

Ridgewood at Pine Island Ridge

c/o TMG Management
5310 NW 33rd Ave., Suite 201
Fort Lauderdale, FL 33309
(954) 782-7820 Fax: (954) 782-7823
Info@RidgewoodatPIR.com
www.RidgewoodatPIR.com

PROCEDURES FOR APPROVAL OF PURCHASE

UNIT#: _____ NAME: _____

CONTACT INFO #: _____ (cell) _____ (email)

Your Closing (Purchase) Date: _____

Association screenings are by appointment ONLY. Once you return the completed application packet to TMG Management, you will be contacted within 20 days to schedule an appointment.

- \$150.00 Application Fee to be paid by Money Order only, payable to Ridgewood HOA, Inc.
(This application is for a single person or husband and wife only. Anyone who wishes to reside within the HOA that is 18 years or older must complete an application as well as the screening process.)
- Association Application
- Signed Associated Credit Authorization Form
- Purchase Agreement
- Mortgage Approval
- Property Summary Sheet
- Parking Space Assignment
- Pet Registration (If you do not have any pets, please write N/A on the registration form)
- Signed Affidavit for Receipt of Governing Documents
- Signed Agreement to Abide by By-Laws, Rules & Regulations
- Certificate of Appointment of Voting Representative
- A legible copy of a photo ID

This Application, all attached forms and all required information must be completed and submitted with a money order as noted above. Please make all money orders payable to: Ridgewood HOA, Inc. Please make sure all papers are signed, initialed and notarized where indicated.

IMPORTANT

- It is not the responsibility of the Association or Management Company to obtain information that is missing on the application. All papers submitted must be legible.
- Any sale package received in our office that is incomplete will not be processed.

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: _____

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

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 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

*****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)

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To The Board of Directors:

I/We have been made aware of the Rules & Regulations, ByLaws and the Declarations of Covenants and Restrictions for Ridgewood at Pine Island Ridge Homeowners Association, Inc. including but not limited to:

Article IV. Use of Property, of the Declarations of Covenants and Restrictions, Paragraph 5 which limits Pets to one (1) not to exceed twenty (20) pounds at maturity.

Paragraph 6 prohibiting motorcycles, mopeds, trucks, trailers, boats, vans, campers, motor homes, buses commercial or other similar vehicles within the confines of Ridgewood.

If I/We are in violation of the above, the Association has the authority to tow said vehicle.

Article IV. Use of Property of the Declarations of Covenants and Restrictions Paragraph 1. Ridgewood townhouse unit shall be used solely as a single family residence, which is defined as:

The townhouse units shall be used solely as single family residences. Nothing herein shall be deemed to prevent an owner from leasing a townhouse to a single family, subject to all of the terms, conditions and covenants contained in this declaration.

The owners and lessees of each townhouse unit in Ridgewood at Pine Island Ridge shall abide by each and every term and provision of the Declaration of Covenants and Restrictions for Ridgewood of the Articles of Incorporation and By-Laws of the Ridgewood at Pine Island Ridge Homeowners Association, Inc.

Print Name

Signature

Print Name

Signature

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PROPERTY SUMMARY SHEET

Owner/Tenant Name: _____

Owner/Tenant Name: _____

Unit Address: _____

Home: _____ Work: _____ Cell: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

City: _____ State: _____ Zip: _____

IN CASE OF AN EMERGENCY CONTACT:

Name: _____

Phone: _____ Relationship: _____

Emergency Key With: _____

Phone: _____ Relationship: _____

MEMBERS OF FAMILY RESIDING IN UNIT:

Print Name

Signature

Date

* No one may move into any unit prior to being screened regardless of who lives in the unit. The owner(s) as well as the residing individual must be screened

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ASSIGNMENT OF USE OF PARKING SPACE

The undersigned has acquired townhouse unit # _____ in RIDGEWOOD AT PINE ISLAND RIDGE, and has been assigned the use of the parking space described below in accordance with the Declaration of the Covenants and Restrictions.

NOW, THEREFORE it is agreed as follows:

1. There is hereby assigned to the use of two (2) parking spaces, both numbered _____ effective herewith.
2. This Assignment of Use of Parking Space is for the exclusive use of the townhouse unit. The parking space shall be maintained, occupied and transferred solely in accordance with the provisions of the Declaration of the Covenants and Restrictions.
3. The assignment shall be noted in the book maintained by the Association for such purpose.

THIS ASSIGNMENT date this _____ day of _____ 20____.

RIDGEWOOD AT PINE ISLAND RIDGE HOA, INC.

Owner of Townhouse Print Name

Owner of Townhouse Signature

Owner of Townhouse Print Name

Owner of Townhouse Signature

THIS DOCUMENT MAY NOT BE RECORDED

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PET REGISTRATION

(If you do not have a pet, please write N/A on the registration form)

Owner Name: _____

Unit Address: _____

Type of Pet: _____ Breed: _____

Color: _____ Weight: _____

Current County Tag ID: _____

Vets Name: _____ Vets Phone: _____

Home owners/lessees: It is your requirement as a member of the Homeowner's Association to provide a Veterinarian Certified letter stating that your pet's vaccinations are current.

I understand that any falsification of information or failure to register my pet may result in the denial of **APPROVAL** by the Board of Directors, or a **NOTICE OF VIOLATION** from the Board, which may require the removal of the pet, the payments of fines or similar actions.

REMINDER:

- A PHOTO OF YOUR PET MUST BE INCLUDED WITH THE REGISTRATION FORM
- PET MAY NOT EXCEED 20LBS AT MATURITY
- PET MUST BE LEASHED AND CANNOT ROAM FREELY ABOUT THE PROPERTY.
- EACH PET OWNER SHALL BE REQUIRED TO CLEAN UP AFTER THE PET IN ORDER TO PROPERLY MAINTAIN THE COMMON AREA.
- YOU ARE FULLY RESPONSIBLE FOR THE ACTIONS OF YOUR PET, AND YOU ARE IN CLEAR UNDERSTANDING OF THE ASSOCIATION DOCUMENTS AND RULES & REGULATIONS REGARDING THE CONTROL OF YOUR PET.

Owner/Lessee Print

Owner/Lessee Signature

Date

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AFFIDAVIT FOR RECEIPT OF GOVERNING DOCUMENTS

SALE FROM: _____
(current owner)

SALE TO: _____
(prospective buyer)

NAME OF ADDITIONAL PERSON(S) TO BE INCLUDED ON DEED:

(1) _____

(2) _____

I, WE, THE UNDERSIGNED, HAVE RECEIVED A COPY OF THE GOVERNING DOCUMENTS AND/OR THE RULES AND REGULATIONS. I, WE, HAVE ALSO BEEN ADVISED OF ANY AND ALL NEW RULES AND REGULATIONS THAT HAVE BEEN PROMULGATED FROM THE TIME OF THE RECORDING OF THESE DOCUMENTS AND HAVE MADE MYSELF FAMILIAR WITH THEM.

I, WE, WILL DO OUR UTMOST TO ABIDE BY THE RULES AND FULLY UNDERSTAND THAT IT WILL BE OUR RESPONSIBILITY TO HAVE OUR TITLE COMPANY OR OUT ATTORNEY ON THE DAY OF CLOSING, FAX A COPY OF THE UNRECORDED EXECUTED DEED TO THE TMG MANAGEMENT SO THAT I, WE, CAN BE INCLUDED IN THE CURRENT ROSTER OF OWNERS FOR THE ABOVE- REFERENCED PROPERTY AND RECEIVE ALL PERTINENT NOTICES, ECT., IN ORDER TO FULFILL MY RESPONSIBILITIES AS AN OWNER IN THE COMMUNITY.

FURTHER I, WE UNDERSTAND THAT OUR MONTHLY MAINTENANCE FEES ARE DUE ON THE FIRST (1st) OF EACH MONTH, A LATE FEE IS ASSESSED ON THE TENTH (10th) AND ALL OUTSTANDING FEES MAY BE TURNED OVER TO THE ASSOCIATION ATTORNEY FOR COLLECTIONS ON THE FIFTEENTH (15th). I/WE ALSO UNDERSTAND THAT WE ARE RESPONSIBLE FOR ALL ATTORNEY'S FEES AND COSTS SHOULD THE ACCOUNT BE TURNED OVER FOR COLLECTIONS

Owner of Townhouse Print Name

Owner of Townhouse Signature

Owner of Townhouse Print Name

Owner of Townhouse Signature

Date