PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION # 6, INC

C/O M&M Property Management LLC * 1280 SW 36th Ave #305 * Pompano Beach, FL 33069

Phone: (954) 582-4400 * http://www.palmaire6.com

APPLICATION FOR PURCHASE, TRANSFER OR LEASE

Files are only reviewed by the Board of Directors on Tuesday's.

<u>Interviews are only conducted on Tuesday's from 9AM – 11AM.</u>

INSTRUCTIONS:

- 1. This application and the attached application for occupancy and authorization forms must be completed in detail by each proposed purchaser over the age of 18 years old, other than husband/wife or dependent child (which is considered one applicant).
- 2. A copy of the Purchase or Lease contract must be submitted.
- 3. All applicants must submit a copy of a valid government issued ID.
- 4. The Association has 30 days to complete processing from the date of receipt of the fully completed application including all fees and any supplemental information required. If a question is not answered adequately or left blank, this application may be returned, not processed and not approved.
- 5. The seller must provide the purchaser with a copy of all Condominium Documents, Amendments and Rules & Regulations; otherwise, you may obtain them from the management website for a fee.
- 6. All applicants must make themselves available for a personal interview prior to final Board of Directors approval. Occupancy prior to Board approval is prohibited.
- 7. Purchaser must notify the Association's management office after closing and supply a copy of the unrecorded Warranty Deed and Settlement Statement.

FEES REQUIRED:

All fees are to be made with money order or cashier's check, no exceptions.

1. \$100.00 non-refundable application fee must be attached to this application, payable to PACC 6 per person. \$100.00 per married couple, if you are married and your last names are different please provide a copy of your marriage license.

ACCEPTANCE OF PROCESSING FEE DOES NOT IN ANY WAY CONSTITUTE APPROVAL OF THIS TRANSACTION.

PALM-AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION # 6, INC

IMPORTANT INFORMATION:

ATTN UNIT OWNERS:

IT IS REQUIRED BY THE CITY OF POMPANO BEACH ALL UNITS IN ALL BUILDINGS MUST HAVE A BATTERY-OPERATED SMOKE DETECTOR IN ALL BEDROOMS OF YOUR UNIT.

OCCUPANCY RESTRICTIONS:

- 1. No pets are allowed at any time.
- 2. One bedroom units no more than 2 occupants.
- 3. Two bedroom units no more than 4 occupants.
- 4. Three bedroom units no more than 6 occupants.
- 5. Leasing no less than 90 days
- 6. No leasing allowed within the First Year of ownership.
- 7. Minimum of 650 credit score required.

FOR BUYERS:

- 1. <u>Condo Buildings. 70, 72, 77, 78 and 78A require minimum of twenty percent (20%) down payment of the purchase price.</u> 71, 73, 74, 75, 76 & 79 do not have a minimum down requirement.
- 2. No Corporate ownership is permitted.
- 3. No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, motorcycles, mopeds, etc. permitted on the Condominium premises. (SUV's Permitted)
- 4. <u>Pest Control:</u> An annual exterminator service is provided by the Association. Exterminator service is also available by request and is included in the quarterly maintenance fee.
- 5. <u>Key Information:</u> If you are changing your locks, you must provide the Property Management Office with a set of the new keys. If you are not changing your locks, you should come by the Property Management Office after your closing to confirm the office has the correct keys to your unit.

M&M PROPERTY MANAGEMENT, LLC

1280 SW 36th Ave #305 Pompano Beach, FL 33069 Phone: (954) 582-4400

IMPORTANT!

ALL QUESTIONS MUST BE COMPLETELY ANSWERED.
PLEASE PRINT LEGIBLY! IF APPLICATION IS REJECTED THERE WILL BE AN
ADDITIONAL FEE TO RESUBMIT!

ASSO	OCIATION NAME: PALM A	IRE COUNTRY CLUB	<u>#6</u>
Lease	e () Purchase () A	Additional Occupant (_)
	APPLICATION FOR	OCCUPANCY	
PRINT NAME	Section 1 - APPLICANT I	NFORMATION	
Name:	Date of Birth	SS#	
	Date of Birth		
Name/ages of children who w	ill occupy:		
•	tendere, or been convicted of a f	• , , , , ,	
	on property) Driver's Lic		
	t.:		
	a 2 - RESIDENCE HISTORY		
A: Present Address:	Ci	ityStat	eZip
Home Phone:	Resided f	romto	
(If renting) Landlord/Manager	nent Agent & Phone No		
	nent Agent & Phone NoCity		
Address:(If owner)		State	Zip

Resided from	to		
	gement Agent & Phone No:		<u>-</u>
(If Owner)	I oan No	Phone No	
Section 3 - CHARACTEI	R REFERENCES	r none no	
·		(ALL WORK PHONE'S A MUST)	
1. Name	Home # ()	City &
2. Name	Home # ()	City &
State	Office # ()		
3. Name	Home	e#()	
City & State	Office # (
Sec	tion 4 - EMPLOYMENT & BAN	IK REFERENCES	
a. Employer	Length of	time	<u> </u>
Address	Superv	isor	<u></u>
Phone #	Dept/Position	Approx. Mo. Income \$	<u> </u>
b. Spouse's Employer	o. Spouse's EmployerLength of time		Address
Supervisor			Phone #
Dept/Position	Approx. Mo. Income \$		
c. Bank Reference		Phone	Address
How long?	Account No	() Checking () Saving	_
considering renting or sell information gathered, in the to allow M&M Property Mecheck that M&M Property also agreed by the applicant applicants' credit file and agreed that if for any reason not be held responsible. If attorney fees.	ling to the above-named applicant e background report, or any other Management LLC or any party the Management LLC feels necessary in that M&M Property Management will not hold liable any parties that the application is rejected, M&M applicant brings any parties to contact the contact of the second sec	roperty Management LLC, and any part t(s) will not be liable or responsible for report in regards to this application. It is y so name, to do a full background and to complete the screening, or any other put LLC will not be held liable for any int hired M&M Property Management LL Property Management LLC, or any other ourt, applicant will be held fully responsible. NDERSTAND AND HAVE READ ALMATION.	r inaccurate also agreed /or financial process. It is aquiries into .C. It is also r parties will asible for all
SIGNATUDE			
SIGNATURE A _I	SIGNATU oplicant	Spouse	<u> </u>
DATE:		X	

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Please complete, date and sign the release authorization form below.

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND CRIMINAL RECORDS (INCLUDING ARREST/POLICE RECORDS) INFORMATION.

I have named you as a reference on my application for residence and/or employment. You are hereby authorized to release and give to the below mentioned party(s) or their attorney or representative, all information they request concerning my banking, credit, residence, employment, and background with reference to my/our application for residence and/or employment.

DESIGNATED PARTY: M&M Property Management, LLC

I hereby waive all rights; privileges I may have with respect to said information in reference to its release to the above mentioned party(s). It is also agreed by signing this that I release M&M Property Management LLC from any liability damage, loss of work or anything else related to this background check. Photocopies of this authorization may be made to facilitate multiple inquiries. In the event you receive a photocopy of this authorization, it should be treated as an original and requested information should be released to facilitate my/our application.

Applicant Full Legal Name			
Address			
City	State	Zip	
Applicant Full Legal Name			
Address			
City		Zip	
Signature	Signature		
Data	Data		

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Credit and/or Criminal Authorization Form

You are hereby authorized to release information to Todays Properties and M&M Property Management all information they request with regards to verification of my bank account(s), credit history, residential history, criminal record history, and employment verification and character references. This information is to be used for my/our Application for Occupancy.

I/We hereby waive any privileges I/we may have with respect to the said information about its release to the aforesaid party. Information obtained for this report is to be released to the Association for their exclusive use only. PLEASE INCLUDE A COPY OF DRIVER'S LICENSE and SOCIAL SECURITY CARD TO CONFIRM IDENTITY. If you do not have a Social Security Card, please include a copy of your Passport or current identification card.

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 signature.

Applicant Signature:	Applicant Signature:
Print Name:	Print Name:
Social Security No:	Social Security No:
Date Of Birth:	Date Of Birth:
Current Address:	Current Address:
Date:	Date:

PURCHASE APPLICANTS ONLY:

PURCHASE AGREEMENT:

	ing this application, I present to the Board of Directors the purpose of purchasing this unit at Palm- untry Club Condominium Association No. 6, Inc. is as follows:				
Allec	Permanent Seasonal Residence Investment for Rental Other				
	Other				
	hereby agree for myself and on behalf of all persons who may use the unit which I seek to purchase that will abide by all restrictions contained in the Governing Documents/By-Laws, Rules and Regulations, and restrictions which are or may in the future be imposed by the PALM AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION No. 6, INC.				
	Initial: I have received a copy of all Condominium Documents:				
3.					
4.	understand that I will be advised by the Board of Directors of either acceptance or denial of this				
	application. I understand that the Association has 30 days from the date of this application and any				
	supplemental information required by the Association is received in which to approve or deny this				
5.	application. Initial:I understand there is a restriction on pets, and I may not bring a pet, nor may any guest, visitor or tenant bring a pet into PALM AIRE COUNTRY CLUB CONDOMINIUM ASSOCIATION # 6, INC., nor acquire				
_	one, either temporarily or permanently after occupancy.				
6.	understand I may not have guests or visitors for more than 14 days in a calendar year when I am not				
7	present.				
7.	understand the acceptance for purchase of a unit at PALM AIRE COUNTRY CLUB ASSOCIATION # 6, INC.				
	s conditioned upon the truth and accuracy of this application and upon the approval of the Board of				
	Directors. Any misrepresentation or falsification of the information on these forms will result in the				
	automatic disqualification of my application. Occupancy prior to Board of Directors approval is strictly				
8.	understand the Board of Directors of PALM AIRE COUNTRY CLUB ASSOCIATION # 6, INC. may cause to be instituted an investigation of my background, as the Board may deem necessary. Accordingly, I specially authorize the Board of Directors, Management and the investigative company to make such investigation, and agree that the information contained in the attached application may be used in such investigation, and that the Board of Directors, Officers and Management of PALM AIRE COUNTRY CLUB ASSOCIATION # 6, INC. Itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors. In making the foregoing application, I am aware the decision of PALM AIRE COUNTRY CLUB ASSOCIATION # 6, INC will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.				
APPLI	ANT APPLICANT				
UNIT	DDRESS				
CITY _	STATE STATE PHONE				
Date:					

Change of Directory PACC# 6

Date:					
Name:					
Building No:					
Unit No:					
Phone No:					
Email Address: _					
		Please Sele	ct One:		
New Owner	1 Year Lea	ase	Seasonal		
Move in Date:					
	24-hour no	**Remino tice required	ler** d for elevator	pads.	
	<u>CHANGE</u>	NAME ON	<u>MAILBOX</u>		
.DG. NO:	UNIT NO:	Name:			

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Unit Owner Information Sheet

In case of an immediate need to contact you due to flood, fire, hurricanes, or other emergency purpose, please provide all information requested below and return this form *IMMEDIATELY* to the management office.

Residency Status:

	Seasonal:				
Building #:	Unit #:				
Telephone #(s):	(HOME) (OTHER)				
		<u>Vehicle</u>	Information:		
VEHICLE 1					
Year & Make:			Model:		_
Tag #:		State:			
VEHICLE 2					
Year & Make:			Model:		
Tag #:		State:			
My locks will				o the management of	ice.
If YES, Name			Telephone:		
Who should be co	ntacted in case of e	mergency?			
Name:			Telephone:		_
	MATION IS STRICTL FFICE IF ANY INFOR			CY PURPOSES ONLY. P P YOU.	LEASE ADVISE THE
Date:					