

The Second Bayshore Condominium Association, Inc.

1800 Restful Drive, Bradenton FL 34207

941.755.6338 fax 941.755.5638

secondbayshore@gmail.com

www.secondbayshore.com

An Age 55+ Residential Community

UNIT _____

TO OWN: _____ TO LEASE: _____

APPLICATION FOR PURCHASE, LEASE, TRANSFER, GIFT, DEVISE, OR INHERITANCE APPROVAL

1. This application for approval, and authorization forms, must be completed in detail by each proposed occupant. ***If any question is not legible, not answered or left blank, this application will be returned, not processed, and not approved.***
2. If purchasing, please attach a copy of the sales contract to this application.
3. If leasing, please attach a copy of the Second Bayshore Condominium Association Lease Form, which is available from the Association Office, or can be downloaded from the Association website: www.secondbayshore.com. *This lease must be provided to the Association 30 days in advance of occupancy.*
4. Please attach a non-refundable **\$100.00 processing fee** to this application for each applicant, except husband and wife or parent and dependent child, which are one fee, made payable by check only, to Second Bayshore Condominium Association, Inc., and a legible photocopy of a **Photo ID** with proof of age for each applicant - Driver's License, Passport, or State-Issued ID.
5. Additional fees may apply for out-of-country applicants.
6. Acceptance of the processing fee does not in any way constitute approval of this transaction.
7. The completed application and processing fee must be submitted to the Association Office at least 30 days prior to the desired date of occupancy or expected date of closing, whichever comes first.
8. All applicants must be interviewed prior to final Board of Directors approval.

OCCUPANCY PRIOR TO BOARD OF DIRECTORS APPROVAL IS PROHIBITED.

9. An Owner may own 2 (two) Units, but must reside in one of them. The second Unit may be leased. An Owner may lease their second Unit after owning that Unit for one year. A Unit may be lease once per year, between the dates of October 1st of one year, and September 30th of the following year. Leases may be renewed to the same renter, upon Board of Directors approval.
10. No Unit may be sub-leased.
11. Second Bayshore Condominium Association, Inc., is a community designed and intended to provide housing for residents who are age 55 or over. Units must be permanently occupied by at least one person age 55 or over. No permanent occupancy of any Unit is permitted by a person under age 18. Use of this Unit is for single-family residence only.
12. No pets allowed at any time.
13. No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, etc., permitted to park on the premises overnight. Only 1 (one) assigned parking space available per Unit.

14. The seller (current owner) must provide the purchaser or lessee with a hard copy of the Association Declarations, Rules and Regulations, Bylaws, and Sprinkler and Handrail Op-Out documents. *These may be purchased from the Association Office for \$25, or downloaded and printed from the Association website: www.secondbayshore.com.*

15. If Purchasing: Buyer must notify the Association Office with the exact date of their closing. If Leasing: Owner must notify the Association Office with the exact dates of lease agreement.

16. Occupancy regulations: One-bedroom Unit – no more than 2 (two) permanent occupants. Two-bedroom Unit – no more than 4 (four) permanent occupants.

17. Moving of furniture in or out of a Unit is not permitted on Sundays or Holidays. Hours for moving are from 8:00AM to 9:00PM, Monday through Saturday. Elevator doors must not be propped open, or damage will ensue, causing malfunction or entrapment. *Owners and/or lessees will be responsible for any cost to repair elevator damage.*

YOU MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Date _____ Closing Date _____ Bldg. _____ Unit _____

Current Owner's Name _____ Phone _____

Owner's Present Address

Phone number _____ Cell _____ email _____

Realtor handling sale or lease _____ Phone _____

NAME of prospective purchaser(s) (as named in Title) _____;

_____ MORTGAGE LENDER _____

Phone _____ Address _____

Other persons who will occupy the unit with you:

Name _____

1. I hereby agree for myself, and on behalf of all persons who may use the unit which I seek to purchase, that I will abide by all of the restrictions contained in the Bylaws, Rules and Regulations, Association Documents, and restrictions, which are or may in the future be imposed by The Second Bayshore Condominium Association, Inc., as amended from time to time.

2. I have received a copy of all Association Documents, including Rules and Regulations, and have read and agree to abide by them (Please initial on the line) - Yes _____ No _____ Please note: The Owner or Realtor is responsible for providing Second Bayshore Association Documents to the potential buyer(s) or lessee(s).

3. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application.

4. If this application is accepted, I will provide the Association with a copy of the Closing Statement, a copy of the Recorded Deed, and Certificate of Insurance, within 90 days after closing.

Occupancy prior to Board of Directors approval is prohibited.

5. 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 any Second Bayshore Condominium, or onto any Second Bayshore common elements; nor may a pet be acquired, either temporarily or permanently, after occupancy.

6. I understand that the acceptance for purchase, or lease, of a unit at Second Bayshore Condominiums is conditioned in part by the truth of this application and upon the approval of the Board of Directors. Any misrepresentation, falsification or omission of information on these forms will result in the automatic disqualification of my application. **Occupancy prior to Board of Directors approval is prohibited.**

7. I understand that the Board of Directors of the Second Bayshore Condominium Association may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management, and their Assigns to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors, Officers, and Management of the Second Bayshore Condominium Association 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 that the decision of the Second Bayshore Condominium Association, 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 final determination of the Board of Directors.

Applicant _____ Date _____

Applicant _____ Date _____

Applicant Phone Number _____

Alternate Phone Number. _____



**SCREENING RELEASE FORM
NOTICE TO RENTER REGARDING BACKGROUND INVESTIGATION**

Notice is hereby given that "SECOND BAYSHORE CONDO ASSOC." ("Requestor") intends to instruct ALLSTAR BACKGROUNDS, a Consumer Reporting Agency, as defined by the Fair Credit Reporting Act ("FCRA"), to obtain information about you in the course of Requestor's consideration of your application for TENANCY. Thus you may be the subject of a "consumer report," or possibly an investigative consumer report," defined by the FCRA as a background report that includes information about one's character, general reputation, personal characteristics and mode of living, and that might involve personal interviews with sources such as neighbors, friends or associates. Reports may include your Credit Report and reports may be obtained at any time after receipt of authorization and may be updated periodically if you remain an owner, as permitted by law. The scope of this notice and authorization is all-encompassing, allowing Requestor and its agent to obtain from any outside organization all types of consumer reports and investigative consumer reports now and throughout the course of your ownership, to the extent permitted by law.

APPLICANT'S ACKNOWLEDGMENT AND AUTHORIZATION

By signing below, I acknowledge receipt of a "NOTICE REGARDING BACKGROUND INVESTIGATION" and "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" and certify that I have read and understand both documents. Furthermore, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports at any time, as long as I remain an employee, volunteer or tenant of Requestor, to the extent permitted by law. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university, information service bureau, employer, drug screening firm, reference, landlord, and/or its record custodian, to furnish any and all background information sought by Requestor or by ALLSTAR BACKGROUNDS, acting on Requestor's behalf. I agree that a photocopy or fax of this Authorization shall be as valid as the original.

I understand that I may contact ALLSTAR BACKGROUNDS to request a copy of any Consumer Report about me, if one is obtained by Requestor. I understand that I have the right, upon written request made within a reasonable time, to inquire about the nature and substance of the information about me contained in ALLSTAR BACKGROUNDS's files. I understand that I have the right to inspect those files during regular business hours, having given reasonable notice and provided proper identification, and that I may be accompanied by one other person. I understand that I should direct such a request to ALLSTAR BACKGROUNDS, and that ALLSTAR BACKGROUNDS is required to make available to me someone who can explain the contents of my file.

Your Email Address: _____

Signature: _____ Date: _____

PLEASE PRINT

First _____ Middle _____ Last _____
(As it appears on your Driver's License)

_____ Date of Birth (MM/DD/YYYY) (For identification purposes only)

_____ Maiden Name/Any AKAs _____ Social Security Number
If you are from Canada please provide Canadian SIN (Social Insurance Number)

_____ Canadian 9 digit SIN _____
PLEASE PROVIDE 7 YEAR'S ADDRESS HISTORY

_____ Current Address _____ City/State _____ Zip _____ Years/Months

_____ Name of Current Landlord _____ Phone/ Fax _____

_____ Previous Address _____ City/ State _____ Zip _____ Years/Months

_____ Previous Address _____ City/ State _____ Zip _____ Years/Months

PLEASE PROVIDE CURRENT EMPLOYER INFORMATION

_____ Current Employer _____ Address _____ City/ State _____ Zip _____

Start Date _____

PROSPECTIVE TENANT Please return this completed, signed "**RELEASE**" page to:

_____ by email: _____
or by fax and/or mail to:

The Second Bayshore Condominium Association, Inc.
1800 Restful Dr.
Bradenton, FL 34207
Phone: 941-755-6338
secondbayshore@gmail.com
www.secondbayshore.com

ACKNOWLEDGEMENT

I, (we) _____

Herby acknowledge:

- 1) Receipt of the Second Bayshore Governing Documents for condo # _____.
- 2) That I (we) agree to abide by the Governing Documents and that there may be fines attached to the property should there be any violations of Governing Documents.
- 3) That I (we) understand that if our condominium is leased at some point in the future (at least one year from ownership), that I (we) will inform the lessee of their responsibility in following the Rules and Regulations. See Rule #3
- 4) I (we) agree to obtain prior written approval of the Board of Directors for any modifications or maintenance which requires changes to the interior or exterior of our unit/building. See Rule #2
- 5) That I (we) will inform office/management company of arrival date (after closing).
- 6) That I (we) will provide spare keys or key code to my building representative or to the office, for emergency entry into my unit and storage closet within 30 days of closing. (Property transfer) I (we) also agree that at any time the locks are changed new keys or codes will be provided to office/management company.
- 7) That I (we) understand that much of the information regarding meetings, updates and activities are via eblasts. If I (we) wish to receive this information, I (we) agree to provide an email address. If I (we) do not have an email address information is posted on the bulletin board outside the office and when required by law, via U.S. Mail.
- 8) That I (we) will provide an initial census form before closing and at such times as needed for updates. I agree to inform the office/management company of any changes to my local address and contact information as well as any other necessary contact information (such as summer address and phone number or legal address).
- 9) That I (we) understand that the Board may require that I (we) have someone checking your unit if you are a seasonal resident. We also recommend that you check with your insurance agent to find out any requirements for your policy when you leave your unit for the season.
- 10) That I (we) understand that the board recommends that I (we) replace the water heater if it is 10 years old or older. Aging water heaters can be very costly to you and your neighbors.
- 11) That I (we) will vacate the unit if required if the building is treated for termites. (typically 2 days)
- 12) I (we) acknowledge that this form must be returned signed, dated, and returned to the office/management company, prior to closing.

Management Company – Casey Condominium Management 941-727-4698

Owner/Renter: (Printed name) _____ Signature _____

Owner/Renter: (Printed name) _____ Signature _____

Date: _____