

Ambassador Community Management, Inc.

7100 West Commercial Blvd. ~ Suite 107 ~ Lauderhill, FL 33319 Phone 954-741-8811

www.ambassadormanagement.com

TULIP GARDENS CONDOMINIUM ASSOCIATION **SALE / PACKAGE**

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 **TULIP 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. All Purchasers or Lessors must have at least one individual over the age of 55 occupying the unit at all times. No one under the age of eighteen can reside in any unit.
2. A copy of the signed Sales Contract along with a valid photo ID must be included for each adult occupant.
3. All applicants must demonstrate financial solvency which includes a minimum annual income of \$40,000; an account containing sufficient funds demonstrating that the household expenses do not exceed 30% of the annual income; or other verifiable sources of income demonstrating an applicant's financial solvency.
4. All applicants must provide a current credit report from a qualified credit agency. The applicant must have a minimum credit score of 700.
5. Anyone purchasing a unit must provide a valid mortgage commitment letter by an intuitional lender unless it is a cash sale.
6. For Cash Sales, the applicant must provide proof of funds.
7. Subletting or renting of rooms is strictly prohibited by anyone!.
9. Transient leasing and utilizing services such as but not limited to Airbnb are prohibited for short term rentals.
10. Any buyer cannot use the authorization of leasing his condo for a period of 2 years (24 months) starting from contractual buying date of his condo.
11. No pets
12. No more than 2 occupants per bedroom are allowed to occupy the unit.
13. All sellers/owners must supply any buyer or lessee with a complete and current copy of the Association Documents and Rules 7 Regulations.

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 or deny 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

As of March 2021



Ambassador Community Management

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 _____

TULIP GARDENS CONDOMINIUM

GUEST AGREEMENT

Should I allow family or friends to occupy my apartment when I am not in residence, I understand that I **MUST** inform the Association at least fourteen (14) days before the arrival of these guests. I **MUST** supply the Association with the name(s) of the person(s) who will be staying in my apartment, and a copy of a picture identification (either a driver's license or passport). This information must be provided to the President of the Board of Directors, or to Ambassador Management.

Applicant

Applicant

Date

**TULIP GARDENS CONDOMINIUM, INC.
CERTIFICATE OF APPROVAL OF TRANSFER**

DATE: _____

TULIP GARDENS CONDOMINIUM

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 which 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 present Board of Directors of said condominium corporation.

Tulip Gardens Condominium
A Florida non-profit condominium
corporation.

By: _____

STATE OF FLORIDA)
COUNTY OF BROWARD)

BEFORE ME, the undersigned authority, personally appeared

_____ and _____ of Tulip Gardens
Condominium Corp., a Florida non-profit condominium corporation, who being duly sworn,
deposes and states that they have executed the foregoing approval for the terms and conditions
therein expressed.

WITNESS my hand and official seal at Lauderdale Lakes, Broward County,
Florida, this _____ day of _____, 2000.

My commission expires:

Notary Public

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: Tulip 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)