

LIDO SHORES CONDOMINIUM ASSOCIATION, INC.

APPLICATION FOR SALE, LEASE OR OTHER TITLE TRANSFER APPROVAL

Please submit this completed application for sale or lease to the attention of the Board of Directors for Lido Shores Condominium Association, Inc., c/o Mr. Lee P. Cohen, President, P.O. Box 49347, Sarasota, Florida 34230.

Date: _____, 20____

To: Board of Directors:

I intend to purchase / lease (circle one) Unit No. _____ from current unit owner(s) at Lido Shores Condominium. A copy of the sales contract / lease (circle one) is attached. Dates of occupancy: Arrival _____, Departure _____. I represent that the following information is factual and true. I am aware that any falsification or misrepresentation of the facts in this Application will result in rejection of this Application, or constitute grounds for the Association to void any approval that may be granted. I consent and acknowledge that you may make further inquiry concerning this Application, including but not limited to the references given below, credit and financial history, criminal history, residential history and public records history of the proposed title holder and all proposed unit occupants.

I have read and agree to be bound by the Declaration of Condominium, Bylaws, Articles of Incorporation, and the Rules and Regulations of the Association, copies of which documents have been furnished to me by the current owner of Unit No. _____.

I understand that the Association may, pursuant to the Fair Credit Reporting Act, 15 U.S.C. Section 1681 *et seq.*, obtain a consumer report and/or investigative consumer report on the applicants signing this Application and all proposed unit occupants. By signing this Application, I hereby consent to the Association obtaining a consumer report and/or investigative consumer report and considering same in connection with my application. I understand that every *effort* shall be made by the Association to maintain the confidentiality of the report; however, by signing the application, I hereby waive and hold the Association harmless from any claim, action or suit regarding the consumer report and/or investigative consumer report. I also consent to the Association, or its agents, contacting personal or professional references, or other parties in connection with its investigation of this application.

I / We understand and agree that this application must be completed in its entirety before consideration of the Board of Directors. Incomplete applications will be returned. This application shall not be deemed received until fully completed and all requested documentation has been provided to the Association.

Processing fee of \$100.00 (sales), or \$50.00 (leases) per person (husband/wife and parent/dependent child pay only one fee) must be attached.

1. FULL NAME(S) OF PRESENT OWNER(S) OF UNIT _____

ADDRESS OF CURRENT OWNER(S): _____

2. FULL NAME OF APPLICANT _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

FULL NAME OF SPOUSE/CO-APPLICANT _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH _____

3. IN THE CASE OF A CORPORATE APPLICANT, PLEASE STATE FULL NAME OF CORPORATION: _____

IN THE CASE OF A CORPORATE ENTITY PLEASE PROVIDE YOUR FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER: _____

I/WE ACKNOWLEDGE THAT OWNERSHIP BY CORPORATIONS, PARTNERSHIPS OR OTHER ENTITIES IS PERMITTED AND, IF THIS IS AN OWNERSHIP INTEREST BY AN ENTITY, THE ENTITY CERTIFIES THAT THE PERSONS NAMED BELOW SHALL BE THE PRIMARY OCCUPANTS OF THE UNIT WHO SHALL BE DEEMED THE "OWNER" OF THE UNIT FOR THE PURPOSES OF DETERMINING MEMBERSHIP AND USE RIGHTS, HOWEVER, BOTH THE PRIMARY OCCUPANT AND THE CORPORATION, LIMITED LIABILITY COMPANY, BUSINESS-NAMED PARTNERSHIP OR TRUST (AS APPLICABLE) SHALL HAVE THE RESPONSIBILITIES OF AN OWNER.

IF THE TITLE SHALL BE IN THE NAME OF A PERSONAL TRUST, WHERE THE TRUSTEE OR THE BENEFICIARY IS THE PRIMARY OCCUPANT OF THE UNIT, A COPY OF THE TRUST INSTRUMENT MUST BE PROVIDED. FOR OTHER ENTITY OWNERSHIPS, A COPY OF THE ARTICLES OF INCORPORATION OR OTHER DOCUMENT FORMING THE ENTITY MUST BE FURNISHED.

IF THIS IS A LEASE, A COPY OF THE LEASE MUST BE PROVIDED TO THE ASSOCIATION AS PART OF THIS APPLICATION PACKAGE.

PLEASE DESIGNATE THE INDIVIDUAL(S) WHO WILL SERVE AS THE PRIMARY OCCUPANT(S) OF THE UNIT:

ADDRESS OF PRIMARY OCCUPANT(S): _____

SOCIAL SECURITY NUMBER(S): _____

DATE(S) OF BIRTH: ———— _____

4. PRESENT RESIDENCE ADDRESS OF APPLICANT(S): _____

CITY _____ STATE _____ ZIP _____

PHONE _____ HOW LONG? _____

5. IF PRESENT RESIDENCE, OR ANY PREVIOUS RESIDENCE, IS A CONDOMINIUM, COOPERATIVE OR IS SUBJECT TO REGULATION BY HOMEOWNER'S ASSOCIATION PLEASE PROVIDE:

NAME AND ADDRESS OF ASSOCIATION _____

CITY _____ STATE _____ ZIP _____

PHONE _____

6. IF PRESENT RESIDENCE IS RENTAL:

NAME & ADDRESS OF CURRENT LANDLORD: _____

CITY _____ STATE _____ ZIP _____ PHONE _____

7. OTHER THAN THE APPLICANT(S) LISTED ABOVE, PLEASE STATE THE NAME, RELATIONSHIP AND DATE OF BIRTH OF ALL PERSONS WHO WILL BE OCCUPYING THE UNIT ON A REGULAR BASIS:

NAME _____ RELATIONSHIP _____

S.S. # _____ DATE OF BIRTH _____

TYPE OF VERIFICATION PROVIDED: _____

NAME _____ RELATIONSHIP _____

S.S. # _____ DATE OF BIRTH _____

TYPE OF VERIFICATION PROVIDED: _____

NAME _____ RELATIONSHIP _____

S.S. # _____ DATE OF BIRTH _____

TYPE OF VERIFICATION PROVIDED: _____

NAME _____ RELATIONSHIP _____

S.S. # _____ DATE OF BIRTH _____

TYPE OF VERIFICATION PROVIDED: _____

8. IF **THIS APPLICATION IS FOR A LEASE**, ARE ANY OF THE PERSONS LISTED ABOVE SERVICEMEMBERS IN THE UNITED STATES ARMED FORCES, FLORIDA NATIONAL GUARD OR UNITED STATES RESERVE FORCES?

Yes __ NO __

If you answered yes, please provide a copy of the military identification along with this application.

9. DRIVERS LICENSE OR PASSPORT NUMBER(S) OF APPLICANT(S):

10. PLEASE PROVIDE THREE (3) PERSONAL REFERENCES (NO RELATIVES OR REALTORS):

NAME _____ PHONE _____

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

11. PLEASE PROVIDE THREE (3) BANK, CREDIT OR BUSINESS REFERENCES:

NAME _____ PHONE _____
(include current bank reference)

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

12. I/WE INTEND TO: (CHECK ONE)

PERSONALLY RESIDE FULL-TIME

PERSONALLY RESIDE PART-TIME

OTHER (SPECIFY) _____

13. PERSON TO NOTIFY IN AN EMERGENCY _____

PHONE _____

14. MANUFACTURER, MODEL & YEAR OF AUTOMOBILE(S):

CAR NO. 1; _____ LICENSE NUMBER: _____

CAR NO. 2: _____ LICENSE NUMBER: _____

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15. HAS ANY PROPOSED TITLE HOLDER OR PROPOSED OCCUPANTS EVER BEEN ARRESTED, PLEAD GUILTY OR NO CONTEST TO, OR CONVICTED OF ANY FELONY, A MISDEMEANOR INVOLVING VIOLENCE TO PERSONS, DRUG OFFENSES, OR MISUSE OR THEFT OF PROPERTY?

_____ YES _____ NO

IF YES, PLEASE PROVIDE DETAILS ON SEPARATE SHEET OF PAPER.

16. DO ANY OF THE PROPOSED TITLE HOLDERS OWN AN INTEREST IN ANOTHER UNIT WITHIN THE LIDO SHORES CONDOMINIUM?

BUILDING: _____ UNIT NUMBER: _____

17. NAME OF REAL ESTATE AGENT AND REAL ESTATE COMPANY HANDLING

THIS TRANSACTION: _____

MAILING ADDRESS FOR NOTICE OF REJECTION OR ACCEPTANCE OF THIS APPLICATION:

ADDRESS: _____ PHONE: _____

I understand that upon receipt of a totally completed Application, including sales contract or lease (as applicable), acceptable to the Association, application fee, the Association has **THIRTY (30) DAYS** after receipt of the last of any requested information, fees and interviews within which to accept or reject the Application.

I understand that any violation of the terms, provisions, conditions, and covenants of the Condominium documents and rules and regulations, as any of the foregoing may be amended from time to time, provides cause for pursuit of remedies therein provided.

If approved, and this is a purchase of a unit, I hereby agree to provide a copy of the recorded deed within thirty (30) days of closing.

Dated this _____ day of _____, 20____

Signature of Applicant

Signature of Co-Applicant/Spouse

The individual owner(s) of said unit join in this Application to request the Board to review same and to verify that to the best of their knowledge all information and acknowledgments contained herein are accurate.

Dated this _____ day of _____, 20__ .

Current Owner Current Co-

Owner

The Real Estate Agent(s) handling this transaction join in this Application to request the Board to review same and to verify that to the best of their knowledge all information and acknowledgments contained herein are accurate.

Dated this _____ day of _____, 20__ .

Real Estate Broker

Real Estate Salesperson

Real Estate Agent

FOR OFFICE USE ONLY

Application Received _____ Interview Completed _____ (Date)

Fee Received _____ Response Due _____ (Date)

APPROVED: ___ DISAPPROVED: _____ DATE: _____