

Ambassador

Community Management, Inc.

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

Phone: 954-741-8811

www.ambassadormanagement.com

QUINSANA GARDENS CONDOMINIUM ASSOCIATION - SALE / LEASE PACKAGE

THIS IS A 55 YEARS OF AGE AND OLDER COMMUNITY - ALL RESIDENTS MUST BE 55 OR OLDER

The attached application forms **MUST** be completed in full by each adult applicant, (other than Husband/Wife which is considered one application). Return the completed application to Ambassador Community Management along with a **\$100.00** check or money order for each application made payable to **QUINSANA GARDENS CONDOMINIUM**. This application fee is non-refundable. In addition, the following items and or terms are required to accompany the application forms and fee.

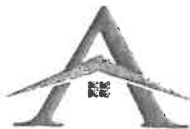
1. A signed copy of the Sales Contract/Lease Agreement along with photo ID showing proof of age for each occupant. If the purchase requires a mortgage, a Mortgage Commitment letter must accompany this application.
2. As of April 2019 all Sales and Leases require a copy of a current and complete Credit Report from a Certified Credit Agency, **showing a minimum FICO score of 680**. There is also a **minimum annual income requirement of \$35,000** which must be verified by the most recent Income Tax Return and W-2 Forms, or assets equaling this amount verified by bank statements or other financial documents.
3. The fully completed **Application for Occupancy** forms. These forms **MUST** be filled out fully, with no blank spaces. Any questions left blank will result in your application begin rejected.
4. No pets are allowed at any time.
5. Use of the unit is for single-family residence only.
6. No commercial vehicles, trucks, etc. are allowed on the property overnight.
7. The current owner must provide the buyer with the Association Documents and Rules and Regulations. If this is a lease, the owner must provide the lessee with the Rules and Regulations.
8. No more than two (2) occupants per bedroom are allowed to occupy the unit.

This Sales/Lease 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!

AS of Apr. 1 2019



Ambassador Community Management

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PRINT all information: Association Name _____ Bldg. # _____ Unit# _____

Name of Realtor handling transaction _____ Phone# _____

Name of Mortgage Company _____ Phone# _____

Name(s) of proposed purchaser/Lessee _____ Phone# _____

1. I hereby agree for myself and on behalf of all persons who may use the unit which I seek to lease:
 - a. I will abide by all of the restrictions contained in the By-Laws, Rules & Regulations, and restrictions which are or may in the future be imposed by the association.
 - b. I understand that there is a restriction on pets and that I may not bring a pet on the property, nor may any guest or visitor.
 - c. I understand that I must be present when any guests, relatives, or visitors who are not permanent residents occupy the unit.
 - d. I understand that any violation of the terms, provisions, conditions, and covenants of the Association documents provide cause for immediate action as therein provided for in the Association Documents.
2. I have received a copy of the Rules & Regulations and fully understand them. Yes ___ No ___
3. I understand that the approval is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any false statements are cause for denial.
4. I understand that the Board of Directors may cause to be instituted an investigation of my background. I specifically authorize the Board of Directors, Management, and any credit reporting agency chosen by same to make such investigation. I agree that the information contained in this and the attached application may be used for such investigation, and that the Board of Directors, Management, and committees members shall be held harmless from and 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 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 _____ Date _____ APPLICANT _____ Date _____

IMPORTANT!!

THE ATTACHED

APPLICATION FOR OCCUPANCY FORMS

MUST BE FILLED OUT COMPLETELY WITH NO

BLANK SPACES!

Applications will not be accepted if any question is left blank. You must give an answer to every question or put N/A if the question does not apply to you.

Any line left blank will result in your application being rejected.

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: Quinsana Gardens

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.

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

RULES AND REGULATIONS FOR RENTING OF CONDOMINIUMS IN QUINSANA GARDENS

RENTING:

All applications for ownership and rental in Quinsana Gardens must have **1 adult at least 55 years of age (their partner or spouse may be younger) they may NOT have an adult child or children under the age of 18 reside in the unit. They may visit and stay up to two weeks. No pets are permitted on property.**

A 1 Bedroom unit is for 2 Adults; a 2 bedroom unit is for 4 Adults.

APPLICATION FEE:

The applicant for renting must be approved by the Board of Directors. There will be a screening fee of \$100.00 paid by the Landlord to Quinsana Gardens Condominium Association. Proof of identification and marital status is required. If the landlord does not follow this process, legal action will be taken against the landlord and the renter will be evicted by the building at the owner's expense.

LANDLORD RESPONSIBILITIES:

The rental agreement is between the Landlord and the Renter. The Landlord is responsible for any issues, including complaints, repairs or special requests, experienced by the renter. The BOARD OF DIRECTORS is not to be contacted by the renter except in cases of EMERGENCY. If the Board is required to step in, the landlord will be charged a minimum of \$25.00 for each intervention made by the Board of Directors. The Landlord and renter are to provide the building with emergency contact phone numbers – especially during Hurricane Season.

RULES & REGULATIONS:

It is the owner's responsibility to ensure that the renter follows the rules and regulations of the building. If the rules and regulations are not followed this causes a problem to the other owners in the building and it will NOT be tolerated by the Board of Directors. Legal action will be taken against the owner, the owner will lose the right to rent and the tenant will be evicted by the building at the owner's expense.

PHASE 2 COMMON AREA:

The common area includes, two swimming pools, bathrooms; sauna; a BBQ area, Clubhouse with library and pool room and dance floor; 2 lakes and beautiful walkways. All residents of Hawaiian Gardens Phase 2 are welcome to use these facilities. We ask that you respect the rights of the other owners, use these areas according to the rules and regulations posted.

I have read the above and agree to abide by the requests made by the Board of Director of Quinsana Gardens.

Owner Signature

Owner Print Name

BOD Member

Date: _____