

GABLES II TOWNHOMES CONDOMINIUM ASSOC., INC.

C/o GABLES PROFESSIONAL MANAGEMENT CO.
3934 SW 8th Street, Suite # 303. • Coral Gables, FL 33134
PH (305) 441-0904 • FAX (305) 441-7982

PURCHASE APPLICATION

Date: _____

***INTERVIEW IS REQUIRED**

Name of Applicant(s) - same as Proposed Buyer(s) _____

Address of the Property at Gables II _____

PLEASE READ CAREFULLY

Gables Professional is the Management Company for **Gables II Townhomes Condominium Assoc.**, the "Association" where you are applying for residency. All information with regards to sales, transfers and leases of a unit is processed once the completed application and all necessary documentation is received. **The outcome of the screening is reported to the Board of Directors of the Association who will conduct interviews and is solely responsible for the final approval or denial. THIS IS TO INFORM YOU OF THE PROCEDURE FOR PROCESSING APPLICATIONS FOR PURCHASE SO THAT YOU CAN PLAN ACCORDINGLY.**

We strive to provide accurate and timely screening information to your association, and your cooperation in submitting complete information is imperative to the timeliness of this process. Applications cannot be "**Rushed**" due to the necessary steps required to process each application.

◀ **OCCUPANCY IS LIMITED TO THOSE NAMES THAT APPEAR ON THE APPLICATION** ▶
◀ **OCCUPANCY PRIOR TO FINAL APPROVAL IS PROHIBITED** ▶

◀ **IMCOMPLETE APPLICATIONS ARE NOT ACCEPTABLE** ▶

The following items must be attached for the application to be processed:

- Cashier's Check or Money Order payable to: **GABLES PROFESSIONAL MANAGEMENT** in the amount of: **\$50.00**. (Application, Screening & Processing Fee). **Additional \$50.00** fee per applicant over 18 years old who is not a member of a co-applicants immediate family (Spouse & Children). **No personal checks are accepted, Non- Refundable.**
- INTERVIEW IS REQUIRED with the Board of Directors. Children over 14 yrs old must be present.**
- Completed Purchase Application (**5 pgs.**), and Association's R&R and/ or Addendums.
- Copy of Driver's License or other valid photo Id / **Foreigners** (Passport with visa) – **for anyone 18+ years.** (Please provide each photo ID on a different sheet of paper) Clear pictures are required.
- Official Police Report (from the County where the Applicant Resides)**
- Copy of Vehicle Registration for each vehicle, up to the limit allowed in the Community's Rules & Regulations.
- Employment Letter and copies of the latest stub Payments **OR** in the event that the person is Self Employed or owns a Business; please provide proper Documentation of Business. / **Foreigners** must bring of a Legal Documents of your country.
- Current Reference Letter from previous Landlord or explanatory letter from applicant.
- Copy of Utility Bill (**AT&T, Comcast, FPL, Water & Sewer, etc.**) from previous address.
- Copy of Purchase Contract.
- Sign all Rules and Regulation & Addendum attached to this application.
- If any of these requirements is NOT APPLICABLE, please write N/A on the space and make an explanation letter to the BOD.

APPLICATION PROCESS WILL NOT BE COMPLETED UNTIL ALL ASSESSMENTS ARE CURRENT

I agree with the above _____
Applicant Co-Applicant

▶ **PLEASE ALLOW 20 BUSINESS DAYS TO PROCESS YOUR APPLICATION.** _____ (Initials)

OFFICE USE ONLY

RECEIVED BY _____ ON _____ DEADLINE: _____

PURCHASE APPLICATION (Please Print Legibly. Answer all questions in this application. If not complete or blank spaces, this application may be returned or not approved)

Date: _____ Projected Sales Closing Date: _____

Current Owner's Name: _____ Unit Number: _____

Owner's Home Address (If other than property being sold): _____

City: _____ State: _____ Zip Code: _____

Owner's Phone #: _____ Owner's Work Phone #: _____

BUYER(S) INFORMATION

NAME(s) of Proposed Buyer(s), as will appear on the Title:

1. _____ 2. _____

Total No. of Persons to occupy unit: _____

NAME, AGE & RELATIONSHIP of ALL proposed occupants of the unit:

NAME

DATE OF BIRTH

RELATIONSHIP

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. In making the foregoing application, I represent to the Board of Directors that the purpose of the purchase of this unit is for:

PERMANENT SEASONAL OTHER
RESIDENCE _____ RESIDENCE _____ RENTAL _____ (EXPLAIN) _____

2. I hereby agree for myself and on behalf of all persons who may use the unit that I seek to purchase that we will abide by all the restrictions contained in the By-laws, Rules and Regulations, Association Documents and restrictions which are or may in the future be imposed by the Board of Directors of the Association.

3. I understand that I will be present when guests, relatives or children who are not residents occupy the unit.

4. I Have ____ Have Not ____ received a copy of all the Association's Documents and Rules and Regulations from the current owner.

5. I understand that the acceptance for purchase of a unit is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. **OCCUPANCY PRIOR TO FINAL APPROVAL IS PROHIBITED.**

6. I understand that the Board of Directors of the Association may cause an investigation of my background to be conducted as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors or Gables Professional Management, Co., as Agent, to make such investigation and agree that the information contained in this application may be used in such investigation. The Board of Directors and Officers of the Association or Gables Professional Management, Co, as Agent, 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.

In making the foregoing application, I am aware that the decision of the Board of Directors will be final and that no reason will be given for any action taken by the Board, I agree to be governed by the determination of the Board.

Signature of Applicant

Signature of Co-Applicant

APPLICANT(S) INFORMATION

Applicant Name:

As will appear on Contract _____ (Last) _____ (First) _____ (Middle)

Social Security No. _____ (Applicant) Date of Birth _____ (Applicant)

Co-Applicant Name:

As will appear on Contract _____ (Last) _____ (First) _____ (Middle)

Social Security No. _____ (Co-Applicant) Date of Birth _____ (Co-Applicant)

If Co-Applicant is NOT Spouse, specify relationship: _____

Present Address (NOT the unit to be purchase): _____

(City) _____ (State) _____ (Zip Code) _____ (Home Phone)

Present (or Previous) Landlord/Mortgage Company (NOT for the unit to be purchase):

Name: _____ Phone No: _____

In Case of Emergency, notify: _____ Phone No: _____

Vehicle 1, make, yr. and color: _____ Tag No: _____

Vehicle 2, make, yr. and color: _____ Tag No: _____

ONLY 2 PARKING SPACES PER UNIT AS PER THE VEHICLE AFFIDAVIT. (Initial) _____

EMPLOYMENT INFORMATION:

(Applicant's Employer) _____ (Employer's Address)

(Position) _____ (Date Employed) _____ (Employer's Phone No) _____ (Verifiable Salary per Year)

(Co-Applicant's Employer) _____ (Employer's Address)

(Position) _____ (Date Employed) _____ (Employer's Phone No) _____ (Verifiable Salary per Year)

NAME, ADDRESS & PHONE NO. OF RELATIVE NOT LIVING WITH YOU: _____

HAVE YOU OR ANY PROPOSED OCCUPANT IN THIS APPLICATION EVER BEEN CONVICTED? _____ YES _____ NO

IF YES, PLEASE EXPLAIN: _____

BANK REFERENCE: _____
(Bank Name) (Location)

(Type of Acct, checking, savings, other) (Account No.) (Phone No.) (Date Opened)

PET: Limit 1Pet, up to 25 Lbs. Please Provide a Proof of Vaccinations and Picture of your dogs with this application.

Name: _____ Description: _____
(Breed, Color, Weight)

CHARACTER REFERENCES (Other Than Relatives) – 3 Reference Letters Required

1. _____
(Name) (Home Phone No) (Work Phone No)

2. _____
(Name) (Home Phone No) (Work Phone No)

3. _____
(Name) (Home Phone No) (Work Phone No)

Authorization is hereby granted to **Gables II Townhomes Condominium Association.**, the Association, and Gables Professional Management Co., as Agent, to investigate all information supplied on this application. A full disclosure of pertinent facts and findings may be made to the Association or Gables Professional Management, Co, as Agent, who are also authorized to obtain a credit rating through a credit reporting agency.

Signature of Applicant

Signature of Co-Applicant

Date

Date

AUTHORIZATION FOR RELEASE OF BANKING, RESIDENCE, EMPLOYMENT, CREDIT AND POLICE INFORMATION

I/We _____ hereby authorize the release of information to the Credit Reporting Agency and their Attorneys or Representatives, and to Gables Professional Management, Co., as Agent **concerning my Banking, Credit, Residence, Employment and Police Records** in reference to the application for housing with **Gables II Townhomes Condominium Association, Inc.**,

I/We _____ understand that this information is to be used as part of an investigative consumer report/and or credit report. Furthermore, I/We hereby waive any privileges I/We may have with respect to the disclosure of said information to the aforementioned parties.

I/We are also authorizing the Management Company to furnish the Landlord with a Copy of the Credit and Police Reports.

(In compliance with the FAIR CREDIT REPORTING ACT, this notice is to inform you that the processing of this application includes but is not limited to making inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer reporting agencies, obtaining credit information from other credit institutions and criminal background checks from appropriate law enforcement agencies. You have the right to make a written request within a reasonable period of time to receive additional information about the nature of this investigation. The undersigned agrees that this application will remain the property of the apartment complex, landlord, Association or realtor regardless of whether application is approved or not.)

_____ Signature of Applicant	_____ Printed Name	_____ Date
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_____ Signature of Co-Applicant	_____ Printed Name	_____ Date
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Other Proposed Adult (18+ years) Residents:

_____ Signature	_____ Printed Name	_____ Date
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_____ Signature	_____ Printed Name	_____ Date
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_____ Signature	_____ Printed Name	_____ Date
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_____ Signature	_____ Printed Name	_____ Date
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