

KEY COLONY NO. 1 CONDOMINIUM ASSOCIATION, INC.
"THE TIDEMARK"
201 CRANDON BOULEVARD
KEY BISCAIYNE, FLORIDA, 33149

08/04

APPLICATION FOR PURCHASE
(PLEASE PRINT OR TYPE)

- THIS APPLICATION AND THE ATTACHED APPLICATION FOR OCCUPANCY MUST BE COMPLETED IN DETAIL BY THE PROPOSED PURCHASER.
- PLEASE ATTACH A COPY OF THE SALES CONTRACT TO THIS APPLICATION.
- PLEASE ATTACH A NON-REFUNDABLE PROCESSING FEE OF \$100.00 TO THIS APPLICATION.
- THE COMPLETED APPLICATION MUST BE SUBMITTED TO THE ASSOCIATION AT LEAST 20 DAYS PRIOR TO THE EXPECTED CLOSING DATE.
- ALL APPLICANTS MUST BE INTERVIEWED PRIOR TO FINAL APPROVAL.
- IF THE UNIT IS BEING PURCHASED BY A CORPORATION, PARTNERSHIP, ETC., THE CONDOMINIUM ASSOCIATION REQUIRES THAT ADDITIONAL INFORMATION BE PROVIDED. PLEASE CONTACT THE MANAGER'S OFFICE FOR DETAILS.

DATE _____ APARTMENT # _____ APPROX. CLOSING DATE _____

SELLER'S NAME _____ TELEPHONE # (____) _____

SELLER'S ADDRESS _____ (ZIP) _____

NAME OF PROSPECTIVE PURCHASER (As Title will appear):

a. _____ b. _____ (spouse)
CHILDREN who will usually occupy the apartment with you:

<u>NAME</u>	<u>BIRTH DATE</u>	<u>NAME</u>	<u>BIRTH DATE</u>
_____	_____	_____	_____
_____	_____	_____	_____

OTHER PERSONS who will usually, frequently or occasionally occupy the apartment:

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____

1. In making the foregoing application, I represent to the Board of Directors that the purpose for the Purchase of an apartment at the Tidemark is:
Permanent Residence ___ Seasonal Residence ___ Other(state) _____ Investment (For Rental) ___
2. I understand that the acceptance for purchase of an apartment at THE TIDEMARK is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Occupancy prior to approval is prohibited.
3. I hereby agree for myself and on behalf of all persons who may use the apartment which I seek to Purchase that I will abide by all the restrictions contained in the Declaration of Condominium, By-Laws, Rules and Regulations and restrictions which are or may in the future be imposed by the KEY COLONY NO. 1 CONDOMINIUM ASSOCIATION.
4. I have received a copy of all Condominium Documents, Q & A Sheet and Rules and Regulations: Yes ___ No ___
5. I understand that within a 20 day period, I will be advised by the Condominium Association of either acceptance or denial of this application.
6. If this application is accepted, I/we will provide a copy of the recorded Deed within ten(10) days after closing.
7. I understand that we are not permitted to have a dog that weighs in excess of 20 pounds at maturity or may any guests, visitors, or tenants bring any pets on to the premises.
8. I understand that the Board of Directors of the KEY COLONY NO. 1 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 or their agents 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 and Officers of the KEY COLONY NO. 1 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 KEY COLONY NO. 1 CONDOMINIUM ASSOCIATION will be final and that 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.

Applicant _____ Applicant _____

INSTRUCTIONS:

- 1 -All applicants are processed as separate investigations.
- 2 -Print legibly or type all information. Account and telephone numbers and complete addresses are required.
- 3 -If any question is not answered or left blank, this application may be returned, not processed or not approved.
- 4 -Missing information will cause delays in processing your application.
- 5 -Any misrepresentation, falsification or omission of information may result in your disqualification.
- 6 -Only the applicants are authorized to sign all forms on page 2.

APPLICATION FOR OCCUPANCY/APPROVAL

PRINT OR TYPE (Use Black Ink) Purchase _____ or Lease _____ (How long)

Apt. No. _____ Bldg No. _____ Special Address or Unit _____

Date _____ 20 _____ Desired date of occupancy _____

Name (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

Spouse (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

[] Sngl. [] Married [] Widow(er) [] Sep. _____ [] Div. _____ Maiden Name _____
(How long) (How long)

Number of people who will occupy. Adults (over age 18) _____ Children (over 18) _____ Children (under 18) _____

Names & ages of children who will occupy: _____

Description of Pets (Breed, Size, Color, Weight, Etc.) _____

In case of emergency notify: _____

	Name	Address	Telephone

PRINT OR TYPE (Use Black Ink) **RESIDENCE HISTORY**

A. Present Address _____ Phone (____) _____
(Street Address, Apt No., City, State, Zip)
 Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____
 Name of Landlord or Mortgage Co. _____ Phone (____) _____
 Address _____ Mtg. No. _____

B. Previous Address _____ Your Apt No. _____
(Street Address, Apt No., City, State, Zip)
 Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____
 Name of Landlord or Mortgage Co. _____ Phone (____) _____
 Address _____ Mtg. No. _____

C. Prior Address _____ Your Apt No. _____
(Street Address, Apt No., City, State, Zip)
 Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____
 Name of Landlord or Mortgage Co. _____ Phone (____) _____
 Address _____ Mtg. No. _____

PRINT OR TYPE (Use Black Ink) **EMPLOYMENT & BANK REFERENCES**

A. Employed By (Business Name) _____ Phone (____) _____
(or retired from)
 How long _____ Dept. or Position _____ Mo. Income _____
 Address _____ Zip _____

B. Spouse's Employment (Business Name) _____ Phone (____) _____
(or retired from)
 How long _____ Dept. or Position _____ Mo. Income _____
 Address _____ Zip _____

C. Bank Reference _____ Phone (____) _____
 How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____
 Address _____ Zip _____

D. Bank Reference _____ Phone (____) _____
 How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____
 Address _____ Zip _____

