Island Park Condominium Association, Inc.

APPROVAL REQUEST FOR OWNERSHIP TRANSFER OR RENTAL

This request for approval must be received at least fifteen (15) days *prior* to closing/lease date.

Unit Address #_____ Purchase____ or Lease____

Current Owner:_____Phone:_____

Purchasers / Tenants:_____ Phone:_____

Date of Closing or Lease Effective Date:_____ Length of Lease:_____

Title Company:_____ Phone:_____Fax:_____

Real Estate Agent:_____ Phone:_____Cell:_____

Purchaser(s) / Tenant(s) represent that the following information is true and correct and hereby consents to the association's inquiry and investigation concerning this or any other information provided or deemed necessary for approval of this request. Applicant agrees that a background check may be obtained and any other verification of information regarding this application. Any material misstatements as to the lessees' or buyers' statements contained herein, may be grounds for denial.

1) LIST ALL OCCUPANTS (Maximum of 2 per bedroom)

A) Name:_____Phone:_____

Date of Birth:_____ SS#:_____ Driver's License #:_____

Email:_____

B) Name:_____Phone:_____

Date of Birth:_____ SS#:_____ Driver's License #:_____

Email:_____

ATTACH SEPARATE SHEET IF NEEDED. PLEASE ATTACH COPY OF DRIVER'S LICENSES FOR ALL DRIVERS

2) LIST ALL AUTOMOBILES:

Make/Model/Year:_____ Color:_____ Tag #:_____

Make/Model/Year:_____ Color:_____ Tag #:_____

3) RESIDENCE HISTORY

A) Present Address:_____ Owned or Rented:_____

City:_____ State:_____ Zip_____ Dates of Residency_____

B) Previous Address:_____ Owned or Rented_____

City:_____ State:_____ Zip_____ Dates of Residency_____

4) EMPLOYMENT REFERENCES

Employed by or Retired from:_____

Address:_____

Phone:_____ Years employed_____ Occupation/Position:_____

5) EMERGENCY CONTACT INFORMATION (list persons to contact in case of a medical or building emergency)

A) Name:_____ Phone(s):_____

Address:_____

B) Name:_____ Phone(s):_____

Address:_____

6) OCCUPANT CONTACT INFORMATION: In accordance with Florida Statute 718, owner's/occupant's telephone numbers may be published and distributed to other owners/occupants unless you specifically request in writing for the information to be withheld.

Best Contact Phone #:_____ Alt. Phone #:_____

E-mail address:_____ [ ] Do Not Publish Phone or Email

7) BUYER INFORMATION: Unit Will Be: Permanent Residence_____ Seasonal Residence_____ Rental Unit:_____

Mailing Address After Closing: _____

Purchaser(s) / Tenant(s) states that a copy of the Condominium Documents, including Declaration of Condominium Association Articles of Incorporation, By-Laws, and 2014 Rules and Regulations have been received, read, and understood. Purchaser(s) / Tenant(s) hereby agree to abide by all of the conditions and terms therein and all rules and regulations officially enacted hereafter by the Association.

Approval of this request is subject to all financial obligations to the Association, including but not limited to, maintenance fees, late charges, special assessments, legal fees, and application fees having been paid in full at or prior to closing. The Board of Directors has up to fifteen (15) days to approve or deny this application.

Purchaser / Tenant Signature Date

Purchaser / Tenant Signature Date

_____ Enclose a check for $100 payable to: Island Park Condominium, Inc.

_____ Enclose a copy of the Sale or Lease Contract

_____ Enclose a copy of Driver's Licenses

** You will be contacted to schedule a personal Orientation Interview. **

Association Use

Date Rc'd:_____ Fee Rec'd.:$_____ Check #:_____ Copy of Contract Rc'd.:_____

Date Interviewed:_____ Interviewer Signature:_____

Board Sig. _____ Approve:_____ Deny:_____ Date:_____