Waverly at Las Olas Sales Package

Property Information

Address: _____

Unit#: _____

Applicant's Information

Full Name: _____

Phone: _____

Email: _____

2nd Applicant's Information

Full Name: _____

Phone: _____

Email: _____

Please Provide a copy of each applicant's Driver's License

THE WAVERLY AT LAS OLAS CONDOMINIUM

Application for Purchase

APPROVAL LETTER WILL BE ISSUED ONCE THE FOLLOWING FORMS ARE COMPLETED. PLEASE INITIAL ALL AREAS BELOW

1. Please complete the attached application and attach (easy check-off system below, for your convenience):

_____ a. an executed copy of the sales contract

_____ b. a driver's license or passport copy for each adult to reside in the unit

_____ e. a $200 fee upon each move-in or move-out **if you choose to have our staff put plastic down to protect carpet or you can have your movers do it for you and pay them to do it.**

_____f a $1,000 fee upon each move-in or move-out (refundable) if no damage occurs during the move-in or move-out

_____g. **Copy of owner insurance for unit**

Direct estoppel requests to www.castlegroup.

com. The Management Office shall not entertain any requests for estoppels, account balances, affidavits, etc.

2. If you have a pet, a photo of the pet(s) must be attached to complete the pet registration. No Pit Bulls or aggressive breeds allowed. Avoidance of this stipulation may result in legal action.

3. **ALL NEW RESIDENTS MUST ATTEND a MANDATORY** building orientation PRIOR to commencing any move-in.

MOVING WITHOUT THE APPROVAL LETTER WILL NOT PERMITTED.
Moving is allowed Monday through Friday only, 9am to 4:30pm.

4. It is the responsibility of the seller to turn over all Condominium keys, mailbox keys, access devices, etc. to the buyer at the time of closing. The buyer must register access devices with the Management office at move-in. Devices not presented will be deactivated.

5. Per Florida Statute, the buyer must provide the Association an emergency unit access key. Please deliver such key directly to the Management Office.

6. Please deliver a copy of the HUD-1 statement to the Management Office as well as a copy of the Warranty Deed.

PLEASE INITIAL BESIDE EACH PARAGRAPH ON THIS PAGE TO INDICATE THIS HAS BEENREAD AND UNDERSTOOD.

THE WAVERLY AT LAS OLAS CONDOMINIUMS

APPLICATION FOR SALE

Instructions
1 – An application for each person must be completed.
2 – Print legibly or type all information. Account and telephone numbers and complete addresses are required.
3 – If any question is left unanswered or blank, this application may be returned, not processed, or not approved.
4 – Missing information will cause delays in processing your application.
5 – Any misrepresentation or falsification may result in disqualification.

PRINT OR TYPE ALL INFORMATION

Unit# _____ Address of Unit _____

Date of Application:_____ Closing Date _____

Name_____ Date of Birth_____ Soc Sec. No._____

Spouse _____ Date of Birth_____ Soc Sec. No._____

[ ] Single [ ] Married [ ] Widow [ ] Sep. [ ] Div Maiden Name _____

Number of people who will occupy unit: Adults _____ Children _____

Names & ages of children who will occupy _____

In case of emergency notify _____
Name *Address* *Telephone*

RESIDENCE HISTORY

Present Address_____Phone_____
(Street Address, Apt.#, City, State, Zip)
_____ Dates of Residency _____

Name of Landlord_____Phone_____

EMPLOYMENT HISTORY

Employed by (Business Name)_____Phone_____

How long _____ Dept. or Position_____

Address_____ZIP_____

CRIMINAL HISTORY

Have you ever been convicted or pled to a crime? _____ If yes, please state the date(s), charges(s) and disposition:_____
_____

ALL APPLICANTS MUST READ AND SIGN BELOW:

1. I hereby agree for myself and on behalf of all persons who may use the unit, that I will abide by all of the restrictions contained in the Bylaws, Rules and Regulations, Association Documents and restrictions which are or may in the future be imposed by the Waverly at Las Olas Condo Association.

2. I understand that it is my responsibility to acquire and read a copy of the Rules & Regulations and attend the mandatory orientation. _____ initials.

3. I understand that any violation of the terms, provisions, conditions and convents of the Waverly at Las Olas Condominium Association documents provides cause for immediate action as therein provided under appropriate circumstances.

4. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. Occupancy prior to Board approval is prohibited!

5. I understand that leasing of this unit is subject to Association approval.

6. I understand that the acceptance for this application for a unit at THE WAVERLY AT LAS OLAS CONDOMINIUM ASSOCIATION is condition 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 of my application. _____ initials.

7. I understand that the Board of Directors of THE WAVERLY AT LAS OLAS CONDOMINIUM ASSOCIATION will conduct a background investigation to verify this application. Accordingly, I specifically authorize the Board of Directors and Management to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and the Board of Directors, Officers, and Management of THE WAVERLY AT LAS OLAS CONDOMINIUM ASSOCIATION 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.

8. I hereby acknowledge that moving in and moving out is only permitted on Monday – Friday 9a – 4:30p, that moving on weekends, holidays and afterhours is prohibited and that residential elevators may not be used for moving. Additionally, I hereby acknowledge that PODS and similar storage units are prohibited from being placed at the property and that elevator reservation is required for any and all moves. _____initials.

9. I hereby acknowledge that satellite dish installation requires Association approval and that dishes installed incorrectly after or prior to my tenancy are subject to removal. _____ initials.

10. I hereby acknowledge that under no circumstances is refuse to be left on hallway floors, near trash chutes or on the floor of any other common area. _____initials.

In making the foregoing application, I am aware that the decision of THE WAVERLY AT LAS OLAS CONDOMINIUM ASSOCIATION will be final and no reason will be given for any action by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

Applicant_____Date_____

THE WAVERLY AT LAS OLAS CONDOMINIUM

CONFIDENTIAL RESIDENT INFORMATION SHEET

Unit Number: _____ Owner's Name: _____

Is Unit listed under a Corporation? If yes, please provide the name of the Corporation and state incorporated: _____

Anticipated Occupancy Date: _____ Date of Lease _____

Primary or Secondary Residence: _____

Occupants	Age
_____	_____
_____	_____
_____	_____

Pets Yes ____ No ____

Non-Emerg / Emergency (circle one)

"Waverly" Home Phone Number: _____	NE	EM
Cell Phone Number: _____	NE	EM
Business Phone Number: _____	NE	EM

Business Fax: _____

Email Address: _____

BY PROVIDING AN EMAIL ADDRESS ABOVE, YOU GIVE THE ASSOCIATION AUTHORIZATION TO CONTACT YOU REGARDING ANY & ALL ASSOCIATION MATTERS VIA ELECTRONIC TRANSMISSION

Alternate Address for Official Association Correspondence:

_____

_____

Emergency Contact Name: _____ Emergency Contact : _____

Pre-approved guests who may visit your condo at Waverly at Las Olas without prior notification:

_____ _____

_____ _____

Are you or anyone in your household in need of special medical attention or have restricted mobility, which would require additional assistance in the event of an emergency? (This notification does not guarantee additional assistance, but every effort will be made to provide this information to authorities in the event of an emergency requiring evacuation).

NO_____ YES_____

If yes, please explain special needs (i.e. oxygen, wheelchair, blind, deaf, etc.): _____

THE WAVERLY AT LAS OLAS CONDOMINIUMS

CAR REGISTRATION FORM

Name: _____

Unit # _____

Vehicle 1 Make: _____ Model: _____

Year: _____ Color: _____

Tag# _____ State: _____

Driver License#: _____

Vehicle 2 Make: _____ Model: _____

Year: _____ Color: _____

Tag# _____ State: _____

Driver License#: _____

Note: Vehicles must be parked in assigned space(s) only. All unauthorized vehicles (guest vehicles, vendor vehicles etc...), are subject to towing. Parking is not allowed in the first floor commercial spaces, and cars left overnight between the hours of 4am and 8am will be towed. Valet parking is for residential and commercial guests only.

All motorcycles must be parked in a parking space and at no time shall be parked in non-parking areas or chained to any structure. No motorcycles are to be stored in any apartment or bicycle storage area or on any balcony.

WAVERLY
AT LAS OLAS

PET REGISTRATION FORM

Unit Owner or Resident Name:_____

Unit#_____

Pet #1: Type of Pet (please circle one): DOG CAT OTHER

Pet's Name: _____ Pet's Age:_____

Pet's Weight_____ License Tag number:_____

Breed (Be specific: give complete description, color, etc):_____

Pet #2: Type of Pet (please circle one): DOG CAT OTHER

Pet's Name: _____ Pet's Age:_____

Pet Weight: _____ License Tag number: _____

Breed (Be specific: give complete description, color, etc):_____

Please attach photo of pet here.

I am aware of the WAVERLY AT LAS OLAS CONDOMINIUM Association's rules, regulations and restrictions regarding pets on the property and agree to abide by them.

Pet Owner's Signature _____ Date: _____

_____ (Initial) I do Not currently own any pets and understand that if I obtain a pet it must be registered with the association prior to the pet being on property.

Owner/Tenant Signature_____ Date:_____

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

This Indemnification and Hold Harmless Agreement is made this _____ day of _____, 20____, between _____ (hereinafter referred to as "Occupant ") and **The Waverly at Las Olas Condominium Association, Inc.**, a Florida not-for-profit Corporation (hereinafter referred to as "Association").

Recital 1. Association is the entity responsible for the operation of the residential condominium in Broward County, Florida, known as The Waverly at Las Olas Condominiums.

Recital 2. Occupant is either the owner or a tenant or guest of a Unit Owner (referred collectively as "Occupant") in unit _____ (the "Unit") and wishes for Association's employees or agents to accept certified mail, registered mail, Fedex, UPS and other notices, deliveries or packages for Occupant.

In consideration of the aforementioned service to be provided by Association's employees or agents, which the Association is not otherwise required to provide, Occupant and Association agree as follows:

1. Occupant hereby authorizes, on behalf of Occupant, all other Owners and residents in the Unit, the Association's employees or agents, including but not limited to the Front Desk staff and Receiving Clerk, to accept certified mail, registered mail, Fedex, UPS and other notices, deliveries or packages for Occupant and the other occupants in the Unit.

2. Occupant, on behalf of Occupant, all other Owners and residents in the Unit, acknowledges and agrees that, to the fullest extent permitted by law, Occupant shall defend, release, hold harmless and indemnify Association, its officers, directors, members, employees, contractors and agents from any and all damages, injuries, liabilities, losses, causes of action, judgments, or claims of any kind whatsoever, directly or indirectly, whether brought by Occupant or anyone claiming by, through, or on behalf of Occupant, resulting from Association's employees or agents accepting certified mail, registered mail, Fedex, UPS and other notices, deliveries or packages for Occupant and the other occupants in the Unit. This indemnification and hold harmless agreement specifically includes, without limitation, any alleged negligence of any kind (excluding intentional misconduct, gross negligence or gross recklessness) on the part of the Association, its Board members, officers, volunteers, members, employees, contractors or agents. Occupants' obligation to defend, indemnify, release and hold harmless shall include, without limitation, any and all claims, losses, liens, settlements or judgments of any nature, including but not limited to, attorneys' fees, including attorneys' fees on appeal, and costs incurred by the Association or any officer, director, member, employee, contractor or agent of the Association to defend all claims or suits.

3. Occupant acknowledges and agrees that Association's agreement to allow its employees or agents to accept certified mail, registered mail, Fedex, UPS and other notices, deliveries or packages for Occupant and residents in the Unit may be terminated or suspended by the Board of Directors in the event Occupant or residents of the Unit are delinquent in the payment of any monetary obligation to the Association or are in violation of the Governing Documents of the Association.

4. Occupant acknowledges that Occupant must retrieve the item(s) left with the Association within a reasonable time period required by the Association. Failure to do so may result in the Association no longer agreeing to receive items on Occupant's behalf. Moreover, any items not retrieved within thirty (30) days of delivery will be deemed to be abandoned by Occupant and shall be discarded by Association with no liability as to the nature or value of the item(s).

_____ _____

Witness Occupant

_____ _____

Witness Occupant

STATE OF FLORIDA :
: ss
COUNTY OF BROWARD :

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this ____ day of _____, 20____, by _____ and _____ who are personally known to me, or produced _____ as identification, and _____ taken an oath. If no type of identification is indicated, the above-named persons are personally known by me.

My Commission Expires: _____
Notary Public

_____
Printed Name of Notary

CERTIFICATE OF APPOINTMENT OF VOTING MEMBER
("Voting Certificate")

To the Secretary of The Waverly at Las Olas Condomium Association Incorporated, (the Association")

THIS IS TO CERTIFY that the undersigned, constituting all or the record owners of Unit (Apartment) No._____ at The Waverly at Las Olas Condominium Association Incorporated, have designated

_____

(Name of Voting Member)

as their representative to cast all votes and to express all approvals that such owners may be entitled to cast or express at all meetings of the membership of the Association and for all other purposes provided by the Declaration of Condominium, Articles of Incorporation and By- Laws of the Association.

The following examples illustrate the proper use of this Certificate:

i. Unit owned by John Doe and his brother, Jim Doe. Voting Certificate required designating either John or Jim as the Voting Representative (NOT A THIRD PERSON).

ii. Unit owned by Overseas, Inc., a corporation. The person entitled to cast the vote for the Unit shall be designated by a Voting Certificated signed by the President or Vice President of the Corporation and attested by the Secretary or Assistant Secretary of the Corporation, and filed with the Secretary of the Association. (Such person need not be a Unit Owner).

iii. Unit owned by Partnership. The Voting Certificate shall designate the Partner entitled to cast the vote, signed by the General Provider.

iv. Unit owned by a limited liability company. The Voting Certificate shall designate a "member" entitled to cast the vote, signed by the Managing Member.

v. Unit owned by John Jones. No Voting Certificate required.

vi. Unit owned by Bill and Mary Rose, husband and wife. If a Unit is owned jointly by a husband and wife, the following provisions are applicable:
   a. They may, but they shall not be required to , designate a Voting Member;
   b. If they do not designate a Voting Member, and if both are present at a meeting and are unable to concur in their decision upon any subject requiring a vote, they shall lose their right to vote on that subject at that meeting;
   c. Where they do not designate a Voting Member, and only one is present at a meeting, the person present may cast the Unit's vote.

THE WAVERLY AT LAS OLAS CONDOMINIUM

This Voting Certificate is made pursuant to the By-Laws and shall revoke all prior Voting Certificates and be valid until revoked by a subsequent Voting Certificate.

DATED the_____ day of _____, _____.

SIGNATURES FOR INDIVIDUAL OWNERS

BY:_____ BY:_____
Print Name:_____ Print Name:_____

BY: _____ BY:_____
Print Name:_____ Print Name:_____

SIGNATURES OF CORPORATE OWNERS

Name of Corporation: _____
BY: _____ ATTEST: _____
Print Name: _____ *Secretary*
Title: _____

SIGNATURES FOR ENTITY OWNERS
(Partnerships, Trust or other entity)

Name of Entity: _____
BY: _____
Print Name: _____
Title: _____

PLEASE NOTE THAT ANY UNIT OWNED JOINTLY BY TWO OR MORE INDIVIDUALS (OTHER THAN HUSBAND AND WIFE) OR ANY UNIT OWNED BY A CORPORATION OR OTHER LEGAL ENTITY MUST FILE A VOTING CERTIFICATE BEFORE A MEMBERSHIP MEETING OR SUCH UNIT OWNER WILL NOT BE PERMITTED TO VOTE.

THIS FORM IS NOT A PROXY AND SHOULD NOT BE USED AS SUCH

Reference: SOP Community Association Administrative Record Keeping

CONSENT TO ELECTRONIC VOTING AND/OR CONSENT TO RECEIVE ELECTRONIC NOTICE OF MEETINGS

The undersigned, being all the Owners, or an eligible voter, for Unit No./Address _____ _____, at **The Waverly at Las Olas Condominiums**, pursuant to Florida Statutes, hereby consent(s) in writing to:

(Please place a check mark or x in the box or boxes below for which you are giving consent. You may consent to electronic voting, receiving electronic notice or both).

1. ☐ **ELECTRONIC VOTING.** By signing this consent form (or consenting to electronic voting by e-mail sent to the Association), I/we consent to voting electronically at meetings and elections for **The Waverly at Las Olas Condominium Association, Inc.** to the fullest extent permitted by law, pursuant to the provisions of the Board's Resolution authorizing electronic voting ("Resolution"), and release and waive any claim against the Association pertaining to such voting, including, but not limited to, the transmission or placement of "viruses," "malware," "spyware," "cookies," and the like and any claim or challenge to such voting, including, but not limited to, situations where a Unit Owner vote was not received or counted by the Association due to no fault of the Board or management.

I/We designate the following email address for electronic voting purposes, which e-mail address and other information (including personal identifying information) may be released to a third party that provides electronic voting services or other third parties to the extent and as may be reasonably necessary to enable the use of electronic voting processes:

(PRINT NEATLY) _____.

The undersigned understands and agrees that in order to be valid, this consent form must be signed and on file with the Association, and that the undersigned acknowledges that registration must be complete no later than **seventy-two (72)** hours prior to the meeting or election in which the Unit Owner wishes to vote by electronic means and that online voting access may be cutoff at a time prior to the time the question is called at the meeting. To ensure that you are properly registered with the online voting system, it is highly encouraged that you register the account well in advance of the first meeting where you will be using electronic voting.

I/We further understand and agree that, in order to use a different e-mail address for casting votes electronically, I/we must notify the Association in writing of the change of e-mail address no later than 72 hours prior to the meeting or election in which the Unit Owner wishes to vote by electronic means. If I/we do not provide timely written notice of this change of e-mail address to the Association as provided herein, I/we further understand and agree that I/we may not be able to vote electronically until the next membership meeting and/or election.

2. ☐ **ELECTRONIC NOTICE.** I/we consent to receiving notice by electronic transmission for meetings of the Board, Committees, and Annual and Special Meetings of the Members of **The Waverly at Las Olas Condominium Association, Inc.** I/We designate the following email address for electronic notice purposes:

(You may write "same as above" or provide a different email address for electronic notice purposes) _____.

The undersigned understands that mailed/paper notice may not be provided to the Unit Owners unless the Unit Owners have rescinded their consent to receive electronic notice of meetings. **Please be aware that if you consent to receive electronic notice of meetings, your e-mail address designated for that purpose will be an official record of the Association.**

All Owners of the Unit or Eligible Voter Please Print Name, Affix Date and Sign Below:

By:_____ By:_____

Print Name:_____ Print Name:_____

Date:_____ Date:_____