

"THE TIDEMARK"

201 CRANDON BOULEVARD  
KEY BISCAYNE, FLORIDA, 33149

**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 \$150 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>
_____	_____	_____
_____	_____	_____

- 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) \_\_\_\_\_
- 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.
- 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.
- I have received a copy of all Condominium Documents, Q & A Sheet and Rules and Regulations: Yes \_\_\_\_\_ No \_\_\_\_\_
- I understand that within a 20 day period, I will be advised by the Condominium Association of either acceptance or denial of this application.
- If this application is accepted, I/we will provide a copy of the recorded Deed within ten(10) days after closing.
- 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.
- 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
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**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 \_\_\_\_\_

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

**CHARACTER REFERENCES**

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (Residential & Office) \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (Residential & Office) \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (Residential & Office) \_\_\_\_\_

Driver's Lic. No. #1 \_\_\_\_\_ #2 \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate No. \_\_\_\_\_ Color \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate No. \_\_\_\_\_ Color \_\_\_\_\_ State \_\_\_\_\_

If this application is NOT legible or is not completely and accurately filled out, Applicant Information (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, Applicant Information may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Applicant's Spouse

**APPLICANT(S):** Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure Authorization Form is completed as indicated.

**AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND CRIMINAL BACKGROUND**

**I have named you as a reference on my application for residency.**

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my /our application made for residency.

**DESIGNATED PARTY: APPLICANT INFORMATION**

**I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).**

**Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.**

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Applicant's Name Printed)

\_\_\_\_\_  
(Spouse's Signature)

\_\_\_\_\_  
(Spouse's Name Printed)

DATE \_\_\_\_\_