

ASCOT VILLAS CONDOMINIUM ASSOCIATION, INC.

C/O TRI-COUNTY PROPERTY SERVICES & MANAGEMENT
1451 W Cypress Creek Rd ste 300
Fort Lauderdale, FL 33309
Mobile: (754) 368-6593/Office: (954) 866-4256/Fax: (954) 337-8322
info@tricitypsm.net

APPLICATION FOR PURCHASE

INSTRUCTIONS:

1. This application and the attached application for occupancy and authorization forms must be completed in detail by each proposed purchaser, other than husband/wife (which is considered one applicant).

FEES REQUIRED: MONEY ORDERS/CASHIERS CHECKS ONLY:

1. \$100 non-refundable fee per applicant (anybody over 18) must be attached to this application, made payable to Tri-County Property Services & Management.
2. Copy of the Executed Purchase Contract
3. Proof of income (Most recent Paystubs, last 30 days Bank Statement, most recent 1099 or W2)
4. Copy of Vehicle Registration
5. Copy of US Government issued Identification card
6. Proof of Income (Latest Paystubs or Bank Statement or Income Tax Return)
7. The Association has **30 days** to complete its processing from the date of receipt of the fully completed application, all fees and any supplemental information required. If a question is not answered adequately or left blank, this application may be returned, not processed and not approved.
8. Occupancy prior to Board approval is prohibited.

****UNITS MAY NOT BE SUB-LET. RENTING A UNIT AS A VACATION RENTAL/AIR BNB IS STRICTLY PROHIBITED.****

ACCEPTANCE OF THE PROCESSING FEE DOES NOT IN ANY WAY CONSTITUTE APPROVAL

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AGREEMENT:

1. I hereby agree for myself and on behalf of all persons who may use the condo which I seek to lease that I will abide by all of the restrictions contained in the By-Laws, Rules and Regulations, Association Documents and restrictions which are or may in the future be imposed by **Ascot Villas Condominium Association, Inc.** I have received a copy of all Condominium Documents: YES _____ NO ____ I have received a copy of the Condominium Rules & Regulations: YES ____ NO ____
2. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. I understand that the Association has 30 days from the date of this application and any supplemental information required by the Association is received in which to approve or deny this application.
3. I understand that the acceptance of the lease of a unit at **Ascot Villas 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 the information on these forms will result in the automatic disqualification of my application. **Occupancy prior to Board of Directors approval is strictly prohibited.**
4. I understand that the board of Directors of the **Ascot Villas Condominium Association, Inc.** may cause to be instituted an investigation of my background, as the Board may deem necessary. Accordingly, I specially authorize the Board of Directors, Management and the investigative company to make such investigation, and agree that the information contained in the attached application may be used in such investigation, and that the Board of Directors, Officers and Management of **Ascot Villas 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 **Ascot Villas Condominium Association, Inc.** 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 _____

OWNER _____ OWNER _____

DATE _____ DATE _____

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IMPORTANT!

ALL QUESTIONS MUST BE COMPLETELY ANSWERED.

PLEASE PRINT LEGIBLY

If you not legally married, and over 18 all persons must fill out a separate application and pay a separate fee

APPLICATION FOR OCCUPANCY

Section 1 - APPLICANT INFORMATION

Applicant Name: _____ Date of Birth _____ SS# _____

Driver's License Number (s) _____

Phone Number: _____ Email Address: _____

Have you ever plead nolo contendere, or been convicted of a felony? Yes () No ()

Have you ever been charged with a misdemeanor? Yes () No ()

Have you ever declared bankruptcy? Yes () No ()

Have you ever been previously evicted from a property? Yes () No ()

Co- Applicant Name: _____ Date of Birth _____ SS# _____

Driver's License Number (s) _____

Phone Number: _____ Email Address: _____

Have you ever plead nolo contendere, or been convicted of a felony? Yes () No ()

Have you ever been charged with a misdemeanor? Yes () No ()

Have you ever declared bankruptcy? Yes () No ()

Have you ever been previously evicted from a property? Yes () No ()

Unit No: _____ Address of the unit _____ Approx. Moving Date _____

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LIST ALL OCCUPANTS LIVING IN THE UNIT

All Occupants 18 Years of Age or Older Must Complete a Separate Application

Occupant Name: _____ DOB: _____ Relationship: _____

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Occupant Name: _____ DOB: _____ Relationship: _____

Applicant Signature

Co- Applicant Signature

Print Name

Print Name

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Section 2 - RESIDENCE HISTORY (Include city, state and zip)

A: Present Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Resided from _____ to _____

(If renting) Landlord/Management Agent & Phone No. _____

Address: _____ City _____ State _____ Zip _____

B: Previous Address: _____ City _____ State _____ Zip _____

Section 3 – EMERGENCY CONTACT INFORMATION

1. Name _____ Home # () _____

City & State _____ Office# () _____

2. Name _____ Home # () _____

City & State _____ Office # () _____

Section 4 – EMPLOYMENT HISTORY

a. Employer _____ Length of time _____

Address _____ Supvsr. _____

Phone # _____ Dept/Position _____ Approx. Mo. Income \$ _____

b. Spouse's Employer _____ Length of time _____

Address _____ Supervisor _____

Phone # _____ Dept/Position _____ Approx. Mo. Income \$ _____

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If this application is not completed in its entirety, Tri-County Property Services & Management LLC, and any parties or party considering selling to the above named applicant(s) will not be liable or responsible for inaccurate information gathered, in the background report, or any other report in regards to this application. It is also agreed to allow Tri- County Property Services & Management LLC or any party they so name, to do a full background and/or financial check that Tri-County Property Services & Management LLC feels necessary in order to complete the screening, or any other process. It is also agreed by the applicant that Tri-County Property Services & Management LLC will not be held liable for any inquiries into applicants credit file and will not hold liable any parties that hired Tri-County Property Services & Management LLC It is also agreed that if for any reason the application is rejected, Tri-County Property Services & Management LLC, or any other parties will not be held responsible. If applicant brings any parties to court, applicant will be held fully responsible for all attorney fees.

BY SIGNING THIS APPLICATION, YOU FULLY UNDERSTAND AND HAVE READ ALL THE ABOVE INFORMATION.

Applicant Signature

Co- Applicant Signature

Print Name

Print Name

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Credit and/or Criminal Authorization Form

You are hereby authorized to release information to Tri-County Property Services & Management LLC any and all information they request with regards to verification of my bank account(s), credit history, and residential history, criminal record history, and employment verification and character references. This information is to be used 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 to be released to the Association for their exclusive use only. 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.

Applicant Signature

Co- Applicant Signature

Print Name

Print Name