

Village Royale Emerald Green Association Bldg.5
C/O Sea Breeze CMS, Inc.
Palm Beach Gardens, Fl 33410

Purchase Application (3/6/2018)

Information is required on all applicants. COMPLETE ITEMS 1 TO 10 & SUBMIT AT LEAST 30 DAYS PRIOR TO CLOSING DATE. **Old application packages will not be accepted our most current application package is available online at the Sea Breeze website.**

MAIL OR DROP OFF APPLICATION PACKAGE AT OUR OFFICE.
FAX COPIES WILL NOT BE ACCEPTED AS APPLICATION IS INCOMPLETE.
If copies needed a charge of 25 cents per page required.

- ___ 1. Complete requested information (Pg. 3 -8)
- ___ 2. Each applicant must date, sign and print your name for the Governing Documents & Rules & Regulations Acknowledgment. The rules will be reviewed at the welcome meeting. (Pg. 9)
- ___ 3. Each applicant must sign the certificate of approval. The approval is not authorized until the bottom section of the page is completed by an authorized Board Member or Authorized Personnel, which will be issued after the orientation meeting. (Pg. 10)
- ___ 4. Residential screening request & disclosure & authorization agreement to be completed by ALL adults 18 and over purchasing, renting or residing at the property. (Pg. 11 & 12)
- ___ 5. Please attach a copy of the executed sales contract to this application.
- ___ 6. Please attach a copy of a photo ID for each applicant or copy of Driver's License w/picture id.
- ___ 7. A non-refundable \$100.00 application fee per person or married couple. Payable to VR Emerald Green COA, Inc. **CASHIER'S CHECK, MONEY ORDER or CASH will be accepted.**
- ___ 8. Out of the country applicants are subject to completing additional paperwork and fees as determined by our screening company. Please contact our office prior to submitting the application to obtain additional paperwork and fee amount. If additional fees are needed this is non-refundable fee, which is payable to VR Emerald Green COA, Inc. **CASHIER'S CHECK, MONEY ORDER or CASH will be accepted.**
- ___ 9. A non-refundable \$35.00 background screen fee per applicant. Payable to VR Emerald Green COA, Inc. **CASHIER'S CHECK, MONEY ORDER or CASH will be accepted.** Acceptance of the processing fee does not in any way constitute approval of this transaction.
- ___ 10. A non-refundable \$100.00 process fee payable. Payable to Sea Breeze CMS, Inc. **CASHIER'S CHECK, MONEY ORDER or CASH will be accepted.**

No persons other than those listed on this Application will reside in the Unit and Applicant(s) and Owner(s) agree that anyone moving into the Unit at a later date will be required to submit an application to the Association.

Application must be completely filled out, or it will be RETURNED for the missing information. Interview is required prior to approval. It is critical for the interview that occupant(s) speak and read English or you must bring an interpreter with you.

APPLICATION FOR PURCHASE, TRANSFER, GIFT, DEVISE OR INHERITANCE APPROVAL

All applications for Buyer approval, and authorization forms must be completed in full.

If any question is not answered or left blank, this application may be returned, not processed and not approved.

The completed application must be submitted to Sea Breeze office at least **thirty (30) days** prior to the expected closing date.

All applicants must be interviewed prior to final Board of Directors approval. Occupancy prior to Board of Directors approval is prohibited.

Use of this apartment is for single family residence only. No corporation, company, partnership, or trust may purchase an apartment.

No pets allowed at any time.

Commercial trucks, vehicles as defined by Florida Statutes, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, are not permitted to park on the premises overnight.

-Only **one** assigned parking space is available per unit.

Village Royale on the Green is a Community designed and intended to provide housing for residents who are age 55 or over. No permanent occupant of any unit is permitted by a person under age 16. In addition, units must be occupied by at least one-person age 55 or over.

The seller (current owner) must provide the purchaser with a copy of all Association Documents and Rules and Regulations otherwise, you must purchase them from VR Emerald Green Assoc. in the amount of \$50.00.

Purchaser must notify Association with the exact date of their closing.

Occupancy regulations:

One-bedroom apartment – No more than two occupants.

Two-bedroom apartments – No more than four occupants.

No rentals of unit are allowed for the first five (5) years of ownership.

Moving of furniture in or out of an apartment is not permitted on Sundays or Holidays. Hours for moving are from 9 A.M. to 5 P.M. Monday through Saturday.

MUST PRINT ALL INFORMATION ON THESE FORMS

Current Information

The Unit Address: _____

Name of Current Owner: _____

Current Owner Phone Number: _____

Name of Buyer # 1: _____

Buyer # 1 Phone Number: _____ Email Address: _____

Name of Buyer # 2: _____

Buyer # 2 Phone Number: _____ Email Address: _____

Closing Date: _____

Realtor Phone Number & Name: _____

Have you ever seasonally resided in Florida before? _____

If yes, please state the name, address and dates of residency: _____

Please select all the apply below

I plan to occupy the property on _____ (mm/dd/yyyy) on a full-time basis.

I plan to occupy the property on _____ (mm/dd/yyyy) on a seasonally basis.

I plan to keep the property vacant until _____ (mm/dd/yyyy)

I plan to rent the property on _____ (mm/dd/yyyy)

I plan to _____

Mailing address for the property should be _____

BUYER(S) INFORMATION: Information regarding each person to live in the unit.

	Name [Print-must be readable]	Age	Relationship to Buyer
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

LICENSED DRIVERS: To be residing in the community

Name: _____ License # _____ State: _____

Name: _____ License # _____ State: _____

Name: _____ License # _____ State: _____

Make & Model of Vehicle	License Number	Color	State Registered

EMERGENCY CONTACTS:

1) In case of Emergency notify: _____ Relationship: _____

Address: _____ Phone: _____

CURRENT RESIDENCE: Provide current residence for each applicant:

1) **Buyer # 1** Name: _____

Current Address: _____

I/We have _____ owned (give length of time) _____

I/We have _____ rented Start (mm/dd/yyyy): ____/____/____ End (mm/dd/yyyy): ____/____/____

Name of Landlord or Mortgage holder: _____

Address of Landlord or Mortgage holder: _____

Phone Number of Landlord or Mortgage holder: _____

CURRENT RESIDENCE: Provide current residence for each applicant:

2) **Buyer # 2** Name: _____

Current Address: _____

I/We have _____ owned (give length of time) _____

I/We have _____ rented Start (mm/dd/yyyy): ____/____/____ End (mm/dd/yyyy): ____/____/____

Name of Landlord or Mortgage holder: _____

Address of Landlord or Mortgage holder: _____

Phone Number of Landlord or Mortgage holder: _____

RESIDENCE HISTORY: Provide previous residence history for each applicant:

1) **Buyer # 1** Name: _____

Current Address: _____

I/We have _____ owned (give length of time) _____

I/We have _____ rented Start (mm/dd/yyyy): ____/____/____ End (mm/dd/yyyy): ____/____/____

Name of Landlord or Mortgage holder: _____

Address of Landlord or Mortgage holder: _____

Phone Number of Landlord or Mortgage holder: _____

2) **Buyer # 2** Name: _____

Current Address: _____

I/We have _____ owned (give length of time) _____

I/We have _____ rented Start (mm/dd/yyyy): ____/____/____ End (mm/dd/yyyy): ____/____/____

Name of Landlord or Mortgage holder: _____

Address of Landlord or Mortgage holder: _____

Phone Number of Landlord or Mortgage holder: _____

WORK HISTORY: Provide work history on all adult (18 and over) occupants, use separate page if necessary. If less than 5 years, provide previous employer info on separate page.

1) **Buyer # 1** Name: _____

Employer Name _____ Phone _____

Employers Address _____

Position _____ Supervisors Name _____

Employed From _____ To _____

Reason for Leaving _____

2) **Buyer # 2** Name: _____

Employer Name _____ Phone _____

Employers Address _____

Position _____ Supervisors Name _____

Employed From _____ To _____

Reason for Leaving _____

3) **Occupant # 1** Name: _____

Employer Name _____ Phone _____

Employers Address _____

Position _____ Supervisors Name _____

Employed From _____ To _____

Reason for Leaving _____

3) **Occupant # 2** Name: _____

Employer Name _____ Phone _____

Employers Address _____

Position _____ Supervisors Name _____

Employed From _____ To _____

Reason for Leaving _____

PERSONAL REFERENCES: (DO NOT LIST RELATIVES. Each adult (18 and over) occupant must have 3 references.

Buyer # 1 Name: _____

1) Name of Personal Reference: _____ Relationship: _____
Phone: _____

2) Name of Personal Reference: _____ Relationship: _____
Phone: _____

3) Name of Personal Reference: _____ Relationship: _____
Phone: _____

Buyer # 2 Name: _____

1) Name of Personal Reference: _____ Relationship: _____
Phone: _____

2) Name of Personal Reference: _____ Relationship: _____
Phone: _____

3) Name of Personal Reference: _____ Relationship: _____
Phone: _____

Occupant # 1 Name: _____

1) Name of Personal Reference: _____ Relationship: _____
Phone: _____

2) Name of Personal Reference: _____ Relationship: _____
Phone: _____

3) Name of Personal Reference: _____ Relationship: _____
Phone: _____

Occupant # 2 Name: _____

1) Name of Personal Reference: _____ Relationship: _____
Phone: _____

2) Name of Personal Reference: _____ Relationship: _____
Phone: _____

3) Name of Personal Reference: _____ Relationship: _____
Phone: _____

CRIMINAL BACKGROUND:

I understand a Nationwide Law Enforcement Investigation is required and will be done.

1) Have you (or any other occupants) ever been convicted of a State or Federal offense:

_____ Yes _____ No If yes provide detail: _____

2) Are you (or any other occupants) presently awaiting trial on any criminal offense?

_____ Yes _____ No If yes provide detail: _____

If yes to any of the above, give occupants name, dates, name of court, and details of conviction (use separate sheet of paper, if necessary).

Email Address:

Please provide your email address and sign and date if you would like to receive emails related to association business including the quarterly gate access code or association related updates.

_____ Yes, please provide your email address: _____

_____ No

Signature

Date

Governing Document & Rules & Regulation Acknowledgment

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 in the future to be imposed by the Village Royale on the Green

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.

If this application is accepted, I will provide the Association with a copy of the Closing Statement within seven days and a copy of the Deed when recorded.

I understand that there is a restriction on pets and that I may not have a pet or bring a pet, nor may any guest, visitor or tenant bring a pet into **VILLAGE ROYALE ON THE GREEN, INC** nor acquire one, either temporarily or permanently after occupancy.

I understand that the acceptance for purchase of an apartment at Village Royale Emerald Green Association is conditioned in part 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 caused to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I of my application. **Occupancy prior to Board of Directors approval is prohibited.**

I understand that the Board of Directors of Village Royale Emerald Green Association may specifically authorize the Board of Directors, Management and Tenant Evaluation 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 Emerald Green Association Itself shall be held harmless from any action or claim by me in connection with the use of

I have received a copy of all Association Documents: Yes ___ No ___

I have received a copy of the Rules & Regulations: Yes ___ No ___

I/We agree abide by the Declaration of Covenants, Articles of Incorporation, By-laws, rules and regulations and any Amendments there to.

Buyer/Renter/Resident Signature

Buyer/Renter/Resident Signature

Buyer/Renter/Resident Printed Name

Buyer/Renter/Resident Printed Name

Date

Date

DESIGNATED PARTY:

I hereby waive any privileges I may have with respect to the said information in reference 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 new owner or occupancy.

Applicant's Signature

Applicant's Signature

Applicant's Printed Name

Applicant's Printed Name

Date

Date

Sea Breeze CMS, Inc.
4227 Northlake Boulevard
Palm Beach Gardens, Florida 33410
561-626-0917 Fax 561-626-7143
www.seabreezecms.com

CERTIFICATE OF APPROVAL FOR SALE

The undersigned authorized representative of **VILLAGE ROYALE ON THE GREEN, INC.** here by certifies that the proposed conveyance of the following unit has been approved as written below:

Unit Number: _____ Unit Address: _____

Owner(s): _____

Buyer(s): _____

The above Buyer(s) as evidenced by Buyer(s) signature(s) below hereby acknowledge receipt of the Declaration of Covenants, Articles of Incorporation, By-Laws, Rules and Regulations and any Amendments to the Documents for the Association, and agrees to be bound by said Documents. Upon closing of the unit, Buyer(s) understands that it is the responsibility of the Buyer(s) to furnish the Association with a recorded copy of the deed of conveyance indicating the Buyer(s) mailing address for all future assessments and correspondence from the association.

Buyer(s) Printed Name

Buyer(s) Printed Name

Buyer(s) Signature

Buyer(s) Signature

Date

Date

This is to certify that the above-named Buyer(s) have complied with the above statements and thereby obtained the approval **VILLAGE ROYALE ON THE GREEN, INC.**

By: _____ As: _____ Date: _____
On behalf of the Board of Directors_

Sea Breeze – Village Royale Emerald Green / PO# _____

RESIDENTIAL SCREENING REQUEST

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ DOB (MM/DD/YYYY): _____

Tel#: _____ Cel#: _____

Current Employer

Company: _____ N/A _____ Tel#: _____ N/A _____

Supervisor: _____ N/A _____ Salary: _____ N/A _____

Employed From: N/A _____ To: N/A _____ Title: _____ N/A _____

Current Landlord

Company: _____ N/A _____ Tel#: _____ N/A _____

Landlord: _____ N/A _____ Rent: _____ N/A _____

Rented From: _____ N/A _____ To: _____ N/A _____

I have read and signed the Disclosure and Authorization Agreement.

SIGNATURE: _____ **DATE:** _____

DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CONSUMER REPORTS

DISCLOSURE

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for residence.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheckUSA with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

Print Name

Signature

Date

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check the box.