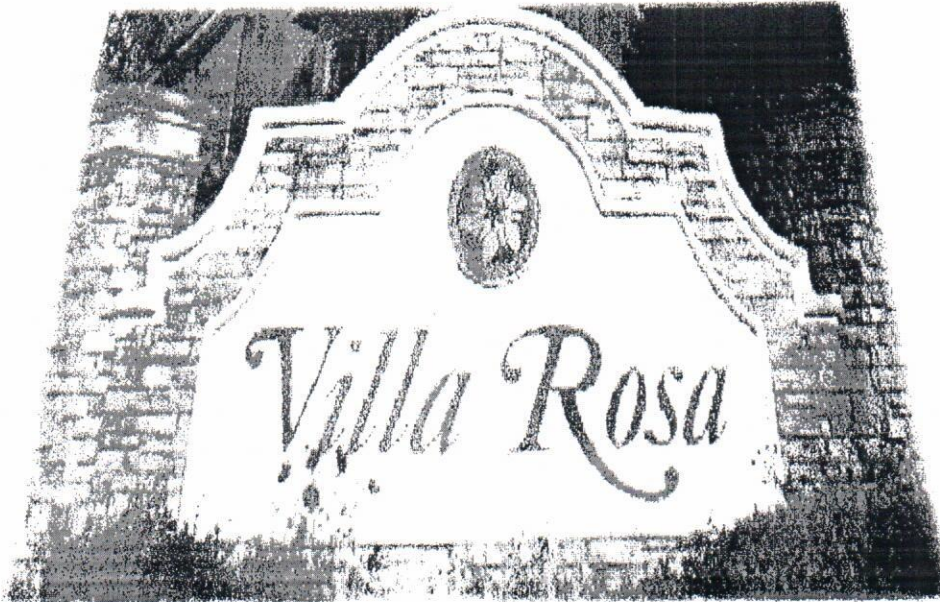


VILLA ROSA
HOMEOWNER'S ASSOCIATION

SALES AGREEMENT APPLICATION



Updated and Revised 2015

GWM Property Management
Villa Rosa

Send completed applications to
GWM Property Management
601 Heritage Dr #131
Jupiter, Fl, 33458
Or email to

Smb195755@comcast.net

VILLA ROSA HOMEOWNERS ASSOCIATION, INC.

PURCHASE APPLICATION

30 DAY REVIEW PROCESS - PURCHASE PLAN ACCORDINGLY

The Board of Directors has an obligation to all members of the Association to maintain the quality of life at Villa Rosa HOA. The Committee assesses the information presented. On Occasion, applications are denied.

1. Upon completion of the Association application, submit your packet to Villa Rosa Homeowners Association for processing at the office of Complete Property Management, Inc., 3307 Northlake Blvd., Suite 107, Palm Beach Gardens, FL 33403.

Be advised that application may change from time to time.

2. Submit with your application the required, **non-refundable** \$100.00 application fee; payable to Villa Rosa HOA in the form of a **MONEY ORDER or CASHIER'S CHECK ONLY**. **All occupants 18 years of age and older are required to apply.**

Submit with your application a \$ 78.00 screening fee for the first applicant and \$ 68.00 for each additional person over the age of 18 that will be residing in the home, payable to Villa Rosa HOA in the form of a **MONEY ORDER or CASHIER'S CHECK ONLY**.

3. Submit with your PURCHASE application a legible copy of your PURCHASE contract, signed by all parties.
4. **Submit a legible copy of your drivers' license and social security card for each applicant.** If not a U.S. citizen, submit a legible copy of your passport and visa. This information is required to complete your background check.
5. Return all pages of the application and supporting material; do not fax unless requested to do so. ***If an item does not apply, mark as N/A.***
6. **All applicants must submit proof of income in the form of the last year' personal tax return or 4 - 6 weeks pay stub with the application. Applicants must submit Bank Statement in Purchasers name showing Funds available. Including 15% of Purchase Price and or if it's a cash Purchase.**
7. The bylaws of Villa Rosa state the occupancy shall not exceed that of the Palm Beach County Building Code. The code indicates that by bedroom size the maximum occupancy is as follows; three (3) bedroom two and a half (2 1/2) bath, max occupancy Four (4) persons, two (2) bedroom two and a half max occupancy three (3) persons, and two (2) bedroom two (2) bath maximum occupancy three (3) persons.
8. Applicant(s) are subject to and shall abide by all covenants and restrictions and rules and regulations set forth in Declaration of Covenants, Conditions, and Restrictions, Conditions and Restrictions of Villa Rosa; Bylaws of Villa Rosa Homeowner's Association Inc.; Articles of

Incorporation of Villa Rosa Homeowners Association Inc. an any new or future rules and regulations of Villa Rosa.

9. **As of 5/14/15, a resolution passed requiring all applicants to finance no more than 85% of the total sales price of the unit. The remaining 15% must be cash on hand, in US banks, in US Dollars.**
10. All applicants must agree to a background check by signing the release form included in the application package.

VILLA ROSA HOMEOWNERS ASSOCIATION, INC.

PURCHASE CRITERIA

APPLICATION CONSIDERATION

Subject to the requirements of applicable federal, state and local law, it is Villa Rosa HOA's policy not to accept a PURCHASE application by any applicant who the Board of Directors reasonably believes poses a threat to the health, safety and welfare of the residents of any community. In making this decision, the Purchase Application Committee will review information provided in the application on the Addendum to the PURCHASE Application and decline all PURCHASE applications that indicate any household member has been convicted, plead guilty or no contest to a felony, common law crime or sexual offense.

I have read and understand the above criteria in which my application will be processed. I understand the application fee is non-refundable and covers the cost incurred through Credit Reporting Agencies, faxes and paperwork.

Applicant # 1 Signature

Date

Applicant #2 Signature

Applicant #3 Signature

Applicant #4 Signature

VILLA ROSA HOMEOWNERS ASSOCIATION APPLICATION FOR OCCUPANCY

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 accepted. Print legible or type all information. Missing information will cause delays. All information supplied is subject to verification. All phone numbers must be able to be reached between 9 AM - 5 PM.

Property Address: _____

Full Name: _____ **Maiden Name:** _____

Date of Birth: _____ **Soc. Sec. #:** _____

Single Married Separated Divorced

Have you ever been arrested? _____ Date(s): _____

Charge(s): _____

Spouse: _____ **Date of Birth:** _____ **Soc. Sec. #:** _____

Maiden Name: _____ Have you ever been arrested _____ Date _____

County/State arrested in _____ Charge(s) _____

No. of people who will occupy unit - Adult (18+) _____ **Name and ages of others who will occupy unit:**

Name: _____ **Age:** _____ **Name:** _____ **Age:** _____

Name: _____ **Age:** _____ **Name:** _____ **Age:** _____

Name: _____ **Age:** _____ **Name:** _____ **Age:** _____

Applicant(s) Cell Ph. #: _____ **Email Address:** _____

In case of emergency notify: _____ **Address** _____ **Ph.** _____

PART I - RESIDENCY HISTORY

A. **Present Address:** _____ **Dates:** From _____ to _____
Apt or Condo Name: _____ **Phone:** _____ **Own Home** ___ **Parent/Family Member** ___ **Rented Home** ___ **Rented Apt.** ___ **Other** ___
Rent/Mortgage Amount _____ **Name of Landlord:** _____
Mortgage Holder _____ **Mortgage #** _____ **Ph.** _____

B. **Previous Address:** _____ **Dates:** From _____ to _____ **Apt or Condo Name:** _____ **Phone:** _____ **Own Home** ___
Parent/Family Member ___ **Rented Home** ___ **Rented Apt.** ___ **Other** ___
Rent/Mortgage Amount _____ **Name of Landlord:** _____
Mortgage Holder _____ **Mortgage #** _____ **Ph.** _____

C. **Previous Address:** _____ **Dates:** From _____ to _____ **Apt or Condo Name:** _____ **Phone:** _____ **Own Home** ___
Parent/Family Member ___ **Rented Home** ___ **Rented Apt.** ___ **Other** ___
Rent/Mortgage Amount _____ **Name of Landlord:** _____
Mortgage Holder _____ **Mortgage #** _____ **Ph.** _____

PART II - EMPLOYMENT VERIFICATION

A. Employed by: _____ Phone: _____
Address: _____ Fax #: _____
Position: _____ Monthly Gross Income: _____ Dates
of Employment: From _____ to _____

B. Spouse Employed by: _____ Phone: _____
Address: _____ Fax #: _____
Position: _____ Monthly Gross Income: _____ Dates
of Employment: From _____ to _____

PART III - CHARACTER REFERENCES

1. Name _____ Home Phone _____
Address _____ Bus. Phone _____
Email Address _____ Cell Phone _____

2. Name _____ Home Phone _____
Address _____ Bus. Phone _____
Email Address _____ Cell Phone _____

3. Name _____ Home Phone _____
Address _____ Bus. Phone _____
Email Address _____ Cell Phone _____

Driver's License Number (Primary Applicant) _____ State Issued _____
Driver's License Number (Secondary Applicant) _____ State Issued _____

By signing the applicant recognizes that Villa Rosa Homeowner's Association or their agent may investigate the information supplied by the applicant, and a full disclosure of pertinent facts may be made to the Association. The Association may also require a credit report through a credit reporting agency. If this application is NOT legible or is not completely and accurately filled out the Association will not be liable or responsible for any inaccurate information in the investigation and related report (should there be one) caused by such omission or illegibility.

BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE THE ASSOCIATION TO VERIFY THIS INFORMATION THROUGH ANY SOURCE THAT IT DEEMS APPROPRIATE. ANY FALSE STATEMENT ON THIS APPLICATION CAN LEAD TO A DENIAL OF YOUR APPLICATION. REFUSAL TO SIGN THIS ADDENDUM WILL RESULT IN A DENIAL OF YOUR APPLICATION.

Applicant #1 Signature Date

Applicant #2 Signature Date

Applicant #3 Signature Date

Applicant #4 Signature Date

STATE OF FLORIDA)

) ss

COUNTY OF PALM BEACH)

BEFORE ME personally appeared _____, the Purchaser who produced _____ as identification, or who is personally known to me to be the individual who executed the foregoing instrument and acknowledged to and before me that he/she executed such instrument and that the contents of the above Agreement are true and correct to the best of his/her knowledge and belief.

WITNESS my hand and official seal this _____ day of _____, 20 _____.

Notary Public
State of Florida at Large
My Commission Expires:
(SEAL)

STATE OF FLORIDA)

) ss

COUNTY OF PALM BEACH)

BEFORE ME personally appeared _____, the Purchaser who produced _____ as identification, or who is personally known to me to be the individual who executed the foregoing instrument and acknowledged to and before me that he/she executed such instrument and that the contents of the above Agreement are true and correct to the best of his/her knowledge and belief.

WITNESS my hand and official seal this _____ day of _____, 20 _____.

Notary Public
State of Florida at Large
My Commission Expires:
(SEAL)

VILLA ROSA HOMEOWNERS ASSOCIATION, INC.
MAILING ADDRESS NOTIFICATION

This form must be completed by every owner.

DATE: _____

PROPERTY ADDRESS:

RESIDENT NAME(S): *(please print)*

MAIL ALL CORRESPONDENCE RELATING TO THE ABOVE PROPERTY:

_____ The above property address

_____ The following address below

HOME PHONE

CELL PHONE

EMAIL ADDRESS

EMAIL ADDRESS

OWNER SIGNATURE

VILLA ROSA HOMEOWNERS ASSOCIATION, INC.

THIS WILL BE MY:

- PRIMARY RESIDENCE
- SECOND HOME
- INVESTMENT/ INCOME PROPERTY / RENTAL

EMERGENCY CONTACT INFORMATION:

OCCUPANT NAME: _____	HOME PH# _____
WORK PH# _____	CELL PH# _____
EMAIL ADDRESS _____	
EMERGENCY CONTACT: _____	CONTACT PH# _____
RELATIONSHIP TO CONTACT: _____	

VEHICLE CONTACT INFORMATION:

MAKE _____	MODEL _____	COLOR _____
YEAR _____	LICENSE PLATE # _____	STATE _____

AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU;
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT;
- ADDITIONAL NOTICE REGARDING INVESTIGATIVE CONSUMER REPORTS ON YOU;
- ADDITIONAL STATE LAW NOTICES.

By signing below, I authorize **GWM Property Management** (“the Company”) to obtain “**consumer reports**” and “**investigative consumer reports**” about me for tenant purposes.

Signature: _____ Date: _____

Printed Name: _____

PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK

Please supply the following information to facilitate a background check on you.

Last Name: _____

First Name: _____

Middle: _____

Other Names Used (alias, maiden, nickname): _____

Social Security Number: _____

Date of Birth: _____

Driver License No.: _____

State Issued: _____

Phone Number: _____

Email Address: _____

Current Address: _____

Street/P.O. Box City State Zip Code Country Dates

Former Address: _____

Street/P.O. Box City State Zip Code Country Dates