



# Ambassador Community Management

7100 West Commercial Blvd. Suite 107

Lauderhill, FL 33319

954-741-8811

[www.ambassadormanagement.com](http://www.ambassadormanagement.com)

## **HOLLY GARDENS CONDOMINIUM ASSOCIATION INC.**

### **SALE PACKAGE**

**THIS IS A 55 YEARS OF AGE AND OLDER COMMUNITY.**

**ALL RESIDENTS MUST BE 55 OR OLDER**

**HOLLY GARDENS CONDOMINIUM INC.** is a community designed and intended to provide housing for residents who are age 55 or over. No permanent occupancy of any unit is permitted by a person under age eighteen (18). Units must be permanently occupied by at least one person age 55 or over.

This application, an application for approval, and authorization forms **MUST** be completed in detail by each proposed adult occupant, other than husband/wife (which is considered one application.) and returned to **Ambassador Community Management along with a \$100.00 check or money order made payable to HOLLY GARDENS. If applicants are not legally married, an application fee for each will be required. Proof of marriage will be requested if last names are different.** If any question is not answered or left blank, this application will be returned, not processed and not approved. In addition, the following items and or terms are required to accompany the application forms and fee.

1. Signed copy of the Sales Contract along with photo ID ie: Driver's license or passport for each occupant for proof of age.
2. Copy of a current Credit Report.
3. Use of the unit is for single family residence only. No corporations, company, partnership, or trust may purchase an apartment.
4. No commercial vehicles, truck, boats, trailers, motor homes, mobile homes, campers, recreation vehicles, (in excess of 18 feet) etc. are permitted to park on the premises. : Only 1 assigned parking space available per unit.
5. The current owner must provide the buyer with the Association Documents and Rules & Regulations.
6. No more than 2 occupants per bedroom are allowed to occupy unit. Purchaser must notify the Association office with the exact date of closing.
7. Owner must supply the Board with a key to his/her apartment.

This Sales packet is considered incomplete and will not be accepted until all information has been received. The Association is allowed thirty (30) days to process and approve all applications. Upon receipt and verification of all materials submitted, a personal interview with the Board of Directors will be scheduled. The applicant(s) will be notified of the date, time and place of the personal interview.

**OCCUPANCY PRIOR TO BOARD APPROVAL IS PROHIBITED!**

**APPLICATIONS WILL NOT BE ACCEPTED BY FAX.**

**Holly Gardens Condominium Inc.**  
**Apartment purchasing check list**  
 (Non married buyers must complete 2 sets of documents)

OK      OK

**Prior to scheduling an appointment to pick up applications:**

- A duly completed and signed copy of the “BUYERS - OCCUPANTS”

\_\_\_\_\_

**To be delivered at time of picking up applications:**

- Copy of a complete executed Proposed SALES CONTRACT.
- Copy of two (2) forms of IDENTIFICATION for each proposed apartment occupant, including at least one I.D. for each with a picture. The original of each I.D. will have to be presented at the Screening Interview for each person undergoing screening.
- PROOF OF AGE for each apartment occupant (such as Birth Certificate, or any other legally acceptable proof of age). Photocopies will be required for our files.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applications delivery:**

- A completely filled out Holly Gardens “APPLICATION FOR RESIDENCY” for each person required to be screened (a purchaser and spouse fill out one application).
- A completely filled out “APPLICATION FOR APPROVAL” for each person required to be screened (a purchaser and spouse fill out one application).
- A duly signed “AUTHORIZATION TO RELEASE INFORMATION” for each person required to be screened.
- A CHECK in the amount of \$100 for each person to be screened (a purchaser and spouse pay one \$100 fee).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Forms to be attached to your Application to Purchase:**

- A copy of the ESCROW LETTER showing that you have deposited a sum equal to 15% of the sale price.
- A copy of the LETTER FROM YOUR MORTGAGE COMPANY committing them to provide you with a mortgage, if you are taking out a mortgage. The letter must include a breakdown of monthly payments.
- A copy of the LATEST TAX RETURN or NOTICE OF ASSESSMENT, bank statement, CREDIT FILE (see “Credit file instructions”) and/or proof of any source of income (pay check or pension check).
- A duly completed and signed copy of the “MAILING OF NOTICES”
- A duly completed and signed copy of the “OWNER INFORMATION SHEET & AUTHORIZATION TO PUBLISH”
- A duly completed and signed copy of the “AUTHORIZATION AGREEMENT FOR AUTOMATIC ELECTRONIC PAYMENTS (ACH DEBITS)”

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Screening Interview:**

The proposed purchaser(s) will be notified of the location, date and time Screening Interview will take place. Please bring with you your copy of all Association Documents and a copy of the Rules & Regulations, you received from the seller.

Please note the above application information does not affect any requirements or rights as stated in Section 13 Maintenance of Community Interests in the Amended And restated Declaration of Condominium For Holly Gardens Condominium Dated March 7, 1999.

**HOLLY GARDENS CONDOMINIUM INC.**

3406 NW 49th AVENUE  
LAUDERDALE LAKES, FL 33319

**AN AGE 55 OR OLDER RESIDENTIAL COMMUNITY**

Unit # \_\_\_\_\_

Actual Owner's Name \_\_\_\_\_ Tel. No. : \_\_\_\_\_

**PROPOSED APARTMENT BUYERS**

Buyer 1 NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Age: \_\_\_\_\_

Buyer 2 NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Age: \_\_\_\_\_

Relationship with buyer 1: \_\_\_\_\_

**OTHER PROPOSED APARTMENT OCCUPANTS**

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Age: \_\_\_\_\_

Relationship with buyer 1: \_\_\_\_\_

Relationship with buyer 2: \_\_\_\_\_

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Age: \_\_\_\_\_

Relationship with buyer 1: \_\_\_\_\_

Relationship with buyer 2: \_\_\_\_\_

Signature \_\_\_\_\_  
Buyer #1

Signature \_\_\_\_\_  
Buyer #2

**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: HOLLY GARDENS CONDOMINIUM

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)

**HOLLY GARDENS CONDOMINIUM INC.**  
3406 NW 49th AVENUE  
LAUDERDALE LAKES, FL 33319

**APPLICATION FOR APPROVAL**

Unit # \_\_\_\_\_

- 1 - **HOLLY GARDENS CONDOMINIUM INC.** is a community designed and intended to provide housing for residents who are age 55 or over. No permanent occupancy of any unit is permitted by a person under age eighteen (18). In addition, units must be permanently occupied by at least one person age 55 or over.
- 2 - This application, an application for approval, and authorization forms must be completed in detail by each proposed adult occupant, other than husband/wife or parent/dependent child (which is considered one applicant).
- 3 - If any question is not answered or left blank, this application will be returned, not processed and not approved.
- 4 - Please attach a copy of the sales contract to this application.
- 5 - Please attach a non-refundable processing fee of \$100.00 to this application, made payable to **HOLLY GARDENS CONDOMINIUM INC.** for each applicant, other than husband/wife or parent/dependent child (which is considered one applicant).  
NB: Acceptance of the processing fee does not in any way constitute approval of this transaction.
- 6 - This application cannot be processed or approved if the seller (current owner) owes money to **HOLLY GARDENS CONDOMINIUM INC.** and will be returned to you.
- 7 - The completed application must be submitted to the Association office at least 30 days prior to the expected closing date.
- 8 - All applicants must make themselves available for a personal interview prior to final Board of Directors approval. Permanent residents must provide a photocopy of their proof of age. Occupancy prior to Board approval is prohibited.
- 9 - Use of this apartment is for single family residence only. No corporation, company, partnership, or trust may purchase an apartment.
- 10 - No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, (in excess of 18 feet) etc. permitted to park on the premises.  
NB : Only 1 assigned parking space available per apartment.
- 11 - Renting/leasing of apartments restricted as described in the condominium documents.
- 12 - The seller (current owner) must provide the purchaser with a copy of all Association Documents and Rules & Regulations otherwise, you must purchase them from the Association for \$40.00.
- 13 - Purchaser must notify the Association office with the exact date of their closing.
- 14 - Occupancy regulations: One bedroom apartment - no more than 2 occupants. Two bedroom apartment - no more than 4 occupants.
- 15 - The owner must provide the Board with a key to his /her apartment.

I have read the above information: \_\_\_\_\_  
Applicant's Initials

Have you ever seasonally resided in Florida before? \_\_\_\_\_

If yes, please state address and dates of residency:

\_\_\_\_\_

If retired, please state the company's name and address from, and when retired: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

1. In making the foregoing application, I state to the Board of Directors that the purpose for the Purchase of an apartment at **HOLLY GARDENS CONDOMINIUM INC.** 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 or may in the future be imposed by the **HOLLY GARDENS CONDOMINIUM INC.**

3. I have received a copy of all Association Documents: Yes \_\_\_\_ No \_\_\_\_

4. I have received a copy of the Rules & Regulations: Yes \_\_\_\_ No \_\_\_\_

5. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. I acknowledge that occupancy prior to Board approval is prohibited.

6. 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 10 days after closing.

7. I understand that there is a restriction on pets and that I may not bring a pet, nor may any guest, visitor or tenant bring a pet into **HOLLY GARDENS CONDOMINIUM INC.** nor acquire one, either temporarily or permanently after occupancy.

8. I understand that the acceptance for purchase of an apartment at **HOLLY GARDENS CONDOMINIUM INC.** is conditioned in part 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 disqualification of my application. I acknowledge that occupancy prior to Board approval is prohibited

9. I understand that the Board of Directors of **HOLLY GARDENS CONDOMINIUM 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, Management and RENTERS REFERENCE OF FLORIDA, INC. Or any firm appointed by the Board of Directors, to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors, Officers and Management of the **HOLLY GARDENS CONDOMINIUM 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 the **HOLLY GARDENS CONDOMINIUM 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 SIGNATURE

\_\_\_\_\_  
SPOUSE SIGNATURE



**TO : BOARD OF DIRECTORS  
HOLLY GARDENS CONDOMINIUM, INC.**

**SUBJECT: MAILING OF NOTICES (please chose #1 or #2)**

- 1-  Please be informed that I hereby renounce to all paper notices that could or should be delivered personally or mailed to me by the Board of Directors of Holly Gardens Condominium Inc. and I hereby ask that, from now on, all correspondence, notices of election, notices of annual or special meetings or any documents so related, be sent to my email address which is as follow:

My email address is: \_\_\_\_\_

I also recognize that it is my sole responsibility to inform the Board of Directors of any change in my email address, and I hereby release the Board of Directors from any liability for *my failure to receive* a notice sent to the address mentioned above or to such e-mail address I may provide at a later date.

**French Translation**

Veillez prendre note que, par la présente, je renonce à l'envoi par la poste ou par livraison personnelle de tout avis qui pourrait ou devrait m'être transmis par le conseil d'administration de Holly Gardens Condominium Inc. et je demande que dans le futur, toute correspondance, avis ou demande de mise en candidature, avis relatif à une assemblée annuelle ou spéciale, ou tout document pouvant y avoir trait, me soient transmis par courrier électronique à l'adresse suivante :

Je reconnais de plus qu'il est de ma responsabilité d'informer le conseil d'administration de tout changement d'adresse électronique que je pourrais avoir. Je dégage le conseil d'administration de toute responsabilité pour la non - délivrance d'un avis qui me serait transmis à l'adresse que j'ai indiquée précédemment ou que je pourrais modifier à une date ultérieure.

- 2-  Since I do not have an email address, I would like to receive a paper copy of all correspondence, notices of election, notices of annual or special meetings or any documents so related

**French Translation**

(Comme je n'ai pas d'adresse électronique, je demande une copie papier de toute correspondance)

Signed and dated on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Owner's name (capital letters)

\_\_\_\_\_  
Owner's signature

\_\_\_\_\_  
Owner's name (capital letters)

\_\_\_\_\_  
Owner's signature

**HOLLY GARDENS CONDOMINIUM INC.**  
3406 NW 49th AVENUE  
LAUDERDALE LAKES, FL 33319

**OWNER INFORMATION SHEET AND AUTHORIZATION TO PUBLISH**

DATE: \_\_\_\_\_

UNIT # \_\_\_\_\_ PARKING # \_\_\_\_\_ STORAGE # \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME TEL. NO. : \_\_\_\_\_ OTHER : \_\_\_\_\_

FL TEL. NO. : \_\_\_\_\_ OTHER : \_\_\_\_\_

CELL PHONE : \_\_\_\_\_

EMAIL: \_\_\_\_\_

**IN CASE OF EMERGENCY – CONTACT PERSON(S)**

NAME: \_\_\_\_\_ TEL.: \_\_\_\_\_

NAME: \_\_\_\_\_ TEL.: \_\_\_\_\_

**WHO ELSE HAS OR WILL HAVE A KEY TO YOUR UNIT :**

NAME: \_\_\_\_\_ TEL.: \_\_\_\_\_

\_\_\_\_\_ I give my permission to the Holly Gardens Board of Directors to use my personal information for a Holly Gardens Condominium Directory

\_\_\_\_\_ Please do not publish my personal information in a Holly Gardens Condominium owners directory

**Signature**

\_\_\_\_\_ Owner #1

\_\_\_\_\_ Owner #2

**HOLLY GARDENS CONDOMINIUM INC.**  
3406 NW 49th AVENUE  
LAUDERDALE LAKES, FL 33319

6. CONDO UNIT SURVEILLANCE

6.1 Every owner leaving his/her unit uninhabited for more than 2 consecutive weeks is required to have his/her unit visited by a responsible person at least once every 2 weeks and such person should keep a record of the visits. The owner will have to inform the Association of the name and phone number of that person. If the owner cannot show evidence of the surveillance of the unit, the Association will require an external company to visit the condo and report to the Association. The owner will be responsible for the cost of such surveillance.

6. SURVEILLANCE DES CONDOMINIUMS

6.1 Tout propriétaire laissant son unité vacante pendant plus de 2 semaines consécutives devra faire visiter son unité par une personne responsable au moins une fois toutes les 2 semaines et cette personne devra tenir un registre des visites. Le propriétaire devra informer le conseil d'administration du nom et numéro de téléphone de cette personne. À défaut, par le propriétaire, de prouver la surveillance de son unité, l'Association mandatera une société externe pour visiter le condo et faire rapport à l'Association. Le propriétaire devra en assumer tous les coûts.

UNIT #: \_\_\_\_\_

NAME: \_\_\_\_\_

WHO IS RESPONSIBLE TO VISIT YOUR CONDO DURING  
YOUR ABSENCE :

NAME: \_\_\_\_\_

E-MAIL (if applicable): \_\_\_\_\_

TEL.: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
Owner signature

## 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.

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Signature of Applicant

Date

---

Signature of Applicant

DATE