

# *Ambassador*

*Community Management, Inc.*

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

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

[www.ambassadormanagement.com](http://www.ambassadormanagement.com)

*Since 1992*

## **TULIP 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 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 **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. Signed copy of the Sales Contract along with photo ID for each adult occupant.
2. Copy of a current Credit Report
3. No pets are allowed at any time.
4. Signed Guest Agreement (included in this package)

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!**

# 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

\_\_\_\_\_  
as \_\_\_\_\_ 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

**IMPORTANT NOTE:** Complete all questions and fill in all blanks. 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 not be cancelled or refunded.

PLEASE USE BLACK INK

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

### APPLICATION FOR OCCUPANCY

Association Name: Tulip Gardens

**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  Occupant  Apt.# \_\_\_\_\_ Bldg.# \_\_\_\_\_ Address applied for: \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

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) \_\_\_\_\_

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 \_\_\_\_\_

Applicants Cell Number(s) \_\_\_\_\_ Applicants Email Address \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

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 \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

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

## \*\*\*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), credit history, 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)