

APPLICATION FOR PURCHASE IN GULFSTREAM SHORES OWNERS' ASSOCIATION

Dear Applicants(s)

Attached are the forms required for the approval of any sale in Gulfstream Shores Owners' Association. To aid in the submission of required information, please use the following check list:

1. This application, an application for approval and authorization forms must be complete in detail by each proposed adult occupant over the age of 18.
2. We will return any incomplete any forms that are not fully and legibly filled in, delaying the approval process.
3. The completed application must be submitted to Gulfstream Shores Owners' Association at 3851 N Ocean Blvd, #108 Gulfstream Shores FL, 33483 or to Southern Shores Management at 6801 Lake Worth Rd Suite 111 Greenacres FL 33467 at least 14 days before your closing date.
4. An interview for approval of all applicants over 18 years of age must occur before occupancy takes place.
5. **OCCUPANCY PRIOR TO APPROVAL IS STRICTLY PROHIBITED.**
6. Use of the unit is single family residence only
7. Seller must provide purchaser with a copy of the Governing Documents
8. Completely fill out and sign the application for occupancy/ approval form.
9. Attach a non-refundable \$150.00 money order made payable to Southern Shores Management. Please note that married couples are a total of \$150. (If you are a married couple with different last names please include a copy of your marriage certificate.)
10. Enclose a signed executed copy of your purchase agreement. **Please redact any financial or financing information.**
11. Enclose a photocopy of applicant(s) driver's license and valid vehicle registration for the vehicle that will be parked on the premises. Only one vehicle is allowed and must be parked in their assigned spot. Commercial vehicles are not allowed.
12. Picture of any pets along with current shot records.
13. **FIDELITY DATA SERVICE Forms (3 pages) are needed for each applicant over the age of 18.**

NOTE: Complete all questions and fill in all blanks. If any question is not answered or left blank, this application may be returned, not processed, and/or not approved. Print legibly or type all information. Missing will cause delays. All information on this application will be verified.

PLEASE USE BLACK INK

APPLICATION FOR OCCUPANCY

Association Name: Gulfstream Shores Owners' Association

NOTE: ALL INFORMATION SUPPLIED IS SUBJECT TO VERIFICATION.

Property Address: _____

Applicant Full Name: _____
() Single () Married () Separated () Divorced

Maiden Name: _____

A. Employed by: _____

Address: _____

Phone Number: _____

Have you ever been convicted of a crime: _____ **Date(s)** _____
State/ County Convicted in _____

Charge(s): _____

Applicant(s) Phone Number: _____ **Applicant(s) Email Address:** _____

Spouse/Additional Occupant: _____

Maiden Name: _____

A. Employed by: _____

Address: _____

Phone Number: _____

Have you ever been convicted of a crime: _____ **Date(s):** _____
State/ County Convicted in: _____

Charge(s): _____

Applicant(s) Phone Number: _____ **Applicant(s) Email Address:** _____

Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

Number of people who will occupy the unit- Adults (over the age of 18, Please list names and ages below):
_____ (Efficiency Units- Max. of 2 Tenants, One Bedroom- Max. of 2 Tenants, Two Bedroom- Max. of 4 Tenants)

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

VEHICLE INFORMATION:

Vehicle Make	Model	Year	Color	Tag
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EMPLOYMENT

Applicant Employed by: _____

Address: _____

Phone Number: _____

Dates of Employment: From: _____ To: _____

Position: _____

Spouse/Additional Occupant Employed by:

Address: _____

Phone Number: _____

Dates of Employment: From: _____ To: _____

Position: _____

REALTOR INFORMATION

Name of Associate Handling Transaction: _____

Phone Number: _____

Address of Realtor: _____

Please Print or Type:

Name of Proposed purchaser(As purchase contract will appear):

A. _____

B. _____

1. In making the foregoing application, I represent to the Board of Directors that the purpose for the Purchase of a unit at Gulfstream Shores Owners' Association is as follows:
2. I hereby agree for myself and on behalf of all persons who may use the home which I seek to purchase:
 - a. I will abide by all of the restrictions contained in the By-Laws and Rules and Regulations, and restrictions which are or may in the future be imposed by the Association.
 - b. I understand that any violation of the terms, provisions, conditions and covenants of the Governing Documents provides cause for immediate action as therein provided.
 - c. I have received a copy of the Articles of Incorporation, Declaration of Covenants and By-Laws and Rules & Regulations of the Association.
3. I understand that acceptance for Purchase of a home at Gulfstream Shores Owners' Association is conditioned upon the truth and accuracy of this application and upon approval of the Board of Directors. **OCCUPANCY PRIOR TO APPROVAL IS PROHIBITED.**
4. I understand that **Board of Directors will** advise me within 14 days from the date of receipt of completed application and a copy of purchase approval/disapproval will be received.
5. I understand that the Board of Directors of Gulfstream Shores Owners' Association may cause to be installed an investigation of my background, as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors and their agents 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 and Officers at Gulfstream Shores Owners' Association and their agents shall be held harmless of any action or claim 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 decisions of the Board of Directors will be final. I agree to be governed by the determination of the Board of Directors.

APPLICANT: _____

DATE: _____

APPLICANT: _____

DATE: _____

**RULES AND REGULATIONS
ACKNOWLEDGMENT FORM**

I (WE), the undersigned, do hereby acknowledge receipt of the HOA Documents and Rules and Regulations.

In addition, I (we) have read and understand same and hereby agree to abide by said Rules and Regulations of Gulfstream Shores Owners' Association

Signature

Witness

Signature

Witness

Date

FIDELITY DATA SERVICE

PURCHASE/ TENANT

AUTHORIZATION OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize Fidelity Data Service to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of my occupancy.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record. I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Fidelity Data Service by and through its' independent contractor, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Fidelity Data Service, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq. and Cal. Civ. Code § 1786.

PLEASE PRINT OR TYPE

Signature: _____

Print Name: _____ **Date:** _____

Home Phone: _____

Work phone: _____

Cell Phone: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

(PLEASE PRINT OR TYPE)

SOCIAL SECURITY NUMBER *

**DRIVER'S LICENSE NUMBER
& STATE ***

DATE OF BIRTH*

GENDER* (M or F)

LAST NAME

FIRST NAME

MIDDLE NAME

OTHER NAMES USED (alias, maiden, nickname)

YEARS USED _____

CURRENT STREET ADDRESS

CITY

STATE

ZIP

DATES LIVING HERE _____

LANDLORD NAME & PHONE _____

***Without this information, we will be unable to properly identify you in the event we find adverse information during our background investigation.**

**PLEASE LIST ALL ADDRESSES FOR LAST SEVEN (7) YEARS
(If you need additional space please use the back of this
form)**

STREET

CITY

STATE

ZIP

DATES LIVED HERE _____

LANDLORD NAME & PHONE _____

STREET/P.O. BOX

CITY

STATE

ZIP

DATES LIVED HERE _____

LANDLORD NAME & PHONE _____

STREET/P.O. BOX

CITY

STATE

ZIP

DATES LIVED HERE _____

LANDLORD NAME & PHONE _____