

QUATRAINE COMDOMINIUM ASSOCIATION
Purchase Application Procedures

Purchase Requirements

The application must be filled out in its entirety, all information is required. Do not leave blank spaces, the application will be returned to you and the process will be delayed.

Screening fees are \$150.00 for a Married Couple and their minor children under 18 years of age.
All Single adults over 18 years of age are \$150.00 each.

☐ **All fees must accompany the application, payable by certified check or money order only.**
☐ **A copy of the Sales Contract must accompany the application.**
☐ **A Photo ID must accompany the application.**
☐ **Three (3) Letters of Reference must accompany the application, including one from your employer.**
☐ **Two most recent Bank Statements**
☐ **Two most recent Payroll Statements**
☐ **A non-refundable working capital contribution based on an amount equal to three (3) months' maintenance assessment of \$_____ must accompany the purchase application, payable by a separate **certified check or money order only**. In the event the Association does not approve the sale, the capital contribution will be returned to the buyer.**

Financing may not be greater than ninety five percent (95%) of the Contract Sales Price.
There is a five percent (5%) equity minimum down payment requirement based on the Contract Sales Price. The five percent (5%) equity must also be reflected on the sales contract. The five percent (5%) equity may not include any Closing Costs.

There are No Rentals permitted during the first two (2) years of ownership.
A maximum of 2 (two) people per each bedroom are allowed to reside in a unit, No Exceptions.

This procedure requires approximately thirty (30) after the completed application is received. After this is completed, you will be contacted for a personal interview. Interviews are performed at the Quatrainé Pool at 7:30 p.m. **All applicants must be present at the interview, or no approval will be issued.**

You may not move in or close your sale until this process is completed. Please allow enough time for the Association to accomplish their tasks. You will be contacted for an appointment.

Please return all completed application forms and all applicable fees to:

Quatrainé Condominium Association, Inc.
CO: Manager Natacha Guerra
nguerra@pmisouthflorida.com
5521 North University Drive #202
305-652-5368
info@PMI SouthFlorida.com

Resident Application Form – Please Print Clearly
All information must be filled in completely, do not leave blank spaces.
The application will be returned to you and the process will be delayed.

Building/Unit: _____ Purchase___ Lease___ Purchaser to occupy: Yes___ No___

Current Owner: _____ Phone: _____

Current Owner Address: _____
(street) (city) (state) (zip)

Proposed Occupant: _____ Phone: _____

Soc. Sec. # _____ Birthdate: _____ Marital Status: _____

If Married Spouse Name: _____

Spouse Soc. Sec. # _____ Spouse Birthdate: _____

Current Street Address: _____ How long: _____

City: _____ State: _____ Zip: _____

Landlord: _____ Phone: _____

Previous Street Address: _____ How long: _____

City: _____ State: _____ Zip: _____

Landlord: _____ Phone: _____

Number of Dependents (M) _____ (F) _____

Names and Ages: _____

Pet Breed: _____ Age: _____ Weight: _____

A Vet certificate stating breed and weight at full growth is required.



**Property
Management** INC.

South Florida

Vehicle Information

Year & Model

Tag #

1. _____

2. _____

Drivers License # _____ State _____

Spouse Drivers License # _____ State _____

Financial Information

Credit Cards

Account Numbers

1. _____
2. _____
3. _____

Bank Name

Account Numbers

1. _____ Checking __ Savings __
2. _____ Checking __ Savings __

Employment Information

Employer Name: _____ Position: _____

How long: _____ Phone: _____ Income: \$ _____

Supervisor Name and Number: _____

Spouse Employer: _____ Position: _____

How long: _____ Phone: _____ Income: \$ _____

Supervisor Name and Number: _____

Personal References

Three letters of reference required, including one from your employer.

1. _____ Phone: _____
(name) (address) (city) (state) (zip)
2. _____ Phone: _____
(name) (address) (city) (state) (zip)
3. _____ Phone: _____
(name) (address) (city) (state) (zip)

Mandatory Local Emergency Contact

Name: _____ Relationship: _____

Address: _____ Phone: _____

Please provide the following telephone numbers so that we can schedule a condominium orientation.

Work Phone Number _____

Home Phone Number _____

Cell Phone Number _____

Email Address _____

Return this application to the Association with the required Application Fee(s), the Capitol Contribution, the Financing Agreement and a copy of the Sales Contract. All information must be filled in completely. If you leave blank spaces, the application will be returned to you and the process will be delayed. This procedure requires approximately thirty (30) after the completed application is received. You will be contacted for the interview appointment.

The Association shall within fifteen (15) days of interview either consent to or reject the applicant and the transaction as specified in the application by written notice. Good cause for rejection shall include but not be limited to: conviction of a felony, distribution or use of controlled substances, dishonesty or moral turpitude, disregard for rights and property of others, financial irresponsibility, disruptive behavior or behavior inconsistent with covenants and restrictions applicable to the Quatrainé Condominium.

The signing of this form gives Quatrainé Condominium Association (or its assigns) the right to make credit, criminal, eviction and personal inquiries in accord with the above information.

Date: _____

Real Estate Agent Name: _____

Signature: _____

Real Estate Agent Company _____

Spouse Signature: _____

Real Estate Agent Phone: _____

QUATRAINE CONDOMINIUM ASSOCIATION

Purchaser/Lender Financing Agreement

Building _____ Unit # _____

The undersigned, desiring to be approved by the Board of Directors as the purchaser of the above described condominium unit, does hereby acknowledge that subject to all Condominium Exhibits and Amendments thereto, and to the Rules and Regulations **that financing may not be greater than ninety five percent (95%) of the contract sales price.** There is a five percent (5%) minimum cash equity down payment requirement based on the contract sales price that which also be reflected on the sales contract. **The five percent (5%) minimum equity cash down payment may not include any closing costs.** A copy of the sales contract must accompany the application.

Prior to closing the settlement statement shall be reviewed by the Board or the management company as agent for the Board of Directors. **Should financing exceed the 95% maximum allowable the condo approval shall be withheld and the closing delayed until such time that the purchaser abides by the rules set forth in the Quatrainé Condominium documents and meets the financing requirement.**

The purchaser further agrees that in the event the Association shall deem it necessary to retain Counsel or initiate legal proceedings for the purpose of enforcing the provisions of any of the said documents as to the undersigned, the Association shall be entitled to recover in such event and in any such action it's costs and reasonable attorney fees incurred, in addition to any to any other relief or damages to which the Association may be entitled.

The undersigned acknowledges that the provisions hereof are intended as an inducement to the Condominium Association to approve the referred application, and that in approving the undersigned as the purchaser of said unit, the Association will be proceeding in reliance upon the provisions hereof.

I/We, the undersigned, have received a copy of, read and understood, the Rules and Regulations of the Quatrainé Condominium Association and agree to abide to them.

Failure to sign this financing agreement shall immediately cancel the association approval process.

Purchaser Date

Purchaser Date

Loan Officer Name – Print

Lender/Mortgage Company

Loan Officer Telephone