

Ambassador

Community Management, Inc.

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

Phone: 954-741-8811 Fax: 954-741-8051

www.ambassadormanagement.com

Since 1992

**HAWAIIAN GARDENS PHASE V1 ASSOCIATION
LOTUS, MARIGOLD, NETTLE, & ORCHID GARDENS
SALE APPLICATION
THIS IS A 55 YEAR OR OLDER COMMUNITY ONLY**

The attached application forms **MUST** be completed in full by each adult applicant. (other than Husband/Wife or Parent/Dependant child 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 **HAWAIIAN GARDENS PHASE VI**.

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 copy of the signed Sales Contract along with a photo ID for each adult occupant. All sales of apartments require a minimum of 20% down payment in cleared funds on contract.
2. A copy of current credit report
3. A copy of Mortgage Commitment letter from the bank or Mortgage company including the terms of the loan, rate of interest, & monthly P & I
4. Prospective purchasers must have an annual income of at least \$30,000 and / or investments and assets to substantiate the capability to meet the financial obligations plus proof of income (last 2 years income tax returns and payroll stubs for the preceding month.)
5. All applicants must make themselves available for a personal interview prior to final Board approval. At the interview, a maintenance deposit equaling 6 months maintenance assessments is required to be paid to the association. This security deposit must be by certified check or bank check and will be held for 18 months. If the unit owner is current with assessments, it will be reimbursed with all interest earned.
6. No pets allowed at any time.
7. Use of this unit is for Single family residence only- No corporations, company, partnership, or trust may purchase an apartment.
8. No commercial vehicles, trucks, boats, trailers, motor homes, campers, motorcycles, etc. are permitted to park on the premises.
9. Only one (1) assigned parking space available per apartment
10. Only two people per bedroom is allowed to occupy a unit.
11. No washers or dryers are permitted in the apartment.

MORTGAGE INFORMATION: (If apartment will be mortgaged):

Name of Lender _____ Tele. No. _____

Address _____

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 or any proposed occupant ever been convicted of or pled to a crime? ____ If yes, please state the date(s), charge(s), disposition(s) and location(s): _____

1. In making the foregoing application, I represent to the Board of Directors that the purpose for the Purchase of an apartment at **HAWAIIAN GARDENS PHASE VI** 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 **HAWAIIAN GARDENS PHASE VI ASSOCIATION**.

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 14 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 **HAWAIIAN GARDENS PHASE VI**, nor acquire one, either temporarily or permanently after occupancy.

7. I understand that the acceptance for purchase of an apartment at **HAWAIIAN GARDENS PHASE VI** 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 the **HAWAIIAN GARDENS PHASE VI ASSOCIATION** 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 **RENTERS REFERENCE OF FLORIDA, INC.** 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 **HAWAIIAN GARDENS PHASE VI ASSOCIATION** 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 **HAWAIIAN GARDENS PHASE VI 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 _____ APPLICANT _____

NOTE: Complete all questions and fill in all blanks. If any question is not answered or left blank, this application may be returned, not processed, and/or not approved. Print legibly or type all information. Missing information will cause delays. All information on this application will be verified.

PLEASE USE BLACK INK

THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY!

APPLICATION FOR OCCUPANCY

Association Name: Hawaiian Gardens Phase VI

NOTE: All information supplied is subject to verification. All telephone numbers must be able to be reached between 9-5 P.M. Date _____

Purchase _____ Lease _____ Apt. _____ Bldg. No. _____ Property Address: _____

Full Name _____ Date of Birth _____ Social Security # _____

(____) Single (____) Married (____) Separated (____) Divorced - How Long _____ Maiden Name _____

Have you ever been convicted of a crime _____ Date (s) _____ County/State Convicted in _____

Charge (s) _____

Spouse _____ Date of Birth _____ Social Security # _____

Maiden Name _____ Have you ever been convicted of a crime _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

No. of people who will occupy unit – Adults (over age 18) _____ Description of Pets _____

Names and ages of others who will occupy unit _____

Applicant(s) Cellular Telephone Number _____ Applicant(s) Email Address _____

In case of emergency notify _____ Address _____ Phone _____

PART I – RESIDENCE HISTORY

PLEASE PRINT FULL ADDRESS, INCLUDING UNIT/APT NUMBER, CITY, STATE & ZIP CODE

A. Present address _____ Phone _____

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Own Home _____ Parent/Family Member _____ Rented Home _____ Rented Apt _____ Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

B. Previous address _____ Phone _____

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Own Home _____ Parent/Family Member _____ Rented Home _____ Rented Apt _____ Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

C. Previous address _____ Phone _____

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Own Home _____ Parent/Family Member _____ Rented Home _____ Rented Apt _____ Other _____ Rent/Mtg Amount _____

Name of Landlord _____ Address _____ Phone _____

Mortgage Holder _____ Mortgage No. _____ Phone _____

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)

Please notify Character References that we will be contacting them to obtain a reference

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 _____

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

8795 West McNab Road, First Floor, Tamarac, Florida 33321
www.associatedcreditreporting.com

Phone: 954-543-9400
Toll Free: 800-676-7640
Fax: 954-543-9411
Toll Free Fax: 800-235-7185

APPLICANTS: Most banks, financial institutions, mortgage companies and employers require your signature and name printed to verify information. Please complete the form below: Thank you.

AUTHORIZATION FORM

You are hereby authorized to release any and all information requested with regards to verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references to **Associated Credit Reporting, Inc.** This information is to be used for my/our credit report for my/our Application for Occupancy.

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 for the exclusive use of the association for residential screening purposes only.

PLEASE INCLUDE COPY OF DRIVER'S LICENSE and SOCIAL SECURITY CARD TO CONFIRM IDENTITY. If you do not have a Social Security Card, please include a copy of your Passport or current identification card.

Please notify your Landlord(s), Employer(s), and Character References that we will be contacting them to obtain a reference pursuant to your application.

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 signature.

I/We certify under penalty of perjury that the foregoing is true and correct.

(Applicant's Signature)

(Applicant's Name Printed)

(Spouse's Signature)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)

NOTE TO APPLICANTS: Banks and some employers require your signature and name printed as authorization to verify information. To expedite your application you may want to include a copy of your most recent bank statement and earnings statement. Thank you!

Hawaiian Gardens Phase 6

Lotus, Marigold, Nettle, Orchid Gardens Condominium Association, Inc.

APPLICATION FOR APPROVAL
(Sale or Lease of Apartment)
(55 YEARS OF AGE AND OLDER COMMUNITY)

To: Hawaiian Gardens Phase VI Condominium Association, Inc.

From: _____

Re: Condominium Unit No. _____

Bldg. Name _____

Check One: () Sale

(Purchaser) (Lessee)

() Lease

Gentlemen,

Pursuant to the Declaration of Condominium affecting the above unit, application is hereby made to the appropriate Condominium Association for approval of the proposed sale or lease of said unit to the undersigned. A copy of the contract of purchase and sale or lease has must be attached to this application. The undersigned warrant that said contract reflects a bona fide sale or lease and that the answers to the following questionnaire are true and accurate and have been furnished with the intent that the Condominium Association rely thereon and favorably consider the same.

We fully understand:

1. That we will require to appear at your office for a personal interview when notified, and we will do so;
2. That final evidence of approval will only be issued upon actual presentation to you of the executed instrument of conveyance or lease which must be in a form satisfactory to the Association;
3. That approval will not be issued unless all maintenance installments and other sums (including any and all fees for sale or lease) which may be due the Association as to the above apartment are current; and,
4. That all of the right, title and interest which may acquire in such apartment by reason of such sale or lease are defined and set forth in the Declaration of Condominium

including all of its Exhibits. We will incur the duties and obligations of a unit owner as therein defined, which duties and obligations we agree and bind ourselves to keep and perform. Further, by accepting conveyance or lease as to such unit, we will ratify, confirm and approve the Declaration of Condominium including all of its Exhibits.

QUESTIONNAIRE

(PLEASE ANSWER ALL QUESTIONS DO NOT LEAVE ANY BLANKS)

1. Names, ages and relationships of all applicants (whose names will appear as grantees in the deed or lease).

Applicant A _____ Age _____ Relationship _____

Applicant B _____ Age _____ Relationship _____

Applicant A SS# _____ D.O.B. _____

Applicant B SS# _____ D.O.B. _____

Application for Approval (Sale or Lease of apartment)

2. Applicant 's home address: _____

City & State _____ Zip _____

3. Applicant's s Telephone Number _____ Work _____

4. Applicant's mailing address if different than home address _____

_____ City & State _____ Zip _____

5. Applicant's residence for previous five (5) years:

Address _____ From _____ To _____

Address _____ From _____ To _____

Address _____ From _____ To _____

6. Applicants Employment: Applicant A Applicant B

Employed by: _____

Type of Business: _____
Business Telephone: _____
Position held: _____
Length Employed: _____

7. Names and addresses of two (2) unrelated personal references who have known applicant (s) for at least five (5) years:

Name _____ Address _____

Name _____ Address _____

8. Applicant (s) is (are) purchasing apartment:

Investment Rental Property Personal Residence

9. If apartment is being Leased purchased by the Applicant (s) for personal residence, the Applicant (s) intend (s) to reside:

Year Round Winter Season Only

10. If occupancy by Applicant (s) is to be on less than a year round basis, will the apartment be occupied during the applicant (s) absence?

YES NO

11. If the answer to 10, above is " YES " please state by whom the apartment will be occupied and all details concerning the arrangements:

12. Please supply three following information with regard to all persons, other than

occasional guests, who will reside with Applicant (s).

Name _____ Address _____ Age ____ Relationship _____

Name _____ Address _____ Age ____ Relationship _____

Name _____ Address _____ Age ____ Relationship _____

13. The Applicant (s) has (have) _____ children, the eldest of whom is _____ years of age, and the youngest of whom is _____ years of age.

The undersigned Applicant (s) has (have) read the Rules & regulations, Condominium Documents as promulgated by the Condominium Association, and agree (s) to abide by same.

I (We) AUTHORIZE FULL INVESTIGATION OF ALL ANSWERS AND REFERENCES GIVEN, ABOVE BY CONDOMINIUM ASSOCIATION, ITS AGENTS OR MANAGEMENT COMPANY.

dated this _____ day of _____, 20____, in the City of _____, State of _____, County of _____

(Applicant A) (Lessee)

(Applicant B) (Lessee)

APPROVED:

APARTMENT OWNER (Print Name)

Date

APARTMENT OWNER (Signature)

Date

OFFICE USE ONLY:

The undersigned hereby certifies that this Application for approval of Sale or Lease was _____ APPROVED or _____ DISAPPROVED by the Board of Directors of Hawaiian Gardens Phase VI Condominium Association, Inc. on the _____ day of _____, 20_____.

Secretary or Authorized officer of Condominium

NOTICE OF INTENTION TO SELL CONDOMINIUM UNIT

**TO: The Board of Directors
Hawaiin Gardens Phase VI
Association,**

DATE: _____

UNIT NO. _____

FROM: _____
Unit owner(s) (please print)

In accordance with the regulations established by the Board of directors under Article XIII. of the "Declaration of Condominium" and Chapter Two of the Rules and Regulations of Hawaiin Gardens Phase VI Association. I (we) hereby submit to the Board of Directors this Notice of Intention to sell the above described unit.

Unit Owner(s) signature(s)

INTENTION TO PURCHASE APPLICATION

Memorandum of Undersigned (to be signed by Purchaser/Lessee.)

I (We) the intended (Purchaser/Lessee) of the Condominium Unit described declare that we understand that we shall at all times hold our interests in the Condominium subject to the Provisions of the Declaration of Condominium for the Hawaii Gardens Phase VI Association Inc., as amended, the by-laws of the Condominium and the rules promulgated or hereafter established by the Owners or Directors of the Condominium. I (we) further understand that the aforesaid Declaration, By-laws and Rules are available for inspection at the Condominium Office.

Signature

Signature

Date

Personal information and references to be supplied by the intended (purchaser/lessee) of Unit _____ in Building _____ in the Hawaii Gardens Phase VI Association, If Applicant and Co-Applicant are not married, than two(2) applications must be completed.

Names of Purchaser/Lessee

Applicant _____

Date of Birth _____

S.S.N./S.I.N. _____

Co-Applicant _____

Date of Birth _____

S.S.N./S.I.N. _____

Names of all other persons who
Will reside in Unit

_____ Date of Birth

_____ Date of Birth

_____ Date of Birth

Present address

_____ Number and street

_____ City

_____ State

_____ Zip

Telephone No. _____

How long at above address _____

_____ Own

_____ Rent

Applicant(s) Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure this Authorization Form is complete as indicated. A separate Authorization Form must be completed for each Applicant.

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE AND EMPLOYMENT INFORMATION.

I have named you as a reference on my application for purchase.

You are hereby authorized release and give to Hawaii Gardens Phase VI Association Inc. or their Attorney or Representative, any and all information they request concerning my banking, credit, residence and employment in reference with my/our application made for purchase.

DESIGNATED PARTY

I hereby waive any privileges I may have with respect to the said information in references to its release to the aforesaid party(s).

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for purchase.

Applicant Signature

Applicant's Name Printed

Co-Applicant

Co-Applicant

Date _____

PERSONAL INFORMATION AND REFERENCES

2. Occupation

Present Employer (Applicant) _____

Address _____

Phone # _____ Length of Employment _____

Position _____ Yearly Income _____

3. Present Employer (Co-Applicant)

Address _____

Phone # _____ Length of Employment _____

Position _____ Yearly Income _____

4. Business Reference

Title _____

5. Personal
References

Name

Name

Address

Address

Phone #

Phone #

Name

Name

Address

Address

Phone #

Phone#

AUTOMOBILE(S) INFORMATION

6.

Number of Cars _____

Make _____ Model _____ Year _____

Tag # _____ State _____

Make _____ Model _____ Year _____

Tag# _____ State _____

Date _____

Signature (s) _____

REQUIREMENTS FOR PURCHASE

COMPLETED APPLICATION, REFERENCE AND INFORMATION FORMS.
PLEASE FILL COMPLETELY AND ACCURATELY. IF ANY QUESTION IS
NOT ANSWERED THIS APPLICATION WILL BE RETURNED.

~~\$100~~ \$100 NON-REFUNDABLE ADMINISTRATION FEE AND CREDIT
VERIFICATION FEE MUST ACCOMPANY APPLICATION.

COPY OF SALE CONTRACT.

PROOF OF 20% DEPOSIT. CLEARED FUNDS.

LETTER OF MORTGAGE COMMITMENT (IF APPLICABLE)
FIRM COMMITMENT LETTER WITH MORTGAGEE'S NAME,
MORTGAGE AMOUNT, INTEREST RATE, TERMS AND
MONTHLY PAYMENT.

AUTHORIZATION TO CHECK CREDIT, RESIDENCE AND
EMPLOYMENT HISTORY.

PROOF OF INCOME.
FEDERAL INCOME TAX RETURNS FOR THE LAST TWO (2) YEARS
PAYROLL STUBB FOR THE PRECEEDING MONTH.

MAINTENANCE DEPOSIT EQUALING SIX MONTHS MAINTENANCE
ASSESSMENTS. THIS PAYMENT MUST BE BY CERTIFIED CHECK,
BANK CHECK. AT INTERVIEW.

**AMENDMENT
to the
RULES AND REGULATIONS
Of
HAWAIIAN GARDENS PHASE VI ASSOCIATION**

According to the Rules and Regulations of Hawaiiin Gardens Phase VI Association. Adopted at a regular meeting of the Board of Governors Duly called and legally held on February 5 th 2001

NEW RULE:

Chapter Two Screening (2.10) SALE
All purchasers applying for approval after the effective date of this rule will be required to provide proof of income establishing minimum earnings in the amount of \$30,000.00 per year. For purposes of this Rule, proof of income tax returns for the immediate two (2) years and payroll stubs for the preceding month.

Chapter Two Screening will be amended to reflect the proposed REQUIREMENTS FOR PURCHASE and NEW RULE (2.10) when adopted by the Board of Governors .

HAWAIIN GARDENS PHASE VI

ADULT COMMUNITY

PROCEDURES TO BE FOLLOWED BY UNIT OWNERS DESIRING TO SELL THEIR UNIT

According to the "Declaration of Condominium", a unit owner desiring to sell his/her unit must advise the Board of Directors of his/her intention and must supply the Board with any information as the Board may reasonably require.

The following attached form also have to be completed in full by the seller(s) and submitted to the Condominium office:

Notice of intention to sell condominium unit.

In addition the following has to be provided to the Condominium office by the buyer(s) for the finalization of the purchase.

\$175.00 non refundable administration and credit verification fees

Intention to purchase application- Personal information and reference Forms. Please fill completely and accurately.

Authorization to release banking, credit, residence and employment informations

Copy of sale contract.

Proof of 20% deposit cleared funds.

Letter of mortgage commitment (if applicable)

Proof of income ..

After ascertaining that all paperwork is properly executed and all assessments are current, the Condominium office will conduct a thorough investigation and set up an appointment for a personal interview with the prospective buyer(s). Interviews are held twice a month, on the first and third Saturday of each month in the AM by appointment only. All occupants must be present. There shall not be any screening during the months of May, June, July, August, September, October unless previously arranged with the President of the Phase or his designee.

A six (6) months maintenance assessment security deposit must be provided by the buyer and is due at interview and must be in the form of a certified or bank check made payable to the "Hawaii Gardens Phase VI Association". This deposit will be held for a period of eighteen (18) months, and the unit owner being current with all assessments, will be reimbursed together with all interest earned.

Upon completing the interview, and after acceptance, the officers of the Board will sign a copy of the Consent Transfer and Conveyance, give it to the buyer(s) and return all papers to the Condominium Office.

Failure of the Association to act within Thirty (30) days after receipt of all properly completed forms, namely a true copy of the sales contract, the administration and credit verification fees and the personal interview shall be deemed to constitute approval.

When the sale process is finalized, the buyer(s) must provide the Condominium office a copy of the warranty deed and closing statement to be recognized officially as new owner(s) by the Condominium.

NOTE: Any purchaser will be subject to the rules, regulations, easements, restriction and covenants set forth in our Declaration of Condominium and by such regulations as may have been approved by the Condominium.