

MACARTHUR BEACH & RACQUET CLUB
CONDOMINIUM ASSOCIATION, INC.

Board of Directors, Mac Arthur Beach & Racquet Club Condominium Association, Inc.

The undersigned owner(s) of Unit # ___ requests the Board's approval to sell said unit to the applicant indicated below. The undersigned owner(s) of said unit join in the application to request the Association to review same, and to verify that, to the best of their knowledge, all information contained in the application is current and accurate. A **\$150.00 non-refundable Application Fee payable to Sunstate Association Management Group, Inc.** This form must be returned at least 30 days prior to closing as it takes approximately 2 weeks to process and interview with one of the Board Members is required prior to closing.

_____ Owners Signature(s) _____ Date

APPLICATION TO PURCHASE APPROVAL *

***Must print or type all information. The completed application must be submitted to the Association office at least 30 days prior to the expected closing date.**

Date _____ Approximate Closing Date _____

Owner's Name _____ Telephone No. _____

Owner's Primary Address _____

Name of Realtor Handling Sale _____ Telephone No. _____

NAME(S) of Prospective Purchaser(s) as Title will appear:

(a) _____ (b) _____

Other members of family who will occupy unit:

<u>NAME</u>	<u>RELATIONSHIP</u>
1. _____	_____
2. _____	_____
3. _____	_____

MORTGAGE INFORMATION (If unit will be mortgaged):

Name of Lender _____ Telephone No. _____

Address _____

Return to: **MacArthur Beach & Racquet Club Condominium Association, Inc.**
Sunstate Management Group, Inc.
P.O. Box 18809
Sarasota, FL 34276

APPLICATION TO PURCHASE APPROVAL

1. In making the foregoing application, I represent to the Board of Directors that the purpose of the unit at **MACARTHUR BEACH & RACQUET CLUB** is as follows:

Permanent Residence _____ Seasonal Residence _____ Other (Explain) _____
And that the use of this unit is for single family residence only.
2. I hereby agree for myself and on behalf of all persons who may use the unit which I seek to purchase that I will abide by all of the restrictions contained in the By-Laws, Association Document and restrictions which are or may in the future be imposed by the **MACARTHUR BEACH & RACQUET CLUB CONDOMINIUM**.
3. I have received a copy of all Association Documents: YES _____ NO _____
I have received a copy of the Rules & Regulations: YES _____ NO _____
4. I understand that there are restrictions on pets and that I may not have a pet that is in excess of 20 pounds at maturity and that I may not have a pet that is in excess of 15 inches in height at maturity at the shoulder.
5. Occupancy prior to Board approval is prohibited.
6. If this application is accepted, I will provide the Association with a copy of the Closing Statement and a copy of the recorded deed within 30 days after closing.
7. A non-refundable processing fee must be attached to this application made payable to MacArthur Beach & Racquet Club which, for the most part is paid to *RENTERS REFERENCE OF FLORIDA, INC.* for their investigative and review services.
8. I understand that the acceptance for purchase of a unit at **MACARTHUR BEACH & RACQUET CLUB** 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 the application. Occupancy prior to the Board of Directors approval is prohibited.
9. A complete State of Florida Statutes Manual regarding owner and condominium association Rights of Approval is available in the MacArthur Beach & Racquet Club Association offices whose address is shown on the bottom of this form.
10. I understand that the Board of Directors of **MACARTHUR BEACH & RACQUET CLUB** may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management and *RENTERS REFERENCE OF FLORIDA, INC* to make such investigation and agree that the Board of Directors, Officers and Management of **MACARTHUR BEACH & RACQUET CLUB** 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 the **MACARTHUR BEACH & RACQUET CLUB** 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 SIGNATURE _____ APPLICANT SIGNATURE _____

INSTRUCTIONS:

- 1 -All applicants are processed as separate investigations.
- 2 -Print legibly or type all information. Account and telephone numbers and complete addresses are required.
- 3 -If any question is not answered or left blank, this application may be returned, not processed or not approved.
- 4 -Missing information will cause delays in processing your application.
- 5 -Any misrepresentation, falsification or omission of information may result in your disqualification.
- 6- Only the applicants are authorized to sign all forms on page 2.

APPLICATION FOR OCCUPANCY/APPROVAL

PRINT OR TYPE (Use Black Ink)

Purchase _____ or Lease _____ (How long)

Apt. No. _____ Bldg No. _____ Special Address or Unit _____

Date _____ 20_____ Desired date of occupancy _____

Name (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

Spouse (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

[] Sngl. [] Married [] Widow(er) [] Sep. _____ [] Div. _____ Maiden Name _____
(How long) (How long)

Number of people who will occupy. Adults (over age 18) _____ Children (over 18) _____ Children (under 18) _____

Names & ages of children who will occupy: _____

Description of Pets (Breed, Size, Color, Weight, Etc.) _____

In case of emergency notify: _____
Name Address Telephone

PRINT OR TYPE (Use Black Ink)

RESIDENCE HISTORY

A. Present Address _____ Phone (____) _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____

B. Previous Address _____ Your Apt No. _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____

C. Prior Address _____ Your Apt No. _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____

PRINT OR TYPE (Use Black Ink)

EMPLOYMENT & BANK REFERENCES

A. Employed By (Business Name) _____ Phone (____) _____
(or retired from)

How long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip _____

B. Spouse's Employment (Business Name) _____ Phone (____) _____
(or retired from)

How long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip _____

C. Bank Reference _____ Phone (____) _____

How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____

Address _____ Zip _____

D. Bank Reference _____ Phone (____) _____

How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____

Address _____ Zip _____

(Continued on Back)

PRINT OR TYPE (Use Black Ink)

CHARACTER REFERENCES

1. _____
Name _____ *Address* _____ *Phone (Residential & Office)* _____

2. _____
Name _____ *Address* _____ *Phone (Residential & Office)* _____

3. _____
Name _____ *Address* _____ *Phone (Residential & Office)* _____

Driver's Lic. No. #1 _____ #2 _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

If this application is NOT legible or is not completely and accurately filled out, Applicant Information (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, Applicant Information may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature _____ Signature _____
Applicant Applicant's Spouse

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure Authorization Form is completed as indicated.

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND CRIMINAL BACKGROUND

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my /our application made for residency.

DESIGNATED PARTY: APPLICANT INFORMATION

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 residency.

(Applicant's Signature)

(Applicant's Name Printed)

(Spouse's Signature)

(Spouse's Name Printed)

DATE _____

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure ALL THREE Authorization Forms are completed as indicated.

ALL PARTS OF THESE FORMS ARE REQUIRED • DO NOT CUT OR SEPARATE THEM.

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND POLICE RECORD INFORMATION

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You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my/our application made for residency.

DESIGNATED PARTY: RENTERS REFERENCE OF FLORIDA, INC.

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 residency.

(Applicant's Signature)

(Applicant's Name Printed)

(Spouse's Signature)

(Spouse's Name Printed)

DATE _____

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(Applicant's Name Printed)

(Spouse's Signature)

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DATE _____

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(Applicant's Signature)

(Applicant's Name Printed)

(Spouse's Signature)

(Spouse's Name Printed)

DATE _____