

Unit Purchaser, Deed Transferees, Trustee Successors

Only one person per application except legally married couples

ONLY THE ORIGINAL APPLICATION WILL BE ACCEPTED

WE MUST HAVE:

1. All pages signed in ink
2. Proof of income – choose from list below
 - a. Copies of social security, social health, pensions, annuities or other income
 - b. Bank statement showing: direct deposits of Social Security or Pensions
 - c. W-2 forms or income tax forms
 - d. 2 years of Income Tax Forms if self-employed
 - e. Canadian Social Insurance Number on Page 1 (if Canadian)
3. Proof of Identification
 - a. Copy of valid Driver's License
 - b. Picture ID card with Address
4. The \$150.00 investigation fee is non-refundable
5. All Cash sales must show proof of cash to close
6. **ALL OFFICIAL BANK RECORDS AND OTHER DOCUMENTS MUST BE IN ENGLISH.**
7. The completed application and accompanying documents **MUST BE RETURNED TO THE APPROPRIATE ASSOCIATION** for the signature of a Board Member.
8. The decision for approval is made solely by the Association's Board of Directors.

NOTE: Century Village ID's must be returned by prior owner(s) on all sold or rented units before an ID will be issued for the new owner/renter.

NOTE TO ASSOCIATION: Please have a Board member bring the completed application, along with their ID, the sales agreement or copy of deed transfer and the Association's check for \$150.00 to the UCO Investigations Department.

Please print – black or blue ink only

(Full Investigation)

Cert

Initials

For any Questions – (561) 683-9189

Address of Condo / SALE – DEED TRANSFER - OTHER

Name _____ S.S.# _____ Birth Date _____

Name _____ S.S.# _____ Birth Date _____

Total Number that will occupy this Unit _____ Names of Other Occupants _____

Your Present Address _____ Phone (____) _____

Previous Address, if less than 5 years _____

Applicant represents that all of the above information contained in this Application is true and complete and authorizes the verification of same by reasonable means. Applicant authorizes condominium association to obtain the applicant's credit report and other information deemed necessary in order to process this application. Applicant understands that false or incomplete information given herein may constitute grounds for rejection of this application. Applicant agrees that a full disclosure of all information obtained may be made to the Association. I/We, the undersigned applicant(s), have read and agree to all provisions of this application.

1. Applicant's Signature

2. Applicant's Signature

Date

Present Landlord or Mortgage Company _____ Phone () _____

Present Landlord or Mortgage Company address _____

Length of Residence: Years _____ Months _____ Monthly Rent/Mortgage Payment \$ _____ Acct# _____

Previous Landlord or Mortgage Company _____ Phone () _____

Present Landlord or Mortgage Company address _____

Employment (List prior Occupation if Retired)

Present Employer _____ Phone () _____

Present Employer Address _____ Supervisor _____

Position _____ Length of Employment _____ Years _____ Months _____ Income _____ Wkly/Monthly

Date of Retirement _____

Spouse's Employer _____ Phone () _____

Spouse's Employer Address _____ Supervisor _____

Position _____ Length of Employment _____ Years _____ Months _____ Income _____ Wkly/Monthly

Automobiles and Other Information

First Car _____ Second Car _____

(Year/Make/Model/Tag No./State)

(Year/Make/Model/Tag No./State)

Driver's License Number _____ State _____ Address shown _____

In Case of Emergency, Notify _____ Phone () _____

Address _____

(Street)

(City)

(State)

(Zip Code)

Nearest Relative NOT living with you _____ Phone () _____

Address _____

(Street)

(City)

(State)

(Zip Code)

Have you ever been evicted from a rental residence for nonpayment of rent? ____ Yes ____ No

If yes, Landlords name _____ Phone () _____

Address _____

(Street)

(City)

(State)

(Zip Code)

1. Applicant's Signature

2. Applicant's Signature

Date

Current Owner of unit _____ Phone (____) _____

Realtor, Agent, Broker or Attorney handling Sale/Lease

_____ Phone (____) _____

1. Please state the full names and addresses of persons or entities that will hold title to the unit:

2. Has the Applicant(s) ever filed a bankruptcy petition in the last 7 years? _____ No _____ Yes

Occupancy

3. Please list all persons who will occupy this unit, including the applicant(s) being investigated

NAME	AGE	SOCIAL SECURITY #	RELATIONSHIP TO NEW OWNER
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4. Will your occupancy be Permanent _____ or Seasonal _____?

5. Do you have any pets? _____ Yes _____ No If yes, what kind? _____

6. Has the Applicant(s) ever been charged or convicted of any crime? _____ Yes _____ No

If YES, describe in detail the nature of the charges including the name and address of the criminal court having jurisdiction and enclose as a part of this application.

If YES, please give the nature of the conviction and the address of the court having Jurisdiction over this matter.

7. Has the Applicant(s) been a party to any civil litigation in the past 5 years? _____ Yes _____ No

If YES, please give the nature of the case and the address of the court having jurisdiction over this matter.

8. Should the Condominium Association prefer a personal interview of the applicant(s) prior to closing, kindly state your preference as to when the Association may contact you.

1. Applicant's Signature

2. Applicant's Signature

Date

9. Will this unit be purchased as a CASH sale or will a Mortgage be required?

Cash _____ Mortgage _____

If the unit will be mortgaged, please state name and address of the Mortgage Holder(s) that will encumber this unit, please also include the amount of mortgage applied for:

Name of Company	Street Address	City	State	Zip Code	Amount applied for \$

10. All present sources of monthly income:

Applicant's Monthly Social Security \$ _____

Spouse's Monthly Social Security \$ _____

Applicant's Monthly Pension \$ _____

Spouse's Monthly Pension \$ _____

Additional Income Source(s)

_____ \$ _____

Applicant's Monthly Wages \$ _____

Spouse's Monthly Wages \$ _____

11. Do you own any other real property in Florida? If so, please attach a list of same and locations.

Single Family/Duplex	Address of Property

Single Family/Duplex	Address of Property

General

Have you received a copy of the condominium documents and rules and regulations, including

Questions and Answer sheet? _____ Yes _____ No

The below signed understands that the Association has _____ days to review this application which will begin to run after the application has been fully completed with all requested information included. I/We further understand that acceptance for purchase or lease of the unit designated herein is conditioned upon approval of the Board of Directors of this Association. Any misrepresentation or falsification of the information in these forms will result in the automatic rejection of this application. Accordingly, I/we hereby agree for myself/ourselves and on behalf of all other persons who may occupy or use this Unit that I/we will abide by all rules and restrictions contained in the Declarations of Condominiums, By-Laws and Rules and Regulations of the Association, including any amendments thereto of record. I/We hereby authorize the Board of Directors of the Association to institute and carry out such investigation and that the Board itself shall be held harmless from any action or claim by me in conjunction with the use of the information contained herein or any investigation conducted by the Board. I/We understand that the sale, lease or occupancy of this Unit cannot be finalized until, and if, the Board of Directors has approved this application in writing.

1. Applicant's Signature

2. Applicant's Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I/We have made an application to be a unit owner; renter; occupant; deed transfer; companion; or additional signer to the Deed.

I/We request that you release any and all information concerning y/our banking, criminal record, credit, residence and/or employment for use in connection with my/our applications.

Photocopies of this letter may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this letter, it should be treated as an original and the requested information be released.

Thank you for your cooperation.

Print or Type Name

Signature

Date: _____

Print or Type Name

Signature

Date: _____

I have been authorized, on behalf of the
Board of Directors, to approve the
Completion of this investigation.

(Print Board Member's Name)

(Board Member's Signature)

(Date) Phone No. () _____

**The completed application(s) MUST be returned to the Condominium Association for the
Signature of a Board Member.**

KNOW YOUR HANDICAP RIGHTS UNDER THE FAIR HOUSING ACT

The Condominium Associations in Century Village are committed to adhering to the provisions of the Fair Housing Act. This form has been provided with your application(s) in order to maintain uniformity in the application process and to demonstrate the Association's intent to make reasonable accommodations in rules, policies, practices and services, when such accommodations may be necessary to afford a disabled person and equal opportunity to use and enjoy a dwelling.

In the event that an applicant is disabled and requires a reasonable accommodation, this form may be used to document such a request and have it processed as part of the application. Should you decide to include such a request at this stage of the application process, you would only need to provide disability-related information that (1) is necessary to verify that the applicant meets the Act's definition of disability (i.e., has a physical or mental impairment that substantially limits one or more major life activities); (2) describes the needed accommodation, and (3) shows the relationship between the person's disability and the need for the requested accommodation as it relates to Century Village.

I hereby request that the following accommodation(s) in rules, policies, practices and services be considered:

Signature: _____ Date: _____

PLEASE BE ADVISED THAT THE INFORMATION CONTAINED HEREIN, AND THE PERSONAL AND PRIVATE INFORMATION CONTAINED IN YOUR APPLICATION, SHALL BE TREATED AS A CONFIDENTIAL RECORD AS PROVIDED UNDER FLORIDA STATE LAW. YOU MAY ATTACH ADDITIONAL INFORMATION AND DOCUMENTATION RELEVANT TO YOUR REQUEST. THE UNITED CIVIC ORGANIZATION OFFERS NO ADVICE TO ANY MEMBER OF THE BOARD OF DIRECTORS OF CONDOMINIUM ASSOCIATIONS REGARDING THE APPROVAL OR REJECTION OF APPLICANTS OR WHETHER REQUESTED ACCOMMODATIONS ARE REASONABLE AND NECESSARY.