

GARDEN-AIRE VILLAGE

TMG Property Management  
5310 NW 33rd Ave, Suite 201  
Fort Lauderdale, FL 33309

Application for Ownership: **\$150.00**

\_\_\_\_\_, 20\_\_

Board of Directors

Garden-Aire Village Condominium, Inc.

I herein submit the following information pertinent to my application for ownership of Apartment \_\_\_\_\_  
presently owned by \_\_\_\_\_ at a purchase price of \$ \_\_\_\_\_.

I understand that Garden-Aire Village Condominium, Inc is considered "housing" for people 55 years of age and older and that pet(s) will not be permitted to reside within my apartment. Also there is NO Rentals/Leasing allowed. I understand that Garden-Aire Village requires proof of age and I will provide proof of age with a copy of my Driver's License, Birth Certificate, Passport, or State I.D.

I have received a copy of the Declaration of Condominium, Rules and Regulations, Articles of Incorporation, and Bylaws of Garden-Aire Village Condominium, Inc. and agree to abide with them without reservation. I further understand that the approval of this application is at the discretion of the Board of Directors of the Corporation and that no reason shall be required of said Board for their disapproval of this application.

Names and Social Security Numbers of all applicants who will occupy the apartment:

_____	_____
_____	_____
_____	_____

Business Information:

Business and Position held \_\_\_\_\_  
Address and Telephone Number \_\_\_\_\_

Bank Reference: \_\_\_\_\_  
Bank Name Address

Personal Reference: \_\_\_\_\_  
Name Address

**READ FIRST:** Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014

**\*\* THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! \*\***

**APPLICATION FOR OCCUPANCY**

Association Name: Garden-Aire Village

Circle one: Purchase - Lease - Occupant - Unit.# \_\_\_\_\_ Bldg.# \_\_\_\_\_ Address applied for: \_\_\_\_\_

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Circle One: Single - Married - Separated - Divorced - How Long? \_\_\_\_\_ Other legal or maiden name \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Date (s) \_\_\_\_\_ County/State Convicted in \_\_\_\_\_

Charge (s) \_\_\_\_\_

Applicant's Cell Number(s) \_\_\_\_\_ Applicant's Email Address \_\_\_\_\_

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Other legal or maiden name \_\_\_\_\_ Have you ever been convicted of a crime? \_\_\_\_\_ Date (s) \_\_\_\_\_

County/State Convicted in \_\_\_\_\_ Charge (s) \_\_\_\_\_

Spouse's Cell Number(s) \_\_\_\_\_ Spouse's Email Address \_\_\_\_\_

No. of people who will occupy unit -- Adults (over age 18) \_\_\_\_\_ Description of Pets \_\_\_\_\_

Names and ages of others who will occupy unit \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**PART I – RESIDENCE HISTORY**

A. Present address \_\_\_\_\_ Phone \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Are you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Are you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other \_\_\_\_\_

B. Previous address \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Were you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Were you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other \_\_\_\_\_

C. Previous address \_\_\_\_\_  
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name \_\_\_\_\_ Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other \_\_\_\_\_ Rent/Mtg Amount \_\_\_\_\_

Were you on the Lease? \_\_\_\_\_ If not, who is the leaseholder? \_\_\_\_\_ Were you on the Deed? \_\_\_\_\_ If yes, under what name? \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Phone \_\_\_\_\_ Email address \_\_\_\_\_

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other \_\_\_\_\_

## PART II – EMPLOYMENT REFERENCES

\*Include a recent copy of an earnings statement to expedite processing\*

- A. Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_ Fax \_\_\_\_\_  
Monthly Gross Income \_\_\_\_\_ Address \_\_\_\_\_
- B. Spouse Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position \_\_\_\_\_ Fax \_\_\_\_\_  
Monthly Gross Income \_\_\_\_\_ Address \_\_\_\_\_

## PART III – BANK REFERENCES

\*Include a recent copy of a bank statement to expedite processing\*

- A. Bank Name \_\_\_\_\_ Checking Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_
- B. Bank Name \_\_\_\_\_ Savings Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_

## PART IV – CHARACTER REFERENCES (No Family Members)

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_
4. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Are you using a realtor? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Realtor's name \_\_\_\_\_  
Email Address \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Driver's License Number (Primary Applicant). \_\_\_\_\_ State Issued \_\_\_\_\_  
Driver's License Number (Secondary Applicant) \_\_\_\_\_ State Issued \_\_\_\_\_  
Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_  
Make \_\_\_\_\_ Type \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_

If this application is not legible or is not completely and accurately filled out, Associated Credit (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 and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will 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. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

# ***ASSOCIATED CREDIT REPORTING, INC.***

Established 1985

8795 West McNab Road, First Floor, Tamarac, Florida 33321

[www.associatedcreditreporting.com](http://www.associatedcreditreporting.com)

## **\*\*\*AUTHORIZATION FORM\*\*\***

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. **PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY.** If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Spouse's Signature)

\_\_\_\_\_  
(Applicant's Name Printed)

\_\_\_\_\_  
(Spouse's Name Printed)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Date Signed)

## INTERVIEW FOR OWNERSHIP

Date \_\_\_\_\_

Purchaser: \_\_\_\_\_

Apt #: \_\_\_\_\_

Seller: \_\_\_\_\_

The following arrangements need to be made before arranging for an interview with the Board of Directors.

The purchaser must furnish the Board of Directors of Garden-Aire Village with an application for ownership, along with the fee of **\$150.00**. This application must be received in sufficient time to allow Garden-Aire Village to check the reference thereon.

The seller must furnish the purchaser with the following documents prior to the interview in order that the purchaser is aware of the rules and regulations governing ownership:

### **Declaration of Condominium & By-Laws**

(These 2 documents are consolidated)

### **Current Rules & Regulations**

When these requirements have been met, an interview will be arranged with the Board of Directors to meet with the prospective owner(s). At the interview, the purchaser will be furnished with a question and answer sheet covering frequently asked questions, as required by Chapter 718 of condo law. Purchaser will also be furnished with a current financial statement. After that meeting, the Board will furnish an approval/rejection in a timely manner.

We look forward to meeting with you and welcoming you into our community.

Interview Date and Time:

\_\_\_\_\_



**GARDEN-AIRE VILLAGE**  
2601 NE 14<sup>TH</sup> STREET CAUSEWAY  
POMPANO BEACH, FLORIDA 33062  
954-943-7720

**CERTIFICATE OF APPROVAL OF OWNERSHIP IN GARDEN-AIRE VILLAGE**

This letter will certify that \_\_\_\_\_ have been approved by Garden-Aire Village Condominium, Inc. as the purchasers of apartment number \_\_\_\_\_ of **GARDEN-AIRE VILLAGE CONDOMINIUM**, a property in Broward County, Florida and according to the Declaration thereof recorder in O.R. Book 3751 at Page 6 of the Public Records of Broward County, Florida.

Such approval has been given pursuant to the provision of Section 11(b)(2)(a) of the Declaration of Condominium, as recorded.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

**GARDEN-AIRE VILLAGE CONDOMINIUM, INC.**

By \_\_\_\_\_  
(Board of Director - Title)

Attested to by \_\_\_\_\_  
(Board of Director - Title)

**STATE OF FLORIDA**  
**COUNTY OF BROWARD**

The foregoing instrument was acknowledged this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_ and \_\_\_\_\_, who personally appeared before me and acknowledged that they signed the instrument voluntarily for the purpose expressed therein.

\_\_\_\_\_  
Notary Public, State of Florida

**NOTARY**  
**SEAL**

Stamp of Commission

**PLEASE COMPLETE THIS FORM FOR OFFICE RECORDS**

Apartment No.                      No. of Locker(s)-Location

Name of Owner(s)

Automobile Information                      License Plate No.

Make/Model/Year

Out-of-town residence                      Telephone No.

*Please fill in names, addresses and telephone numbers of those people you want notified in case of emergency.*

Name    Telephone (    )

Address

\*\*\*\*\*

Name    Telephone (    )

Address

*If there is any additional information, such as medical treatment, etc. that should be kept in your file, please note it here. Should you require medical attention and wish to have your own physician notified, please include that below.*

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**Present Address and Telephone Number:**

**Immediate Family, including age of children:**

_____	Age _____	Address _____
_____	Age _____	Address _____
_____	Age _____	Address _____
_____	Age _____	Address _____

I agree to meet with the Board of Directors at the office of Garden-Aire Village Condominium, Inc. at a date and time to be arranged prior to closing on the purchase of the apartment referred to above. I also agree to read and be aware of the contents of the documents furnished to me by the seller prior to my interview with the Board of Directors.

**Signatures of all occupants** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**GARDEN-AIRE VILLAGE CONDOMINIUM  
ASSOCIATION, INC.**

Date \_\_\_\_\_

Dear Sir or Madam:

\_\_\_\_\_ has supplied Garden-Aire Village with your name as a reference in connection with the purchase of Apartment \_\_\_\_\_. We would appreciate your assistance in providing us with the information requested below, along with any other remarks you believe would be pertinent to the approval of this purchase.

Please return this letter in the enclosed self-addressed enveloped. The information you provide will be held in confidence by Garden-Aire Village and we thank you in advance for your cooperation.

Board of Directors  
Garden-Aire Village

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How long have you known this applicant? \_\_\_\_\_

Would you consider this applicant's reputation in business as ethical \_\_\_\_\_, practical \_\_\_\_\_, fair \_\_\_\_\_, honest \_\_\_\_\_

Would you be pleased to have the applicant as a neighbor? \_\_\_\_\_

To your knowledge, has applicant ever been convicted of a crime? If yes, please give additional information below.

Additional Remarks:

\_\_\_\_\_  
\_\_\_\_\_

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**Date**

I, \_\_\_\_\_, owner of apartment \_\_\_\_\_ at  
**Garden-Aire Village, 2601 NE 14<sup>th</sup> Street Causeway, Pompano  
Beach, Florida 33062, do hereby give permission to allow the  
exterminator to enter my apartment, in the presence of an  
association employee, for the purpose of pest control.**

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**Signature of Owner**

**GARDEN-AIRE VILLAGE CONDOMINIUM, INC.**

**Voter Authorization Certificate**

We, the undersigned, being all of the owners of Unit No. \_\_\_\_\_, do hereby certify that the following named one owner is the authorized voter for the foregoing unit, and shall remain such designated voter until this certificate is revoked by submission of a new certificate.

Name of Authorized Voter \_\_\_\_\_

Date Signed \_\_\_\_\_

Signature of Authorized Voter \_\_\_\_\_

Unit No. \_\_\_\_\_ is owned by the following person(s):

\_\_\_\_\_  
(Print owner)

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
(Print owner)

\_\_\_\_\_  
Signature of Owner

Received by \_\_\_\_\_ of  
(Signature) (Pres., V.P., etc.)

Garden Aire-Village Board of Directors on \_\_\_\_\_  
(Date)