT IS YOUR RESPONSIBILITY TO READ THE ENTIRE BY-LAWS, RULES AND REGULATIONS.

Condominium units shall be used for residential purposes only. Condominium units shall not be used for business or for any other commercial use. New owners must be at least 55 years of age to PURCHASE a unit.

OCCUPANCY:

- No more than 4 adults shall regularly occupy a 1 bedroom unit and no more than 6 adults in a 2 bedroom unit.
- No unit shall at any time be permanently occupied by children less than 18 years of age. Children under 18 may be permitted to visit and temporarily reside for a cumulative period not to exceed THIRTY (30) DAYS in a calendar year.
- No permanent occupancy of any unit shall be permitted by an individual between the ages of 18 and 55, unless there is at least one individual who is 55 or over in the unit.
- No one may occupy an apartment in the absence of a unit owner except for duly approved renters and «blood relatives» limited to parents, children, grandchildren and their spouses.

LEASE:

- No apartment shall be leased during the 2 year period subsequent to the recording. No lease shall be for a period of less than 6 months and 1 day, nor for a period of more than 7 months.
- No apartment shall be leased more than one 1 time per the 12 month period of October 1 through September 30.

«YOUR GUESTS» are your responsibility. You must inform them of the By-Laws, Rules and Regulations.

No animals or pets of any kind shall be kept in any apartment or any property of the condominium.

POOL AREA

No food and beverages in any packaging (except water in plastic bottle) before 4 PM. After 4 PM all drinks must be in an unbreakable bottle.

People must be dressed outside the pool area.

BBQ

BBQ'S cannot be used before 5 PM and must be cleaned after use. Tables must not be setup before 5 PM. All dishes used must be unbreakable.

PRIORITY OF USE OF BBQ'S ON THE SIDE OF THE BUILDING «W» MUST BE GIVEN TO OUR AMERICAN FRIENDS ON THURSDAY NIGHT

I, _____ hereby declare having read the By-Laws, Rules and Regulations of HAWAIIAN GARDENS PHASE VIII and promise to respect and obey them, and be responsible for my guests and tenants.

**GARDENS CONDOMINIUM INC. member of the
HAWAIIAN GARDENS PHASE 8 ASSOCIATION**

FAIR HOUSING ACT-CENSUS

(I) We intend to become the permanent occupant(s) of condo dwelling # _____ of the

_____ Gardens Condominium Inc.

We understand that the _____ Gardens Condominium Inc. and the Hawaiian Gardens Phase 8 Association are required by Federal law to verify the age of the occupants of your units, so that the community can continue to qualify for the Housing For Older Persons Exemption to the Federal Fair Housing Amendment Act of 1988, in order to maintain our retirement community lifestyle and continue to prevent children from permanently residing in our Condominium Community.

I (we) state, under oath the following information to be true and correct:

- a. As of the date shown on this Affidavit, there would be at least one person from the prospective owner(s) that will be occupying the unit shown above who will be 55 years or over. YES ___ NO ___
- b. If the answer to paragraph a. is YES, Please list the proposed owners and other permanent or temporary tenants (ex. parents of proposed owners) who will be over 55 years of age at the time of the transaction:

| | Name in print | Date of birth |
|----|---------------|---------------|
| 1- | _____ | ___/___/___ |
| 2- | _____ | ___/___/___ |
| 3- | _____ | ___/___/___ |
| 4- | _____ | ___/___/___ |

- c. Name of ALL prospective owner's/co-owner's children or grand-children who will be allowed to temporarily occupy the dwelling (however for children of 18 years or less visits are limited to 30 days maximum per year):

| | Name in print | Date of birth |
|----|---------------|---------------|
| 1- | _____ | ___/___/___ |
| 2- | _____ | ___/___/___ |
| 3- | _____ | ___/___/___ |
| 4- | _____ | ___/___/___ |

- d. We have provided proof of age for all intended permanent and temporary occupants and a copy of the document is attached hereto for the Association's record

Document provided as proof of age: _____

Dated this _____ day of _____, 20____

Prospective owner's signature (1) _____

Prospective co-owner's signature (2) _____

Mortgage Commitment letter

Unless this is a cash sale, a Mortgage Commitment letter from the bank/mortgage company must accompany the application.

Applications will not be accepted for processing unless the Mortgage Commitment letter is included with this packet.

Mortgage Commitment letter must state

1. The amount of the loan
2. The rate of the loan
3. The terms of the loan
4. The monthly payment
5. The interest

By signing below, you accept and agree to the requirement of supplying the Mortgage Commitment Letter and understand that your application may be denied if you are unable to comply with this requirement.

Signature of Applicant

Date

Signature of Applicant

DATE

HAWAIIAN GARDENS PHASE VIII ASSOCIATION
4701 N.W. 34TH STREET
LAUDERDALE LAKES FL. 33319

CERTIFICATE OF APPROVAL TRANSFER

DATE _____

_____ **GARDENS CONDOMINIUM INC**

UNIT NUMBER _____

TO WHOM IT MAY CONCERN:

In accordance with the provisions of the Declaration of Condominium Articles of Incorporation and By-Laws of the above named condominium located in Broward County, Florida, approval is hereby granted for a sale or transfer of the above condominium unit

TO: _____

This approval is granted and conditioned upon the purchasers, in their deed, assuming all of the obligations and responsibilities of ownership as set forth under the terms and conditions of the original Declaration of Condominium Articles of Incorporation, By-Laws and Recreation Use Agreement as the same pertains to the unit for witch this approval of sale or transfer has been granted.

This approval is given pursuant to the said Declaration of Condominium with full approval of the Board of Directors of said Condominium Corporation.

_____ Gardens Condominium Inc.
A Florida non-profit condominium Corporation

(BUILDING SEAL)

Building President

Phase 8 Association President

THISTLE GARDENS CONDOMINIUM INC.

"A PROUND MEMBER OF THE HAWAIIAN GARDENS PHASE VIII COMMUNITY"

AFFIDAVIT VERIFYING OCCUPANCY & QUALIFICATION

I, _____ prospective buyer (or-co-buyer), and;

I, _____ also a prospective co-buyer (hereafter called the "Prospective Buyers") of the condo dwelling number ____ of the Thistle Gardens Condominium Inc. located at 4701 NW 34th Street, in Lauderdale Lakes, Florida, 33319 (hereafter called the "Property"), which also form part of the Hawaiian Gardens Phase VIII Community (hereafter called the "Community"), jointly and irrevocably state that (he, she or they) have reviewed, understood and agreed, without reserve, to each of the following conditions:

- 1- **Prospective Buyers** are at least 55 years of age at the time of occupying the above described dwelling and that they form a single family home or couple ____ / ____
- 2- **Prospective Buyers** understand and agree that all dwellings located in the Property are intended to be operated and qualified as housing for older persons under the Housing for Older Persons Act of 1988 & 1995 and the U.S. Department of Housing and Urban Development ____ / ____
- 3- **Prospective Buyers** had a chance to review the Articles of Incorporation, the By-Laws, the Rules and the Regulations, including all their amendments, of the Property, up to the date of the closing of the buying transaction ____ / ____
- 4- **Prospective Buyers** understand and agree that they intend to use the dwelling as a private residence only and that they do not intend to use this dwelling for any other purposes or businesses ____ / ____
- 5- **Prospective Buyers** agrees that no-other party(ies) other than the parties named in the SCR 02 form, shall be allowed to permanently or temporarily reside in the dwelling at all time ____ / ____
- 6- **Prospective Buyers** understand that they will not be allowed to lease or otherwise transfer the dwelling to any third party without the prior written consent of the Board of Directors of the Property ____ / ____
- 7- **Prospective Buyers** understand and agree that they will not be granted a leasing transfer authorization for a period of two (2) years following the date of the closing of the buying transaction (the "Waiting Period") ____ / ____
- 8- **Prospective Buyers** understand and agree that after the Waiting Period agreed upon in 7, they will be entitled to request once a year only (year starting in October 1st and ending September 30th of the following calendar year) a short term only lease transfer authorization (meaning no less than one (1) month and a maximum of six (6) months and one (1) day). Such lease transfer authorization shall always be subject to a screening of the intended lessees. Furthermore, **Prospective Buyers** will lose the right to request a lease transfer authorization if they are not current with all condo fees, special assessments, late fees or any others monies owned to the Property or to the Community ____ / ____

THISTLE GARDENS CONDOMINIUM INC.

"A PROUD MEMBER OF THE HAWAIIAN GARDENS PHASE VIII COMMUNITY"

AFFIDAVIT VERIFYING OCCUPANCY & QUALIFICATION

- 9- **Prospective Buyers** understand and agree that this affidavit shall be part of the buying transaction along with all the other screening documentation and the following forms: SCR 01, SCR 02, SCR 04 and SCR 05 ____ / ____
- 10- **Prospective Buyers** understand and agree that the Property and the Community shall have the right to expel any illegal tenants on sight without prior notice or any further due process and that this signed affidavit is sufficient proof and documentation enabling law enforcement authorities to proceed. This affidavit is irrevocable by any means, legal or otherwise. The expelled tenants nor the Prospective Buyers shall be entitled any damages and that they shall pay the Property or Community for all fees incurred enforcing this affidavit ____ / ____

AFFIANT

(Signature of Affiant 1)

(Date)

(Printed Name of Affiant 1)

(Signature of Affiant 2)

(Date)

(Printed Name of Affiant 2)

OFFICIAL REPRESENTATIVE OF THE PROPERTY & OF THE COMMUNITY

(Signature of the Property Representative)

(Date)

(Printed Name & Title of Representative)

(Signature of the Community Representative)

(Date)

(Printed Name & Title of Representative)

This Affidavit is executed by all the above listed Prospective Buyers and by the above mentioned Property Representative.

STATE OF FLORIDA, COUNTY OF BROWARD

SWORN TO, SUBSCRIBED AND ACKNOWLEDGE before the undersigned notary public, on _____

BY _____

(Signature of Notary Public)

(Printed Name of Notary Public)

My Commission expires: _____

UMBRA GARDENS CONDOMINIUM INC.

"A PROUD MEMBER OF THE HAWAIIAN GARDENS PHASE VIII COMMUNITY"

AFFIDAVIT VERIFYING OCCUPANCY & QUALIFICATION

I, _____ prospective buyer (or-co-buyer), and;

I, _____ also a prospective co-buyer (hereafter called the "Prospective Buyers") of the condo dwelling number ____ of the Umbra Gardens Condominium Inc. located at 3400 NW 48th Avenue, in Lauderdale Lakes, Florida, 33319 (hereafter called the "Property"), which also form part of the Hawaiian Gardens Phase VIII Community (hereafter called the "Community"), jointly and irrevocably state that (he, she or they) have reviewed, understood and agreed, without reserve, to each of the following conditions:

- 1- **Prospective Buyers** are at least 55 years of age at the time of occupying the above described dwelling and that they form a single family home or couple ____ / ____
- 2- **Prospective Buyers** understand and agree that all dwellings located in the Property are intended to be operated and qualified as housing for older persons under the Housing for Older Persons Act of 1988 & 1995 and the U.S. Department of Housing and Urban Development ____ / ____
- 3- **Prospective Buyers** had a chance to review the Articles of Incorporation, the By-Laws, the Rules and the Regulations, including all their amendments, of the Property, up to the date of the closing of the buying transaction ____ / ____
- 4- **Prospective Buyers** understand and agree that they intend to use the dwelling as a private residence only and that they do not intend to use this dwelling for any other purposes or businesses ____ / ____
- 5- **Prospective Buyers** agrees that no-other party(ies) other than the parties named in the SCR 02 form, shall be allowed to permanently or temporarily reside in the dwelling at all time ____ / ____
- 6- **Prospective Buyers** understand that they will not be allowed to lease or otherwise transfer the dwelling to any third party without the prior written consent of the Board of Directors of the Property ____ / ____
- 7- **Prospective Buyers** understand and agree that they will not be granted a leasing transfer authorization for a period of two (2) years following the date of the closing of the buying transaction (the "Waiting Period") ____ / ____
- 8- **Prospective Buyers** understand and agree that after the Waiting Period agreed upon in 7, they will be entitled to request once a year only (year starting in October 1st and ending September 30th of the following calendar year) a short term only lease transfer authorization (meaning no less than six (6) months and one (1) day and a maximum of seven (7) months). Such lease transfer authorization shall always be subject to a screening of the intended lessees. Furthermore, **Prospective Buyers** will lose the right to request a lease transfer authorization if they are not current with all condo fees, special assessments, late fees or any others monies owned to the Property or to the Community ____ / ____

UMBRA GARDENS CONDOMINIUM INC.

"A PROUD MEMBER OF THE HAWAIIAN GARDENS PHASE VIII COMMUNITY"

AFFIDAVIT VERIFYING OCCUPANCY & QUALIFICATION

- 9- **Prospective Buyers** understand and agree that this affidavit shall be part of the buying transaction along with all the other screening documentation and the following forms: SCR 01, SCR 02, SCR 04 and SCR 05 ____ / ____
- 10- **Prospective Buyers** understand and agree that the Property and the Community shall have the right to expel any illegal tenants on sight without prior notice or any further due process and that this signed affidavit is sufficient proof and documentation enabling law enforcement authorities to proceed. This affidavit is irrevocable by any means, legal or otherwise. The expelled tenants nor the Prospective Buyers shall be entitled any damages and that they shall pay the Property or Community for all fees incurred enforcing this affidavit ____ / ____

AFFIANT

(Signature of Affiant 1)

(Date)

(Printed Name of Affiant 1)

(Signature of Affiant 2)

(Date)

(Printed Name of Affiant 2)

OFFICIAL REPRESENTATIVE OF THE PROPERTY & OF THE COMMUNITY

(Signature of the Property Representative)

(Date)

(Printed Name & Title of Representative)

(Signature of the Community Representative)

(Date)

(Printed Name & Title of Representative)

This Affidavit is executed by all the above listed Prospective Buyers and by the above mentioned Property Representative.

STATE OF FLORIDA, COUNTY OF BROWARD

SWORN TO, SUBSCRIBED AND ACKNOWLEDGE before the undersigned notary public, on _____

BY _____
(Signature of Notary Public)

(Printed Name of Notary Public)

My Commission expires: _____

VINE GARDENS CONDOMINIUM INC.

"A PROUD MEMBER OF THE HAWAIIAN GARDENS PHASE VIII COMMUNITY"

AFFIDAVIT VERIFYING OCCUPANCY & QUALIFICATION

I, _____ prospective buyer (or-co-buyer), and;

I, _____ also a prospective co-buyer (hereafter called the "Prospective Buyers") of the condo dwelling number _____ of the Vine Gardens Condominium Inc. located at 3401 NW 47th Avenue, in Lauderdale Lakes, Florida, 33319 (hereafter called the "Property"), which also form part of the Hawaiian Gardens Phase VIII Community (hereafter called the "Community"), jointly and irrevocably state that (he, she or they) have reviewed, understood and agreed, without reserve, to each of the following conditions:

- 1- **Prospective Buyers** are at least 55 years of age at the time of occupying the above described dwelling and that they form a single family home or couple ____ / ____
- 2- **Prospective Buyers** understand and agree that all dwellings located in the Property are intended to be operated and qualified as housing for older persons under the Housing for Older Persons Act of 1988 & 1995 and the U.S. Department of Housing and Urban Development ____ / ____
- 3- **Prospective Buyers** had a chance to review the Articles of Incorporation, the By-Laws, the Rules and the Regulations, including all their amendments, of the Property, up to the date of the closing of the buying transaction ____ / ____
- 4- **Prospective Buyers** understand and agree that they intend to use the dwelling as a private residence only and that they do not intend to use this dwelling for any other purposes or businesses ____ / ____
- 5- **Prospective Buyers** agrees that no-other party(ies) other than the parties named in the SCR 02 form, shall be allowed to permanently or temporarily reside in the dwelling at all time ____ / ____
- 6- **Prospective Buyers** understand that they will not be allowed to lease or otherwise transfer the dwelling to any third party without the prior written consent of the Board of Directors of the Property ____ / ____
- 7- **Prospective Buyers** understand and agree that they will not be granted a leasing transfer authorization for a period of two (2) years following the date of the closing of the buying transaction (the "Waiting Period") ____ / ____
- 8- **Prospective Buyers** understand and agree that after the Waiting Period agreed upon in 7, they will be entitled to request once a year only (year starting in October 1st and ending September 30th of the following calendar year) a short term only lease transfer authorization (meaning no less than six (6) months and one (1) day and a maximum of seven (7) months). Such lease transfer authorization shall always be subject to a screening of the intended lessees. Furthermore, **Prospective Buyers** will lose the right to request a lease transfer authorization if they are not current with all condo fees, special assessments, late fees or any others monies owned to the Property or to the Community ____ / ____

VINE GARDENS CONDOMINIUM INC.

"A PROUD MEMBER OF THE HAWAIIAN GARDENS PHASE VIII COMMUNITY"

AFFIDAVIT VERIFYING OCCUPANCY & QUALIFICATION

- 9- **Prospective Buyers** understand and agree that this affidavit shall be part of the buying transaction along with all the other screening documentation and the following forms: SCR 01, SCR 02, SCR 04 and SCR 05 ____ / ____
- 10- **Prospective Buyers** understand and agree that the Property and the Community shall have the right to expel any illegal tenants on sight without prior notice or any further due process and that this signed affidavit is sufficient proof and documentation enabling law enforcement authorities to proceed. This affidavit is irrevocable by any means, legal or otherwise. The expelled tenants nor the Prospective Buyers shall be entitled any damages and that they shall pay the Property or Community for all fees incurred enforcing this affidavit ____ / ____

AFFIANT

(Signature of Affiant 1)

(Date)

(Printed Name of Affiant 1)

(Signature of Affiant 2)

(Date)

(Printed Name of Affiant 2)

OFFICIAL REPRESENTATIVE OF THE PROPERTY & OF THE COMMUNITY

(Signature of the Property Representative)

(Date)

(Printed Name & Title of Representative)

(Signature of the Community Representative)

(Date)

(Printed Name & Title of Representative)

This Affidavit is executed by all the above listed Prospective Buyers and by the above mentioned Property Representative.

STATE OF FLORIDA, COUNTY OF BROWARD

SWORN TO, SUBSCRIBED AND ACKNOWLEDGE before the undersigned notary public, on _____

BY _____

(Signature of Notary Public)

(Printed Name of Notary Public)

My Commission expires: _____

WALNUT GARDENS CONDOMINIUM INC.

"A PROUD MEMBER OF THE HAWAIIAN GARDENS PHASE VIII COMMUNITY"

AFFIDAVIT VERIFYING OCCUPANCY & QUALIFICATION

I, _____ prospective buyer (or-co-buyer), and;

I, _____ also a prospective co-buyer (hereafter called the "Prospective Buyers") of the condo dwelling number ____ of the Walnut Gardens Condominium Inc. located at 4700 NW 35th Street, in Lauderdale Lakes, Florida, 33319 (hereafter called the "Property"), which also form part of the Hawaiian Gardens Phase VIII Community (hereafter called the "Community"), jointly and irrevocably state that (he, she or they) have reviewed, understood and agreed, without reserve, to each of the following conditions:

- 1- **Prospective Buyers** are at least 55 years of age at the time of occupying the above described dwelling and that they form a single family home or couple ____ / ____
- 2- **Prospective Buyers** understand and agree that all dwellings located in the Property are intended to be operated and qualified as housing for older persons under the Housing for Older Persons Act of 1988 & 1995 and the U.S. Department of Housing and Urban Development ____ / ____
- 3- **Prospective Buyers** had a chance to review the Articles of Incorporation, the By-Laws, the Rules and the Regulations, including all their amendments, of the Property, up to the date of the closing of the buying transaction ____ / ____
- 4- **Prospective Buyers** understand and agree that they intend to use the dwelling as a private residence only and that they do not intend to use this dwelling for any other purposes or businesses ____ / ____
- 5- **Prospective Buyers** agrees that no-other party(ies) other than the parties named in the SCR 02 form, shall be allowed to permanently or temporarily reside in the dwelling at all time ____ / ____
- 6- **Prospective Buyers** understand that they will not be allowed to lease or otherwise transfer the dwelling to any third party without the prior written consent of the Board of Directors of the Property ____ / ____
- 7- **Prospective Buyers** understand and agree that they will not be granted a leasing transfer authorization for a period of two (2) years following the date of the closing of the buying transaction (the "Waiting Period") ____ / ____
- 8- **Prospective Buyers** understand and agree that after the Waiting Period agreed upon in 7, they will be entitled to request once a year only (year starting in October 1st and ending September 30th of the following calendar year) a short term only lease transfer authorization (meaning no less than six (6) months and one (1) day and a maximum of seven (7) months). Such lease transfer authorization shall always be subject to a screening of the intended lessees. Furthermore, **Prospective Buyers** will lose the right to request a lease transfer authorization if they are not current with all condo fees, special assessments, late fees or any others monies owned to the Property or to the Community ____ / ____

WALNUT GARDENS CONDOMINIUM INC.

"A PROUD MEMBER OF THE HAWAIIAN GARDENS PHASE VIII COMMUNITY"

AFFIDAVIT VERIFYING OCCUPANCY & QUALIFICATION

- 9- **Prospective Buyers** understand and agree that this affidavit shall be part of the buying transaction along with all the other screening documentation and the following forms: SCR 01, SCR 02, SCR 04 and SCR 05 ____ / ____
- 10- **Prospective Buyers** understand and agree that the Property and the Community shall have the right to expel any illegal tenants on sight without prior notice or any further due process and that this signed affidavit is sufficient proof and documentation enabling law enforcement authorities to proceed. This affidavit is irrevocable by any means, legal or otherwise. The expelled tenants nor the Prospective Buyers shall be entitled any damages and that they shall pay the Property or Community for all fees incurred enforcing this affidavit ____ / ____

AFFIANT

(Signature of Affiant 1)

(Date)

(Printed Name of Affiant 1)

(Signature of Affiant 2)

(Date)

(Printed Name of Affiant 2)

OFFICIAL REPRESENTATIVE OF THE PROPERTY & OF THE COMMUNITY

(Signature of the Property Representative)

(Date)

(Printed Name & Title of Representative)

(Signature of the Community Representative)

(Date)

(Printed Name & Title of Representative)

This Affidavit is executed by all the above listed Prospective Buyers and by the above mentioned Property Representative.

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