



Ambassador Community Management

OLEANDER GARDENS CONDOMINIUM ASSOCIATION **SALE /LEASE PACKAGE**

THIS IS A 55 YEARS OF AGE AND OLDER COMMUNITY **PURCHASER OR LESSEE 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) and returned to Ambassador Community Management along with a \$100.00 Check or money order for each application made payable to **OLEANDER GARDENS CONDOMINIUM Inc.**

This application fee is non-refundable.

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

1. Signed copy of the Sales Contract/Lease agreement that complies with either article 30 or article 25 of the Rules&Regulations whichever is the case, along with photo ID for each adult occupant.
2. Copy of a current Credit Report
3. No pets are allowed at any time.
4. Use of the unit is for single family residence only
5. No commercial vehicles, truck, etc. are allowed on property overnight.
6. The current owner must provide the buyer with the Association Documents and Rules&Regulations
7. No more than 2 occupants per bedroom are allowed to occupy unit.
8. Moving in and out of a unit must be completed between the hours of 9am and 8pm Monday-Saturday

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 applicants 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 OR EMAIL

7100 West Commercial Blvd. Suite107 Lauderhill, FL 33319

Office:(954)741-8811 Fax:(954)741-8051 www.ambassadormanagement.com



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 purchase or 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 except for members of immediate family as defined under article 26 of the Rules&Regulations;
 - 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 document.
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 committee 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** _____



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** _____

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: Oleander 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)



OLEANDER GARDENS CONDOMINIUM INC.

TO ALL UNIT OWNERS

FOR YOUR INFORMATION

RULES GOVERNING THE RENTAL OF CONDOMINIUM UNITS

Whereas;

Under article 13.8 of the Declaration of Condominium, the Board of Directors may adopt rules regarding the details of operations and use the premises to the condition that these rules do not conflict with the said Declaration of Condominium.

Henceforth Oleander Gardens is reserved for persons who are aged 55 years and over. The Oleander Gardens owners want to live in quiet, peaceful environment and enjoy common facilities available to them.

Rental of condominium units must be considered an occasional accommodation for owners and not an objective in itself.

The term rental is not limited to rent to an outsider for pecuniary compensations, it means any kind of occupation by third parties who are not parents, brothers, sisters, children and grandchildren of the owner, either with or without pay of any kind.

The Board of Directors orders as follows regarding the rental of condominium units:

- (1) An owner cannot rent his unit for a period of two (2) years (24 months) from the date of purchase contract of his unit.
- (2) Any rental application must be submitted to the Board of Directors for approval on the form provided for that purpose.
- (3) Any owner may rent his unit only one time between October 15 and September 30 and the length of the rental will be no less than two (2) months and no more than six (6) months. At the sole discretion of the Board of Directors the condition of sub para (3) is modified for an indeterminate period to allow rentals on a basis of twice (2) a year for a minimum period of one (1) month and no more than 6 months cumulative.
- (4) A rental is only allowed for two people, one of whom must be aged 55 or over.
- (5) No families with children are allowed to rent a condominium unit.
- (6) Tenants renting for a period of two (2) months or more, can with approval of the owner, receive

visitors during their stay for a maximum of 21 days, consecutive or not. The total number of visitors shall not exceed two (2) persons for units of one bedroom and four (4) persons for units of two bedrooms.

(7) At least two weeks prior to the arrival of visitors, tenants shall provide written notice to a member of the Board containing the names and dates of stay of the visitors.

(8) At any time, the Board may withdraw the right to visitors if it disrupts the tranquility and harmony that owners wish to retain.

(9) No tenants shall have any animal whatsoever.

(10) For each rental, the owner shall designate a contact person (sponsor) who must be an owner of Hawaiian Gardens (preferably Phase 2) and be present on site during the rental period. This person shall respond for the owner to the Board of Directors during the rental period.

(11) Application forms for rental approval must be signed by the owner, the tenants and the sponsor. This application must be submitted to the Board of Directors at least one month before the scheduled date for the start of the rental period and be accompanied by a check in the amount of \$100.00 made payable to the Oleander Gardens Condominium Inc, covering the cost of opening a file.

Applications for approval and the \$100.00 application fee are required and compulsory for each rental, if it is the same tenant renting on a recurring basis the application fee only may be waived by the Board of Directors on a case by case basis.

(12) The owner must provide all keys necessary to the tenant before his arrival (think of a double for the sponsor) and a copy of the Rules and Regulations of Oleander Gardens as well as a copy of the Phase 2 Rules and Regulations.

(13) If an owner is in default of any Rental Rules or provisions of the Rental Section of the Declaration of Condominium, he will have to pay a penalty \$75.00 per day from the beginning of the default until it is corrected.

(14) An owner having been in default, will not be authorized to rent his unit for a period of two (2) years.

(15) Any legal costs incurred by Oleander Gardens to have an owner correct his default, will be paid by the said owner.

The Board of Directors

Oleander Gardens Condominium Inc

Read and Accepted: _____ **Date** _____