The Palms 2100
Tower One Condo, Association, Inc.
2110 N. Ocean Blvd.
Fort Lauderdale, Fl. 33305

Application for Purchase

1. **Please complete the attached application. Do not leave anything blank. All applications must have a copy of your purchase contract attached. The application will not be processed unless we have a copy of your purchase contract.**

2. **Return this completed application to The Palms I office with a copy of your PURCHASE CONTRACT and a check in the amount of $100 payable to The Palms I. The $100 fee is for the credit report and background investigation, which will be done by Tenant Screening Services, Inc., who will process your application in less than 14 business days.**

3. **If you require your application on a RUSH BASIS, you must pay an additional $25. Tenant Screening Services, Inc., will process your application in 4-5 business days.**

4. **Once the Association receives your report back from Tenant Screening Services, Inc., we will then schedule a screening appointment for you with the Screening Committee. Please be sure you put a phone number where you can be reached on the application.**

5. **Once you have been screened and approved, you may contact the Management Office at 954-565-9811 and schedule your move in date.**

6. **It is your responsibility to submit the recorded Deed within thirty (30) days of the closing. This is a requirement of the Association's Governing Condominium Documents. A copy of the closing statement is required immediately after closing.**

7. **It is the responsibility of the seller to turn over all Condominium Documents and keys, include gate access cards (Proxy/gate opener), to the purchaser at the time of closing. If the seller does not turn these items over to the purchaser, they may be obtained through the Condominium Office at the current price.**

Instructions: **1 – If applicants are not legally married, an application on 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 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 or falsification may result in disqualification.

APPLICATION FOR OCCUPANCY/APPROVAL

PRINT OR TYPE ALL INFORMATION **Purchase _____ or Lease _____ (How long? 2 yr. Min.)**

Unit # _____ Bldg. # _____ Special Address of Unit _____

Date _____ 200_____ Desired Date of Occupancy _____

Name _____ Date of Birth _____ Soc. Sec. No. _____
(Passport, Alien, Green card, Social Insurance No)

Spouse _____ Date of Birth _____ Soc. Sec. No. _____
(Passport, Alien, Green card, Social Insurance No)

[ ] Single [ ] Married [ ] Window(er) [ ] Sep. _____ [} Div. _____ Maiden Name _____
(How Long) *(How Long)*

Number of people who will occupy unit: Adults (over age 18) ___ Children (over age 1 8) _____ Children (under age 18) _____

Names & ages of children who will occupy: _____

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

PRINT OR TYPE ALL INFORMATION **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 _____ Mortgage # _____

B. Previous 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 _____ Mortgage # _____

C. Prior 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 _____ Mortgage # _____

PRINT OR TYPE ALL INFORMATION **EMPLOYMENT & BANK REFERENCES**

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

How long _____ Dept. or Position _____ Monthly Income _____
Address _____ Zip _____

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

How long _____ Dept. or Position _____ Monthly Income _____
Address _____ Zip _____

C. Bank Reference _____ Phone _____
How Long _____ Check. Acct. No. _____ Sav. Acct. No. _____
Address _____ Zip _____

D. Bank Reference _____ Phone _____
How Long _____ Check. Acct. No. _____ Sav. Acct. No. _____
Address _____ Zip _____

PRINT OR TYPE ALL INFORMATION **CHARACTER REFERENCES**

1. Name _____ Home Phone _____ Work Phone _____
Address _____ Zip _____
2. Name _____ Home Phone _____ Work Phone _____
Address _____ Zip _____
3. Name _____ Home Phone _____ Work Phone _____
Address _____ Zip _____

Driver's License No. #1 _____ State _____ Vehicle Make _____
Model _____ Year _____ Tag No. _____ Color _____ State _____
Driver's License No. #1 _____ State _____ Vehicle Make _____
Model _____ Year _____ Tag No. _____ Color _____ State _____

If this application is NOT legible or is not completely and accurately filled out, the Association and its agents 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 authorized agent 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, police arrest record 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*

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

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: **TENANT SCREENING SERVICES, 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 _____

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

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: **TENANT SCREENING SERVICES, 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 _____

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

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: **TENANT SCREENING SERVICES, 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 _____

The Palms 2100 Tower One Condo Assoc.
2110 N. Ocean Blvd.
Fort Lauderdale, Fl. 33305
954-565-9811

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

Unit # _____ Building _____

1. This application, an application for approval and all authorization forms must completed in detail by each proposed adult occupant, other than husband/wife or parent/dependent child (which is considered one applicant).
2. If any question is not answered, or left blank, this application will be returned, not processed and not approved.
3. A copy of the sales contract must be attached to this application.
4. Please attach a non-refundable processing fee of $100.00 to this application, made payable to **The Palms I** for each applicant, other than husband/wife or parent/dependent child (which is considered one applicant).
5. Acceptance of the processing fee does not in any way constitute approval of this transaction.
6. All applicants must make themselves available for a personal interview prior to final Board of Directors approval. ***Occupancy prior to Board approval is prohibited!***
7. Use of this apartment is for single-family residence only. (Short-term guests may only stay in the unit if the owner or an approved occupant is in residence.)
8. No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, motorcycles, mopeds, etc. permitted to park on the premises overnight. All vehicles with expired tags or found in disrepair are subject to being towed away at the owner's expense with little or no notice.
9. Only 1 assigned parking space available per apartment. All other vehicles must utilize guest-parking spaces.
10. The seller (current owner) must provide the purchaser with a copy of all Association Documents and Rules & Regulations. Otherwise, you must purchase them from the Association for $50.00.
11. Seller must provide purchaser with their existing Proxy/gate opener, common area keys and penthouse pool keys (if applicable). Otherwise, these items may be purchased from the Association for a reasonable fee. Gate cards are only issued to registered residents.
12. Purchaser must notify the Association office with the exact date of their closing.
13. Moving of furniture in or out of an apartment is not permitted on Sundays or Holidays. Hours for moving are from 8:30 A.M. to 5:00 P.M., Monday through Friday and Saturdays from 9:30 A.M. to 2:30 P.M. only. The Management Office must approve all deliveries at least 48 hours prior to scheduled delivery time. All move-ins/outs must be scheduled, reserved and approved 7 days in advance of scheduled move. All buyers may pay a $750.00 move in fee prior to approval being issued.

YOU MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Date _____ Bldg. No. _____ Apt. No. _____Approx. Closing Date _____

Current Owner's Name _____ Telephone _____

Owner's Present Address _____

Name of Realtor Handling Sale _____Telephone _____

NAME of Prospective Purchaser (as Title will appear):

a._____ b. _____
(Spouse)

Mortgage Information (If unit will be mortgaged):

Name of Lender _____ Telephone _____

Address _____

OTHER PERSONS who will occupy the apartment with you:

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Continued on next page…

Have you ever seasonally resided in Florida before? _____ If yes, please state the name, address and dates of residency: _____

_____

_____

If retired, please state the company's name and address retired from and when retired: _____

_____

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

1. In making the foregoing application, I represent to the Board of Directors that the purpose for the Purchase of an apartment at The Palms 2100 Tower One is as follows:

   Permanent Residence _____ Seasonal Residence _____ Other (Explain) _____
2. 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 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 Palms 2100 Tower One.
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 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. If this application is accepted, I will provide the Association with a copy of the Closing Statement on the day of closing and a copy of the recorded Deed within 30 days after closing.
6. I understand that I am allowed to keep no more than two (2) household pets (dogs or cats or as otherwise specifically permitted by the Association per unit.
7. I understand that the acceptance for purchase of an apartment at The Palms I 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 of my application. Occupancy prior to Board of Directors approval is prohibited.
8. I understand that the Board of Directors of The Palms I 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 Tenant Screening Services, Inc. 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 Palms I 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 Palms I 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 _____ Date _____

APPLICANT _____ Date _____

CERTIFICATE OF APPOINTMENT
OF VOTING REPRESENTATIVE

To the Secretary of
The Palms 2100 Tower One Condo Assoc.
(the "Association")

THIS IS TO CERTIFY that the undersigned, constituting all of the record owners of Unit (Apartment) No._____ in The Palms I Condominium, have designated

_____
(Name of voting Representative)

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, the Articles and By-Laws of the Association.

The following examples illustrate the proper use of this Certificate:

1) Unit owned by John Doe and his brother, Jim Doe. Voting Certificate required designating either John or Jim as the Voting Representative **(<u>NOT A THIRD PERSON</u>).**

2) Unit owned by Overseas, Inc. a corporation. Voting Certificate must be filed designating an officer or employee entitled to vote, signed by President or Vice-President of Corporation and attested by Secretary or Assistant Secretary of Corporation.

3) Unit owned by John Jones. No voting Certificate required.

4) Unit owned by Bill and Mary Rose, Husband and wife. Voting Certificate is optional.

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

DATED: _____

_____
OWNER

_____
OWNER

_____
OWNER

NOTE: This form is <u>not a proxy</u> and should not be used as such. Please be sure to designate <u>one of the joint owners</u> of the unit as the Voting Representative, not a third person.