

VIRGINIAN APARTMENTS OF POMPANO BEACH, INC.

370 South Cypress Road
Pompano Beach, FL 33060
Phone: 954-781-7817 Fax: 954-781-9224
Virginianapts@att.net

DATE: _____

TO: **APPLICANT for PURCHASE or ADD'L PERSON on LEASE** Apt. # _____

FROM: BOARD OF DIRECTORS

RE: SALE & PURCHASE PROCESS at The VIRGINIAN OF POMPANO BEACH

Once you receive a purchase application, please be sure to complete every section. DO NOT leave anything blank. Return the following to the Virginian:

- **The completed application**
- **A copy of your driver's license or another form of photo ID**
- **A check for \$100.00** for processing (non-refundable & payable to Virginian Apartments)
- **A copy of the Sales Contract (if applicable)**

When the office receives the completed application, it will be sent to a third party verification company. When returned, a representative will contact you to set a date and time for an approval interview. All interviews are face to face (skype, face-time or any other form is not acceptable) Occupancy prior to board approval is prohibited. **Furthermore, be advised that the assignment of the proprietary lease MUST be completed by our corporate attorney, Jack Baxter 954-772-4460.**

Please note a few important items:

- The application & fee is to process ONE SINGLE person or ONE MARRIED couple.
- 2 single applicants = 2 applications = \$200.00
- The Virginian Apartments of Pompano Beach, Inc is a community designed and intended to provide housing for residents who are 55 or over. No permanent occupancy of any unit is permitted by a person under the age of 18. In addition, units must be occupied by at least one person age 55 or over.
- Use of this apartment is for single family residence only. No corporation, company, partnership, or trust may purchase an apartment. Permanent occupancy regulations: One bedroom apartment = no more than 2 occupants. Two bedroom apartment = no more than 4 occupants.
- We allow SEASONAL rentals only (min.of 3 months, max.of 4 months from Nov 1 – April 30)
- One assigned parking space per unit. Owner CANNOT leave a car unless he/she gets written permission to park in another owner's space. No commercial vehicles, campers, recreational vehicles, etc. permitted to park on the premises overnight.
- I understand and agree that NO pets are allowed on the premises.
- I firmly agree to abide by the Bylaws and Review the Rules and Regulations.

I HAVE READ AND UNDERSTAND THE ABOVE NOTED INFORMATION.

Print Name

Spouse, Print Name

Signature

Date

Signature

Date

THE VIRGINIAN APTS. OF POMANO BEACH, INC.
370 SOUTH CYPRESS ROAD POMPANO BEACH, FL 33060
Office: 954-781-7817 Fax: 954-781-9224
Virginianapts@att.net

Date: _____ Aprox. Closing Date: _____ Apt#: _____

Realtors Name: _____ Company: _____
Phone Number: _____ Email: _____

PERSONAL INFO

Your Name: Last: _____ First: _____ DOB: _____
Phone #: _____ SS#: _____ Email: _____
Driver's Lic # _____ ST: _____ Tag # _____
MARITAL STATUS: Married () Separated () Divorced () Single ()

Spouse's Last Name: _____ First: _____ DOB: _____
Phone #: _____ SS#: _____ Email: _____
Driver's Lic # _____ ST: _____ Tag # _____

of people who will occupy the unit: _____
CAR: Make: _____ Model: _____ Year: _____

RESIDENCE HISTORY

Present Address: _____ Own() Rent() From _____ to present
City, State & Zip: _____
Landlord: _____ Phone: _____

EMPLOYMENT HISTORY

Are you: Self Employed? Yes () No () Retired? Yes () No ()
If yes, give your company's name or your last employer as applicable.
Your Employer: _____ Supervisor: _____
City: _____ ST: _____ Zip: _____ Phone: _____
Dept. or Position: _____ Mo. Income: _____ From _____ to _____
Spouse's Employer: _____ Supervisor: _____
City: _____ ST: _____ Zip: _____ Phone: _____
Dept. or Position: _____ Mo. Income: _____ From _____ to _____
OTHER INCOME: _____

REFERENCES (NO RELATIVES)

1. Name: _____ Relation: _____
Address: _____ Phone: _____
2. Name: _____ Relation: _____
Address: _____ Phone: _____

BANK REFERENCE

Name: _____ Phone: _____
City: _____ ST: _____ Acct#: _____

Application continued for APPLICANT NAME: _____ **UNIT #** _____

Have you ever been arrested for anything other than a minor traffic offense? Yes () No ()

If yes, please explain: _____

Have you ever resided seasonally in Florida before? _____

If yes, please state the name, address and dates of residency. _____

In making the forgoing application, I represent to the Board of Directors that the purpose of the purchase of an apartment at Virginian Apartments of Pompano Beach, Inc is as follows:

Permanent Residence () OR Seasonal Residence ()

I understand that upon closing of this purchase, I must provide the Virginian association with a copy of my insurance for the unit.

I have received a copy of the Bylaws: YES () NO () Rules & Regulations: YES () NO ()

I hereby agree for myself and on behalf of my immediate family, that I will abide by all of the restrictions contained in the Bylaws, Rules and Regulations & Association Documents which are or may in the future be imposed by the Virginian Apartments of Pompano Beach, Inc.

I have received a copy of the "Breakdown of monthly payments by Apartment Type" Yes () No ()

I understand that the approval for the purchase of an apartment at VIRGINIAN APARTMENTS OF POMpano BEACH, INC. is conditioned upon the **truth and accuracy** of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of the information on these forms will result in the **automatic disqualification** of my application. I understand that I will be advised by an Officer of the Board of Directors of either acceptance or denial of this application. Occupancy prior to Board approval is prohibited. In making the foregoing application, I am aware that the decision of the Virginian Apartments of Pompano Beach, 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 determination of the Board of Directors.

Applicant(s) represents that all information given is true and correct. Applicant(s) understand that as a part of our procedure for processing your application, an outside agency, VERISTAT INFORMATION SERVICES, INC., will research from the information given and present their findings to us for review. This research will include, but is not limited to, character, general reputation, credit, banking, driver's license, Florida automobile tag information, residence, employment and criminal search. Applicant(s) agree not to hold the Association or its agent liable for any discovery or non-discovery of information or any actions taken as a result of this research. The hiring company and the agent will comply within the parameters of the Fair Credit Reporting Act (FCRA) and other laws as they pertain. Authorization is hereby given to release residence, credit, motor vehicle, driver's license, employment, banking and criminal history or any other information pertinent to this application.

Applicant Signature

Date

Spouse Signature

Date