

**ASHLEY ARMS CONDOMINIUM  
ASSOCIATION APPLICATION FOR  
SALE APPROVAL**

THE PROPOSED BUYER OR MUST COMPLETE IN DETAIL AND IN FULL THIS APPLICATION AND RETURN TO:

**c/o TMG MANAGEMENT**

3303 W. Commercial Blvd., #170  
Fort Lauderdale, FL 33309

954-782-7820 **OFFICE**

954-782-7823 **FAX**

[info@tmg-propertymanagement.com](mailto:info@tmg-propertymanagement.com) **EMAIL**

**PLEASE INITIAL ONCE COMPLETED OR UNDERSTOOD**

\_\_\_\_ 1. PLEASE ATTACH **A COPY OF THE SALES CONTRACT.**

\_\_\_\_ 2. BACKGROUND & CREDIT CHECK APPLICATION IS AVAILBLE THROUGH OUR WEBSITE [WWW.PROPERTY-KEEPERS.COM](http://WWW.PROPERTY-KEEPERS.COM); PLEASE USE INTERENT EXPLORER OR CHOOGLE CHROME (MAKE SURE ADOBE READER IS ON). UNDER ONLINE SERVICES: SELECT EITHER SINGLE OR JOINT. JOINT APPLICATIONS ARE FOR MARRIED COUPLES ONLY! (IF YOU ARE MARRIED WITH A DIFFERENT LAST NAME, WE WILL NEED A COPY OF YOUR MARRIAGE CERTIFICATE). FAILURE TO COMPLETE OR PROVIDE THE MARRIAGE CERTIFICATE WILL DELAY THE PROCESS AND RESULT IN ADDITIONAL APPLICATION FEES. UNITED SCREENING IS OUR BACKGROUND AND CREDIT CHECK COMPANY. PLEASE PROVIDE THE FOLLOWING INFORMATION:

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

- A. **MARTIAL STATUS AND NUMBER OF UNIT RESIDENTS 18 YEARS OLD AND OLDER.** (ALL RESIDENTS 18 YEARS OLD AND OLDER ARE REQUIRED TO COMPLETE THE APPLICATION PROCESS. MARRIED COUPLES MUST SUBMIT TWO SEPARATE JOINT-APPLICATIONS).
- B. **A NON-REFUNDABLE PROCESSING FEE OF \$100.00 MUST BE PAID BY CREDIT CARD ONLINE.**
- C. **PLEASE FORWARD OR INCLUDE IN THIS PACKET, A COPY OF YOUR PAID BACKGROUND/CREDIT SCREENING RECEIPT(S).**

\_\_\_\_ 3. COPIES OF DRIVERS LICENSES FOR ALL DRIVERS RESIDING IN THE UNIT AND VEHICLE REGISTRATION (S)

\_\_\_\_ 4. MUST PROVIDE 2 LETTERS OF REFERENCE. 1 FOR BUSINESS (SHOULD BE ON LETTERHEAD WITH ORIGINAL SIGNATUERES AND CONTACT INFO.) AND 1 LETTER FOR PERSONAL REFERENCE.

\_\_\_\_ 5. COMPLETED APPLICATION MUST BE SUBMITTED TO THE PROPERTY MANAGER NO LATER THAN 30 DAYS PRIOR TO THE DESIRED DATE OF CLOSING.

\_\_\_\_ 6. PRIOR TO OCCUPANCY, THE BOARD OF DIRECTORS OF THIS ASSOCIATION MUST APPROVE THE PROSPECTIVE BUYER/LESSEE.

**PLEASE DO NOT CALL US TO INQUIRE ABOUT THE PROCESS. YOU WILL RECEIVE A CALL TO SET UP THE ORIENTATION ONCE WE HAVE EVERYTHING WE NEED.**

Name of Community: ASHLEY ARMS CONDOS.

**APPLICATION FOR SALE, GIFT, DEVISE OR INHERITANCE APPROVAL**

PLEASE PRINT OR TYPE

TODAY'S DATE: \_\_\_\_\_

ESTIMATED CLOSING DATE: \_\_\_\_\_

PRESENT OWNERS NAME: \_\_\_\_\_

Mailing OR Billing Address: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ADDRESS OF THE UNIT:

\_\_\_\_\_

NAME OF THE REALTOR HANDLING: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email address: \_\_\_\_\_

(BUYER / LESSEE) NAME:

\_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

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

**OTHER PERSONS WHO WILL OCCUPY THE UNIT WITH YOU: # Adults # Children**

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Application for Residency

Today's Date: \_\_\_\_\_ Expected Move In Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ SSN# \_\_\_\_\_

Marital Status: \_\_\_\_\_ DOB \_\_\_\_\_

DL#: \_\_\_\_\_ State: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work#: \_\_\_\_\_

Spouse/Roommate Name: \_\_\_\_\_ SSN# \_\_\_\_\_

Marital Status: \_\_\_\_\_ DOB: \_\_\_\_\_

DL: \_\_\_\_\_ State: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work#: \_\_\_\_\_

WILL YOU HAVE ANY PETS? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, WHAT TYPE, /SIZE & BREED? \_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY \_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_

### Residence History

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Building Name: \_\_\_\_\_ How Long? \_\_\_\_\_ ( own or lease )

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Building Name: \_\_\_\_\_ How Long? \_\_\_\_\_ ( Own or Lease )

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you or your roommate ever been evicted from any lease premise? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

### Employment

Present Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Employed since \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Salary \_\_\_\_\_ Tips \_\_\_\_\_

Spouse's OR Roommate's Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Employed since \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Salary \_\_\_\_\_ Tips \_\_\_\_\_

## AUTOMOBILE INFORMATION

NUMBER OF CARS: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

TAG #: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

TAG #: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

TAG #: \_\_\_\_\_

1. I hereby agree for myself and on behalf of all persons who may use the home which I seek to purchase or lease:
  - a. I will abide by all the restrictions contained in the By-Laws, Rules and Regulations and Restrictions, which are or may in the future be imposed by ASHLEY ARMS CONDOMINIUM ASSOCIATION, INC.
  - b. I understand that leasing, sub-leasing or occupancy (tenancy) of this unit is prohibited.
  - c. I understand that any violation of the terms, provisions, conditions and covenants of the ASHLEY ARMS CONDOMINIUM ASSOCIATION, INC. Documents provides cause for immediate action as therein provided if a unit is leased out under appropriate circumstances.
  
2. I understand that the acceptance for purchase of a unit at ASHLEY ARMS CONDOMINIUM ASSOCIATION, INC. is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of information of these forms will result in the automatic rejection of this application. Occupancy prior to approval is prohibited.
  
3. I understand that the Board of Directors of ASHLEY ARMS CONDOMINIUM ASSOCIATION, INC. may institute an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize 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 and Officers of ASHLEY ARMS CONDOMINIUM ASSOCIATION, 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 ASHLEY ARMS CONDOMINIUM ASSOCIATION, INC. will be final, and no reason will be given for any action taken by the Board. I agree to be governed by the determination of the Board of Directors.

APPLICANT'S Signature	DATE:	CO-APPLICANT'S Signature	DATE:
Print Applicant's Name		Print Co-Applicant's Name	

# ASHLEY ARMS CONDOMINIUM ASSOCIATION, INC.

## LEASING AGREEMENT FORM

(This is part of the application to acknowledge no leasing and requires potential unit owner's signatures..)

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

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

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

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

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

PROPERTY ADDRESS: \_\_\_\_\_

LOT # \_\_\_\_\_ OR UNIT #: \_\_\_\_\_

*LEASING IS PROHIBITED.*

*OWNERS MUST REPORT ALL CHANGES WITH OCCUPANCY TO THE ASHLEY*

*ARMS CONDOMINIUM ASSOCIATION, INC.*

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LEASING IS NOT PERMITTED; IF THE UNIT OWNER DOES NOT ADHERE TO OUR GUIDELINES AND/OR RULES ANY LEASE WILL NO LONGER BE VALID. YOU WILL RECEIVE ONE NOTICE ADVISING YOU OF THE PROBLEM. IF THE PROBLEM IS NOT RECTIFIED WITHIN 15 DAYS, YOUR TENANT WILL BE ADVISED TO VACATE YOUR UNIT IMMEDIATELY.

\_\_\_\_\_  
OWNER'S SIGNATURE                      DATE:

\_\_\_\_\_  
CO-OWNER'S SIGNATURE                      DATE:

\_\_\_\_\_  
APPLICANT'S SIGNATURE                      DATE:

\_\_\_\_\_  
CO-APPLICANT'S SIGNATURE                      DATE: