



Ambassador Community Management

7100 West Commercial Blvd. Suite 107

Lauderhill, FL 33319

954-741-8811

www.ambassadormanagement.com

GLADIOLA GARDENS CONDOMINIUM ASSOCIATION **SALE 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) and returned to Ambassador Community Management along with a **\$100.00** Check or money order for each application made payable to **GLADIOLA 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. Signed copy of the Sales Contract along with photo ID for each adult occupant.

*If the applicants are not married we need two separate applications with two separate fees. If you are married but have different last names, please submit a copy of the marriage certificate.
2. Applicant must supply a copy of a current credit report from a certified credit agency (Credit Karma, Transunion, Experian, Equifax) applicant must have a minimum credit score of 700
3. Applicant must have a minimum annual income of \$40,000.00 and must supply proof of income. Proof of income can be most recent tax return, including all W-2's or other income verification from employer, Social Security or bank statements.
4. If applicant does not have annual income of \$40,000.00-applicant must have verifiable assets of \$70,000 or more (bank accounts, investments, property, etc)
5. If self-employed the applicant must submit a copy of their personal and Business Bank Account..
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. No Pets Allowed.

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!

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: Gladiola 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)

NOTE: Payment of the 100.00 Screening Fee does not in any way constitute approval for this transaction.

APPLICATION FOR RESALE OR LEASE

Date: _____

Name of Community: GLADIOLA GARDENS CONDOMINIUM ASSOCIATION, INC.

Unit Address: _____
City _____ State _____ Zip _____

Present Owner(s) _____ Phone _____

I/we submit the following information to your Board of Directors regarding my/our resale/lease of the unit and community listed above:

If Sale: Approximate Closing Date: _____

If Lease: Lease Term is: From _____ To _____

If Lease: Owner Address for Billing, other than Unit Address:

City _____ State _____ Zip _____

The following information must be completed by prospective purchaser/lessee:

Transfer fee must accompany this application and all maintenance must be current

Full Name: _____ Date of Birth _____ Social Security Number _____
(Husband)* _____
(Wife)* _____

*If not husband and wife, each applicant must fill out separate application with fee.

NOTE: As a result of the Fair Housing Act, the following information is required to be provided: Name and ages of all occupants including owners and renters residing in the unit.

Name: _____ Date of Birth _____ Relationship _____

Present Address: _____
City _____ State _____ Zip _____

Length of time at present Address: _____ Phone: _____

Former landlord name: _____ Phone: _____

Former Address: _____

Length of time at former Address: _____

If presently employed:

Husband's occupation & employer: _____
Employer's address & phone: _____
Phone: _____

Wife's occupation & employer: _____
Employer's address & phone: _____
Phone: _____

Vehicle Make and Model _____ Year _____ License Tag Number _____ State _____

Bank References

1. Name of Bank: _____ Checking Savings
Officer to Contact: _____ Phone _____
Address of Bank: _____

2. Name of Bank: _____ Checking Savings
Officer to Contact: _____ Phone _____
Address of Bank: _____

Personal References. Local if Possible. NOT RELATIVES

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Credit References

1. Name: _____ Acct. # _____
Address: _____ Phone: _____

2. Name: _____ Acct. # _____
Address: _____ Phone: _____

3. Name: _____ Acct. # _____
Address: _____ Phone: _____

Name of Fraternal or Civic Organizations of which you are a Member

1. _____
2. _____

Pet(s)

Will there be any pets in the Unit? Yes No If yes, list type, size and number of pet(s): _____

In completing and executing this Application, I/we represent to the Board of Directors that the purpose for the purchase/lease of this unit is as follows:

Permanent Residence Winter Residence Investment Only
I/we understand that acceptance for purchase/lease in this Community is conditioned upon the approval of the Board of Directors. Accordingly, I/we hereby agree for myself and on behalf of all persons who may use the unit which I/we seek to purchase or lease that I/we will abide by all restrictions contained in the By-Laws and all other By-Laws, Rules and Regulations or Restrictions which may in the future be imposed by the Board of Directors. I have received a copy of all Association Documents and Rules and Regulations: Yes No

I/we understand that the Board of Directors may cause to be instituted an investigation or my/our background as the Board may deem necessary. Accordingly, I/we specifically authorize the Board of Directors to make such investigation and agree that the information contained herein may be used in such investigation and that the Board of Directors and Officers shall be held harmless from any action or claim by me/us in connection with the use of the information contained herein or any investigation connected with the use of the information contained herein or any investigation conducted by the Board of Directors.

I/we understand that sub-leasing or occupancy of this unit in my/our absence is not permitted without prior written approval of the Board of Directors.

I/we understand that payment of the \$ _____ Screening Fee does not in any way constitute approval for this transaction.

In witness whereof, I/we have executed the foregoing application this _____ day of _____, 20__

Owner: _____ Applicant: _____
Owner: _____ Applicant: _____

C/o Association Services of Florida
10112 USA Today Way
Miramar, Florida 33025
Phone: 954-922-3514 - Fax: 954-922-9199

APT. _____

AN AGE 55 OR OVER RESIDENTIAL COMMARTMENTY

APPLICATION FOR PURCHASE, TRANSFER, GIFT, DEVISE OR INHERITANCE APPROVAL

- 1 - 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).
- 2 - If any question is not answered or left blank, this application will be returned, not processed and not approved.
- 3 - Please attach a copy of the sales contract to this application.
- 4 - Please attach a non-refundable processing fee of \$100.00 to this application, made payable to **GLADIOLA GARDENS CONDOMINIUM, INC.** for each applicant, other than husband/wife or parent/dependent child (which is considered one applicant).
 - Acceptance of the processing fee does not in any way constitute approval of this transaction.
- 5 - The completed application must be submitted to the Association Management office at least 30 days prior to the expected closing date.
- 6 - All applicants must make themselves available for a personal interview prior to final Board of Directors approval. Occupancy prior to Board of Directors approval is prohibited.
- 7 - **GLADIOLA GARDENS CONDOMINIUM, INC.** is a community designed and intended to provide housing for residents who are age 55 or over. Apartments must be permanently occupied by at least one person age 55 or over. In addition, no permanent occupancy of any apartment is permitted by a person under age 18.
- 8 - No pets allowed at any time.
- 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, motorcycles, mopeds, etc. permitted to park on the premises overnight.
 - Only 1 assigned parking spaces available per apartment.
- 11 - 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
- 12 - Purchaser must notify the Association Management office with the exact date of their closing.
- 13 - Occupancy regulations:
 - One bedroom apartment - no more than 2 occupants.
 - Two bedroom apartment - no more than 4 occupants.
- 14 - Moving of furniture in or out of an apartment is not permitted on Sundays or Holidays. Hours for moving are from 8:00 A.M. to 10:00 P.M., Monday through Saturday.

MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Date _____ Apartment Number _____ Approx. Closing Date _____

Current Owner's Name _____ Tele. No. _____

Owner's Present Address _____

Name of Realtor Handling Sale _____ Tele. No. _____

NAME of Prospective Purchaser (as Title will appear):

a. _____ b. _____ (Spouse)

MORTGAGE INFORMATION: (If apartment will be mortgaged):

Name of Lender _____ Tele. No. _____

Address _____

(Continued on Back)

OTHER PERSONS who will occupy the apartment with you:

<u>Name</u>	<u>Age</u>	<u>Relationship / Occupation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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

1. In making the foregoing application, I represent to the Board of Directors that the purpose for the Purchase of a apartment at **GLADIOLA GARDENS CONDOMINIUM** 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 **GLADIOLA GARDENS CONDOMINIUM, INC.**

3. I have received a copy of all Association Documents: Yes ____ No ____
I have received a copy of the Rules & Regulations: Yes ____ No ____

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

5. 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 30 days after closing.

6. 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 **GLADIOLA GARDENS**, nor acquire one, either temporarily or permanently after occupancy.

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

8. I understand that the Board of Directors of **GLADIOLA 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 _____ 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 **GLADIOLA 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 **GLADIOLA 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 _____ APPLICANT _____

Gladiola Gardens Condominium, Inc.

C/O Association Services of Florida
10112 USA Today Way
Miramar, Florida 33025

APPROVAL OF RULES & REGULATIONS

I (we) the undersigned have read a copy of the rules and regulations of the Karisa Gardens Condominium, Inc. By signing this form I (we) agree to abide by all of the rules that are part of the Rules & Regulations.

Date _____

By _____

Print Name _____

By _____

Print Name _____