

CYPRESS CHASE CONDOMINIUM ASSOCIATION "C", INC.
3070 N. W. 48th Terrace
Lauderdale Lakes, Florida 33313
Phone and Fax: 954-731-3103

Condo Unit Sale or Lease Process

1. Any Owner selling or leasing a unit must provide notice of the sale/lease in writing to the Association in advance of the sale or lease.
2. All purchasers must be approved by the Board of Directors in advance of closing. All Lessees must be approved by the Board of Directors in advance of moving in.
3. To obtain the Association's Application package:
 - a. Purchase: A copy of the purchase/sale agreement (bona fide offer) indicating a minimum of 10% down payment (copy of check or money order must be attached) must be submitted to the Association.
 - b. Lease: A copy of the lease agreement (bona fide offer) indicating deposit of not less than two (2) month's rent (copy of check or money order must be attached) must be submitted to the Association.
 - c. Prospective Purchaser/Tenant must also submit a CLEAR copy of Driver's License before an Association Application Package can be provided.
4. An application package must be completed in its entirety to be considered, and must be submitted to the Association for approval consideration prior to closing.
5. Every Application Package submitted for approval of a proposed Sale, Lease, or Tenant transfer shall be accompanied by the applicable fees. Payment must be made by Cashier's Check, Certified Check, or Money Order only: NO CASH will be accepted.
6. Applications not accompanied by the applicable fees will not be processed, and may cause a delay in approving such applicant(s).
7. All documents must be submitted via certified mail, registered mail, or delivered directly to the Association President or Secretary at the office the Association located at the above address.

Other applicable requirements can be found in the Declaration of Condominium under section XXVI - Limitation on Sale or lease of Condominium units.

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Condominium Application Package

Documents included with this Application Package:

1. Introduction and Information Regarding Community Living
2. Documentation Requirements Checklist
3. Acknowledgement of Documents Received
4. Verification of Occupancy for Housing for Older Persons form
5. Acknowledgement of Residency Restrictions
6. Authorization to Release Information
7. Application for Occupancy
8. Contact Information

It is the requirement of all Applicants that these documents be filled out completely and submitted to the Associations Management Office along with the applicable fees (Check or Money Order only) in advance for review by the Board of Directors.

Incomplete forms or failure to submit proper fees will delay processing.

All documents must be clear and neat and completely readable. It is requested that Original Documents be submitted.

Applications can take up to thirty (30) days to process, so take the time to read all of these documents and any other supplemental Condominium Documents in advance, and complete all forms in their entirety.

Your cooperation is greatly appreciated.

Check(s) should be made payable to *Cypress Chase Condo Assoc "C"*
Application/Screening Fee: \$100.00 per adult (a married couple = 1 adult)
Document fee (if applicable) 25.00

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Introduction & Information Regarding Community Living

Welcome to Cypress Chase "C"! We are pleased that you are considering residing in our Association.

Condominium living is a unique form of residency, allowing residents to have greater residential benefits than they might be able to afford on their own. Some of these benefits include our clubhouse, pool, spa, exterior maintenance, elevators, etc.

However, the trade off is that residents are in very close proximity to each other. Therefore, condominium associations are required to implement rules and regulations to ensure that the right of each resident to the peaceful enjoyment of their home is not disrupted. Please ensure that each occupant reads and understands the Governing Documents of the Association, which include the Articles of Incorporation, the By-Laws, and the Rules & Regulations, as each will be held accountable for following all provisions.

A few of the more pertinent rules that you must be aware of include the following:

- Cypress Chase Condominium Association "C" is a community designed and intended to provide housing for residents who are age 55 and over. Units must be permanently occupied by persons aged 55 or over. No permanent occupancy of any apartment is permitted by a person under the age of 18.
- No pets are allowed at any time.
- Use of these units is for single family residency only. No corporation, company, partnership, or trust may occupy or be run from a unit.
- No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, motorcycles, or mopeds are permitted to park on the premises overnight. There is only one assigned parking space per unit.
- No more than 2 persons are allowed to occupy a one bedroom unit; no more than 4 persons are allowed to occupy a two bedroom unit.
- Moving of furniture or other items in or out of a unit is not permitted on Sundays or holidays. Moving hours are restricted to between 8:00am and 7:00pm, Monday through Saturday. Management must be notified 72 hours in advance of any move.

If at any time you have questions concerning association living, please call the management office.

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Documentation Requirements Check List

The Association requires the following types of information in order to process your application package:

1. Clear copy of passport or current driver's license of each applicant.
2. Personal information: who will live in the unit, past and present residence information, past and present employment information, household income, references along with other information, and signature(s).
3. Authorization to obtain credit and income verification information.
4. Authorization to obtain background information.
5. Application for Purchase or Lease of a unit in Cypress Chase Condominium "C", Inc.
6. Fair Housing Act Census information
7. Purchaser's / Lessee's Statement. Additional Information.
8. Executed copy of bona fide Purchase & Sales Agreement or Lease Agreement, earnest money equal to 10% of purchase price if sale, or two (2) months' rent if lease.
9. Additional requests for information.

An approval certificate is issued after the application is approved.

The payment of a Screening Fee is required, and is non-refundable. There is also an additional charge of \$25.00 for the Governing Documents if provided. If the seller has provided you with updated documents, and the copies are returned in the same condition as provided, the fee will be returned.

As the Applicant, you are required to:

- Print legibly or type all information, accounts, and telephone numbers, and complete addresses.
- Missing information will cause delays in processing your application, as the application will be returned unprocessed and unapproved.
- Only the applicants are authorized to sign all forms. If more than one adult application, each applicant must sign all forms.
- Any misrepresentation or falsification of information may result in your disqualification and non-approval.
- All applicants may need to make themselves available for a personal interview.
- Occupancy prior to the Board approving your application is PROHIBITED and may subject you to legal action by the Association, up to and including eviction.
- If the application is accepted, you agree to provide the Association with a copy of the recorded deed within 30 days of closing.

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Acknowledgement of Documents Received

I acknowledge receipt of the Application Package for Cypress Chase Condominium "C", along with requests to authorize the release of personal and credit information. I understand that the Association or its representatives may do a background check using the information I have provided in this application.

I have received a copy of the following documents:

- Declaration of Condominium*
- By-Laws*
- Articles of Incorporation*
- Rules & Regulations*

** Note: These documents should be provided to you by the Seller. A copy can be obtained from the office at a cost of \$25.00 for each set of documents provided.*

I also agree to read, at a minimum, the four (4) documents listed above and agree to abide by them. I understand that the Board of Directors or the Property Manager cannot give me any legal advice. Therefore, at my own expense, I may if I so desire engage legal representation to interpret any ambiguous provisions of these documents prior to my closing on this unit.

I also understand that the Rules and Regulations of the Condominium can be added to or changed at any time by the Board of Directors, and agree to follow all of the condominium's Rules and Regulations or other restrictions as may be found in the Condominium's Documents.

Signature

Date

Signature

Date

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Verification of Occupancy for Housing for Older Persons

I/we am/are the permanent occupant(s) of unit _____ located in Cypress Chase Condominium Association "C", Inc located in Lauderdale Lakes, Florida 33313.

I/we understand that the Association is required by Federal law to verify the age of the occupants of our units so that the community can continue to qualify for the Housing for Older Persons Exemption to the Fair Housing Amendments Act of 1988 in order to maintain our retirement community lifestyle and continue to prevent children from permanently residing in our community.

I/we certify that the following information is true and correct:

1. As of the date show on this affidavit, there was at least one (1) person occupying my unit who was age 55 or over.
Yes _____ No _____
2. Has the occupancy of this unit changed since September 12, 1988?
Yes _____ No _____
3. If the answer to item number 2 above is yes, is at least one (1) occupant of the unit age 55 or over?
Yes _____ No _____
4. Please identify the occupant(s) who is/are over 55:
Name: _____ Date of Birth _____
Name: _____ Date of Birth _____
5. Please identify all other occupant(s):
Name: _____ Date of Birth _____
Name: _____ Date of Birth _____
6. I/we have provided one of the following as proof of age for all occupants, and a copy of the document is attached hereto for the Association's records:
 - a. Birth Certificate
 - b. Drivers License
 - c. Voter's Registration
 - d. Passport
 - e. Immigration Card
 - f. Military Identification
 - g. Other (specify) _____

Dated this _____ day of _____, 20____.

Unit Owner/Occupant Signature

Printed Name

Unit Owner/Occupant Signature

Printed Name

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Acknowledgement of Residency Restrictions

Date: _____

Unit No: _____

The Rules and Regulations of Cypress Chase Condominium Association "C" Inc state that no more than two (2) persons shall reside in a one-bedroom unit, and no more than four (4) persons shall reside in a two-bedroom unit.

Visitors are allowed to stay a maximum of 14 days in any one year period. At no time is a person under the age of 18 years old permitted to live in any unit.

I / We, the undersigned, hereby acknowledge and affirm that I/we understand this rule and agree to comply.

Signature

Print Name

Signature

Print Name

Signature

Print Name

Signature

Print Name



AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize **Cypress Chase Condo Assoc C, c/o Precision Condo Consulting**, herein referred to as **Association**, and/or its assigns, to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for occupancy. Said report may contain information about me from consumer reporting agencies including but not limited to indebtedness, mode of living, present and previous employers and/or employment contracts, driving record/license, validity of social security number, personal references, criminal records, credit history through a consumer credit report, and any information that I have disclosed on my applications and/or any attachments, exhibits.

I authorize the **Association** to contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by the **Association** to furnish the above mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and/or resumes are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed affect my application.

This authorization and consent shall be valid in original, fax or photocopy form.

I authorize the ongoing procurement of the above-mentioned information/reports by the **Association** at any time during my occupancy with the **Association**.

The nature and scope of the consumer report and/or investigative consumer report along with the name, address and telephone number of the agency providing the report will be disclosed to you upon timely written request, and within 5 days of the request.

A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your Rights Under FCRA along with the name, address and telephone number of the agency furnishing the information will be provided before any adverse action is taken by the **Association** based on information contained in the report.

Upon proper identification and payment permissible by law, you have the right to request from the **Association** a copy of any information in its file on you at the time of your request.

By signing below, I acknowledge understanding of the purpose of this Authorization Form and its intended use.

Applicant Information

Print Name: _____ Social Security Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Driver License Number: _____ Driver's License State _____

IMPORTANT: The following information will be used by United Screening Services Corporation for identification purposes only to perform a background check. This information will not be used as part of the decision process of your prospective Association.

Maiden, Other and/or Former Name(s) _____

Race/National Origin: _____ Gender: Male Female Date of Birth: _____

Signature: _____ Date: _____



Unit: _____

Date: _____

Application For Occupancy (Lease / Purchase)

Cypress Chase Condo Assoc C, c/o Precision Condo Consulting

IMPORTANT: Each co-resident/co-applicant must submit separate applications.

PERSONAL INFORMATION

Applicants Name _____ Date of Birth _____ SS No _____
First Middle Last

Marital Status _____ Driver License No _____ State _____

Spouse's Name _____ Date of Birth _____ SS No _____
First Middle Last

Driver License No _____ State _____

Other Occupants

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Do you own pets? _____ If yes, type (breed) _____ Size/Weight _____

Have you, the co-applicant(s), and/or any occupant(s) ever been arrested, charged and/or convicted of a crime? _____ If Yes, Provide detailed explanation.
(Use reverse side of this application)

Emergency contact (**Name/Phone**) _____

CONTACT INFORMATION

Cell Phone: _____ Home Phone: _____

Email Address: _____

RESIDENT HISTORY

Present Street Address _____ State _____ Zip _____

Phone (____) _____ To/From _____ Monthly Payment \$ _____

Landlord's Name _____ Phone (____) _____

Reason For Moving _____

Previous Street Address _____ State _____ Zip _____

To/From _____ Monthly Payment \$ _____ Landlord's Name _____

Reason For Moving _____

Have you and/or the co-applicant(s) ever been evicted from any property? _____ If Yes, Provide detailed explanation. *(Use reverse side of this application)*

VEHICLES

Year _____ Make _____ Tag No _____ State _____ Registered to _____

Year _____ Make _____ Tag No _____ State _____ Registered to _____

EMPLOYMENT HISTORY

Present employer _____ Supervisor _____

Address _____ Phone (____) _____

Position _____ Date of employment _____ Gross weekly salary \$ _____

Previous employer _____ Supervisor _____

Address _____ Phone (____) _____

Position _____ Dates of employment _____ Gross weekly salary \$ _____

Spouse's employer _____ Supervisor _____

Position _____ Phone (____) _____ Salary \$ _____

INCOME

Gross annual salary (Including fees, tips, commissions and bonuses) \$ _____

Gross annual salary spouse \$ _____

Other income you want to disclose \$ _____

BANK INFORMATION

Account No _____ Account type _____ Bank Name and Branch _____

Account No _____ Account type _____ Bank Name and Branch _____

CHARACTER REFERENCE

Name _____ Phone No _____ Relation: _____

Name _____ Phone No _____ Relation: _____

(If necessary use reverse side of this application to list additional accounts)

Applicant(s) has submitted the sum of \$ _____, which is non-refundable payment for credit check/background check processing charge of the application. Such sum is not a rental payment or security deposit. This amount will be retained by the management to cover the cost of processing the application. It is understood and agreed between the parties that in the event this application for the above referenced unit is rejected by the Association then said sum so received as security deposit shall be returned to applicant without interest. It is further understood and agreed that in the event that said application is approved and accepted by the Association, then said amount received below shall be applied on that security deposit so called for in the lease entered into between the parties. It is further understood and agreed by the parties that in the event that said application is approved and accepted by the Association and applicant refuses to enter into a lease agreement for the period of time as called for in applicants application then the sum so received herein shall be retained by the Association to serve as liquidation damages it will suffer by reason of applicants failing to enter into residency of that above stated apartment, but the acceptance or rejection of applicant shall remain within the sole discretion of the Board of Directors of the Association and United Screening Services Corporation is hereby authorized and given the right to verify by reasonable means the application including but not limited to credit check, criminal history, eviction-civil records, landlord verification, and verification of employment; and to exercise at it's sole discretion as to whether to reject this application and/or to terminate any lease which may be entered into between the parties pursuant to this application, whether during the term of the said lease or any extensions or renewal thereof if the applicant has made any false statements or misrepresentations whatsoever in the application. Furthermore, applicant(s) certify it has not knowingly omitted any information from this application, any additional documents in the application packet, exhibits and/or attachments.

Applicant has deposited the sum of \$ _____ which is to be applied to the security deposit in reference to the above apartment unit.

Applicant signature _____ Date _____

Spouse signature _____ Date _____

Interviewed by _____ Date _____

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Contact Information

Date: _____

Unit No: _____

Please complete and return this form to the Management Office as soon as you are able.

Owners Name(s): _____

Unit phone number: _____

Other contact numbers:

Cell phone: _____

Work: _____

Other home: _____

Email Address: _____

Association has key? Yes No

If not, who has one (name & phone number): _____

Emergency Information:

Doctor's Name: _____

Doctor's Phone: _____

Person to contact in case of emergency:

Name: _____

Relationship: _____

Phone: _____