

PARK PLACE VILLAS CONDOMINIUM ASSOCIATION, INC.

c/o Sunstate Association Management Group, Inc.

PO Box 18809

Sarasota, FL 34276

941-870-4920 Fax 941-870-9652 Email: [allapplications@sunstatemanagement.com](mailto:allapplications@sunstatemanagement.com)

Purchase Application

(Revision date April 14, 2017)

In accordance with Article 10.2 of the Association's Declaration of Condominium, this form must be completed in its entirety and delivered to the Association, along with a \$100 non-refundable application fee, not less than thirty (30) days prior to any unit owner's acceptance of an offer to purchase. The Association will not approve the sale of this unit until after the Board of Directors timely receives this application and completes their investigation and returns an approved copy of this form, signed by at least two (2) representatives of the Board of Directors, to the unit owner (or his agent as may be designated in writing by the owner).

It is the Owner's responsibility to furnish to the Buyer a copy of this application along with a copy of the Rules and Regulations of the Association, Declaration of Covenants, Articles of Incorporation and Bylaws. A personal interview will be arranged between the Buyer and two (2) representatives of the Board of Directors.

In the event an applicant provides false, misleading or incomplete information to complete this form, the Board shall reject the application and may thereafter take legal actions for damages or for injunctive relief, or both, in addition to the remedies provided by statute and common law. In any such legal or equitable action or proceeding, the prevailing party shall be entitled to recover his costs and expenses, including reasonable attorney's fees to be determined by the court, including Appellate proceedings.

In the event an Application is disapproved, the unit shall not be sold and possession of the unit shall not be authorized.

In accordance with Article 10 of the Park Place Villas Condominium Association Declaration of Condominium,

I (we) the undersigned Owner(s) of the Unit No. \_\_\_\_\_ located at \_\_\_\_\_

request approval to sell the unit with an anticipated closing date of \_\_\_\_\_.

Application Checklist

This application must be accompanied by the following materials:

\_\_\_\_\_ A check for \$100 made payable to Park Place Villas Condominium Association, Inc. for the processing of this application;

\_\_\_\_\_ Copy of Purchase Agreement;

\_\_\_\_\_ Complete Application to Purchase (Page 2-4); and

\_\_\_\_\_ Unit Owner Request for Approval of Buyer (Page 5).

When the application and all supporting materials are complete, submit the entire package to the Park Place Villas Condominium Association, Inc., c/o Sunstate Association Management Group, Inc., PO Box 18809, Sarasota, FL 34276. The office phone number is 941-870-4920. Email: [allapplications@sunstatemanagement.com](mailto:allapplications@sunstatemanagement.com)

**Incomplete packages will NOT be accepted or processed.**

**APPLICANT** BUYER Gender: M \_\_\_\_\_ F \_\_\_\_\_ TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ Jr/Sr \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ DRIVER'S LICENSE/ID # \_\_\_\_\_ STATE \_\_\_\_\_  
BIRTH DATE \_\_\_\_\_ WHERE BORN \_\_\_\_\_  
MARITAL STATUS: SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_ SEPARATED \_\_\_\_\_  
OTHER NAMES USED (MARRIED OR MAIDEN) \_\_\_\_\_  
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**CURRENT ADDRESS** \_\_\_\_\_ Unit # \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
Rental \_\_\_\_\_ or Owned \_\_\_\_\_ Single Family Home? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
PHONE # \_\_\_\_\_ MONTHLY RENT / MTG PAYMENT \_\_\_\_\_ DATE MOVED IN \_\_\_\_/\_\_\_\_/\_\_\_\_  
COMPLEX NAME \_\_\_\_\_ MGR/OWNER NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
REASON FOR MOVING \_\_\_\_\_  
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**PRIOR ADDRESS** \_\_\_\_\_ Unit # \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
Rental \_\_\_\_\_ or Owned \_\_\_\_\_ Single Family Home? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
COMPLEX NAME \_\_\_\_\_ MGR/OWNER NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
MOVE IN DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ MOVE OUT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ MONTHLY RENT / MTG PAYMENT \_\_\_\_\_  
~~~~~

**PRESENT EMPLOYER** \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_ POSITION \_\_\_\_\_  
GROSS MONTHLY INCOME \_\_\_\_\_ HIRE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
SUPERVISOR'S NAME AND PHONE # \_\_\_\_\_  
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**PREVIOUS EMPLOYER** \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_ POSITION \_\_\_\_\_  
GROSS MONTHLY INCOME \_\_\_\_\_ HIRE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ TERM DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
SUPERVISOR'S NAME AND PHONE # \_\_\_\_\_  
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**SPOUSE'S FULL NAME** \_\_\_\_\_ SPOUSE'S SOCIAL SECURITY # \_\_\_\_\_  
SPOUSE'S DRIVER'S LICENSE/ID # AND STATE \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
OTHER NAMES USED (MARRIED OR MAIDEN) \_\_\_\_\_  
WHERE BORN \_\_\_\_\_  
~~~~~

**SPOUSE'S PRESENT EMPLOYER** \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_  
POSITION \_\_\_\_\_ HIRE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ GROSS MONTHLY INCOME \_\_\_\_\_  
SUPERVISOR'S NAME AND PHONE \_\_\_\_\_  
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**OTHER OCCUPANTS:**

\*NOTE: Occupants limited to four (4).

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_/\_\_\_/\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_/\_\_\_/\_\_\_

**VEHICLES:** Vehicles must be garaged in the 2 car garage; parking on street or grass is prohibited – vehicles are limited to two (2) per unit.

MAKE & COLOR \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

MAKE & COLOR \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

**NOTE: Commercial Vehicles of any kind or vehicles with signage of any kind are not permitted**

**PETS** \_\_\_ YES \_\_\_ NO TYPE/BREED \_\_\_\_\_ WEIGHT \_\_\_\_\_ AGE \_\_\_\_\_  
Pets limited to 1 dog not to exceed 25 #'s mature or 1 indoor cat

**Check only if applicable**

- \_\_\_ HAVE YOU, YOUR SPOUSE OR ANY OCCUPANT EVER BEEN EVICTED OR ASKED TO MOVE OUT?
- \_\_\_ BROKEN A RENTAL AGREEMENT?
- \_\_\_ DECLARED BANKRUPTCY?
- \_\_\_ BEEN SUED FOR RENT OR PROPERTY DAMAGE?
- \_\_\_ BEEN CHARGED, DETAINED OR ARRESTED FOR A FELONY OR SEX CRIME THAT WAS RESOLVED BY CONVICTION, PROBATION, DEFERRED ADJUDICATION, COURT-ORDERED COMMUNITY SUPERVISION OR PRETRIAL DIVERSION?
- \_\_\_ BEEN CHARGED, DETAINED OR ARRESTED FOR A FELONY OR SEX RELATED CRIME THAT HAS NOT BEEN RESOLVED BY ANY METHOD?

IF NONE OF THE ABOVE IS CHECKED, YOU ARE DECLARING THAT NONE APPLY \_\_\_\_\_ YES \_\_\_\_\_ NO.

**BANK** NAME & LOCATION \_\_\_\_\_ A/C # \_\_\_\_\_

SAVINGS NAME & LOCATION \_\_\_\_\_ A/C # \_\_\_\_\_

**EMERGENCY CONTACT** (SOMEONE OVER 18 NOT LIVING WITH YOU):

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

WORK PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

**AUTHORIZATION:** I, OR WE, DECLARE THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT AND ALSO AUTHORIZE PARK PLACE VILLAS CONDOMINIUM ASSOCIATION, INC. TO PERFORM CREDIT AND BACKGROUND CHECKS TO VERIFY THE ACCURACY OF THE FOREGOING APPLICATION USING THE FOLLOWING NATIONAL SERVICE BUREAU BASED IN TEXAS:

# App Verification Services, Inc.

Phone: 800-466-9508 Fax: 800-435-0802 or 877-652-4734

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

## THIS SECTION TO BE COMPLETED BY PROSPECTIVE OWNER/BUYER

### PURCHASE

Full Time Residence? Yes \_\_\_\_\_ No \_\_\_\_\_  
Seasonal Residence? Yes \_\_\_\_\_ No \_\_\_\_\_  
Investment Property? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do You Own Other Investment Real Estate? Yes \_\_\_\_\_ No \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
NOTE: Strict Lease Limits exist

(Please provide the following which will be public records upon recording of the closing.)

Purchase Price \$ \_\_\_\_\_ 100 %  
Proposed Mortgage Loan \_\_\_\_\_  
Down Payment/Equity\* \$ \_\_\_\_\_ %

\* Source of Down Payment \_\_\_\_\_  
Is the Down Payment Contingent upon the Sale of Another Home? Yes \_\_\_\_\_ No \_\_\_\_\_

### QUALIFICATIONS FOR MEMBERSHIP

The Board of Directors cannot approve any applicant that is not facially qualified for membership. A person is not facially qualified for membership where:

1. The application for approval on its face, or subsequent investigation thereof, indicates that the person seeking approval (which shall hereinafter include all proposed Occupants) intends to conduct himself in a manner inconsistent with the Condominium Documents;
2. The person seeking approval (which shall hereinafter include all proposed Occupants) has been convicted of or has pleaded no contest to:
  - (i) A felony involving violence to persons, theft, arson or destruction of property within the past twenty (20) years;
  - (ii) A felony demonstrating dishonesty or moral turpitude within the past ten (10) years;
  - (iii) A felony involving illegal drugs within the past ten (10) years;
  - (iv) Any other felony in the past five (5) years; or
  - (v) A felony involving sexual battery, sexual abuse, or lewd and lascivious behavior regardless of when that conviction occurred.
3. The person seeking approval has been labeled a sexual offender of a sexual predator by any governmental or quasi-governmental agency regardless of when that conviction occurred or when that label occurred;
4. The person seeking approval is currently on probation or community control;
5. The person seeking approval does not have a FICO credit score equal to or greater than 650;
6. The person seeking approval has a history of disruptive behavior or disregard for the rights and property or others as evidenced by his conduct in other social organizations or associations, or by his conduct in this Condominium or other residences as a Tenant, Occupants, Guest or Owner;
7. The person seeking approval failed to provide the information, fees or appearance required for processing the application in a timely manner;
8. The Unit Owner requesting the transfer has had fines assessed against him or her which have not been paid; or

9. All assessments and other charges against the unit have not been paid in full.

Park Place Villas Condominium Association, Inc.  
Sales Application  
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**APPLICANT'S ACKNOWLEDGEMENT**

I hereby agree that the foregoing is correct and if this application is approved, I, and all adult persons occupying the unit will carefully read, and insure that all occupants will fully comply, with the Declaration, By Laws and Rules and Regulations of Park Place Villas Condominium Association, Inc.

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Spouse)

Email \_\_\_\_\_ **OK to use for Assoc Business Yes \_\_\_\_\_ No \_\_\_\_\_**  
(Application must be accompanied by a \$100 fee made payable to Park Place Villas Condominium Association, Inc.)

**HOMEOWNER/REPRESENTATIVE (Realtor) ACCEPTANCE**

I have reviewed this application and have done my due diligence. I am comfortable recommending applicant(s) for an interview and acceptance by Park Place Villas Condominium Association, Inc.

Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name \_\_\_\_\_ Email \_\_\_\_\_

**UNIT OWNER REQUEST FOR APPROVAL OF BUYER**

Date: \_\_\_\_\_ I respectfully request that you approve the sale of my Unit # \_\_\_\_\_ to \_\_\_\_\_.

Enclosed herewith is a copy of the sales agreement.

I hereby certify that the buyer is financially responsible, of good moral character and will not be a detriment in any way to the building, condominium or property.

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Owner)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Owner)

**PARK PLACE VILLAS CONDOMINIUM ASSOCIATION BOARD OF DIRECTORS' ACTION**

Application: Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Interviewer: Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_

Interviewer: Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_

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**CERTIFICATE OF APPROVAL TO PURCHASE**

PARK PLACE VILLAS CONDOMINIUM ASSOCIATION, INC., a not-for-profit Florida Corporation, does hereby  
Certify that it has granted approval of Purchase designating \_\_\_\_\_ and  
\_\_\_\_\_ as Buyer(s) for Unit # \_\_\_\_\_, \_\_\_\_\_ Lake Park Lane,  
Sarasota, Florida 34231.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

PARK PLACE VILLAS CONDOMINIUM ASSOCIATION, INC.

By: \_\_\_\_\_

Title: \_\_\_\_\_

Attest: \_\_\_\_\_

Title: \_\_\_\_\_