

**APPLICATION TO SELL OR LEASE  
ORCHID OAKS CONDOMINIUM ASSOCIATION, INC.**

PLEASE COMPLETE FULLY & ACCURATELY

APPLICATION TO (CHECK ONE): SELL \_\_\_\_\_ LEASE \_\_\_\_\_

An application fee of \$75.00 for sales and \$75.00 for lease is made payable to Orchid Oaks; and a COPY OF THE PROPOSED PURCHASE/LEASE AGREEMENT, containing all of the terms of the proposed transaction MUST ACCOMPANY THIS APPLICATION.

TO: BOARD OF DIRECTORS

In accordance with the provisions of Article XIII(p) of the Declaration of Orchid Oaks, I/We hereby serve notice that I/We desire to accept bona fide offer made to me/us by \_\_\_\_\_ to purchase/lease Unit \_\_\_\_\_. If a lease, the term is for a period starting \_\_\_\_\_ and ending \_\_\_\_\_, which is a period of at least three months, in accordance with Article XIII (p) of the Declaration.

I/We agree to provide the purchaser a copy of the ORCHID OAKS CONDOMINIUM Declaration, Bylaws, Articles of Incorporation and the Rules and Regulations of the Condominium Association.

THE ASSOCIATION AND ITS AGENTS, IN THE EVENT IT CONSENTS TO A LEASE, IS HEREBY AUTHORIZED TO ACT AS OUR AGENT WITH FULL POWER AND AUTHORITY TO TAKE SUCH ACTION AS MAY BE RENDERED, IF NECESSARY, TO COMPEL COMPLIANCE BY OUR LESSEE(S) AND/OR THEIR GUESTS, WITH PROVISIONS OF THE DECLARATION OF CONDOMINIUM OR ORCHID OAKS CONDOMINIUM ASSOCIATION, INC., ITS SUPPORTIVE EXHIBITS, THE CONDOMINIUM ACT, AND RULES AND REGULATIONS OF THE ASSOCIATION, OR IN THE INSTANCE OF VIOLATION OF ANY OF THE ABOVE BY THE LESSEE(S) AND/OR THEIR GUESTS, UNDER APPROPRIATE CIRCUMSTANCES, TO TERMINATE THE LEASHOLD. IF THIS APPLICATION IS FOR A LEASE, THE LESSOR AGREES TO REIMBURSE THE ASSOCIATION FOR ANY ATTORNEY FEES AND COSTS INCURRED AS LESSOR'S AGENT IN SUCH ENFORCEMENT FOR LEASE TERMINATION.

In order for you to facilitate consideration of my/our application for the sale/lease of the above designated unit, I/we have caused the proposed purchaser/lessee to complete the attached application by Proposed Purchaser or Lessee. I/we am/are aware that any falsification or misrepresentation of the facts in the attached application will result in the automatic rejection of the Application to Sell or Lease.

DATED: This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SIGNED: \_\_\_\_\_  
Seller or Lessor

APPLICATION BY PROPOSED PURCHASER OR LESSEE  
ORCHID OAKS CONDOMINIUM ASSOCIATION, INC.

TO: Board of Directors

Date: \_\_\_\_\_

I/We intend to purchase/lease Unit Number \_\_\_\_\_. If a lease, it is for the period starting \_\_\_\_\_ and ending \_\_\_\_\_. In order for you to facilitate consideration of my/our Application for the purchase/lease of the above-designated unit in Orchid Oaks. I/We represent that the following information is factual and true. I/We are aware that any falsification or misrepresentation of the facts in this Application will result in automatic rejection of this Application. I/We consent that you may make further inquiry concerning this Application, particularly of references given below.

I/We will be bound by the Declaration of Condominium, By-Laws, Articles of Incorporation and the Rules and Regulations of the Condominium Association.

If I/we are leasing, I/we will not sublet the unit. If I/we are purchasing, I/we will, upon closing, provide to the ASSOCIATION within ten days, a copy of the Closing Statement and copy of the Recorded Deed.

FULL NAME OF PURCHASER/LESSEE'S \_\_\_\_\_ AGE: \_\_\_\_\_

OCCUPATION OF PURCHASER/LESSEE'S (even if retired) \_\_\_\_\_ HOW LONG \_\_\_\_\_

FULL NAME OF SPOUSE \_\_\_\_\_ AGE: \_\_\_\_\_

OCCUPATION OF SPOUSE \_\_\_\_\_ HOW LONG \_\_\_\_\_

PRESENT HOME ADDRESS \_\_\_\_\_ HOW LONG \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

PRIOR HOME ADDRESS \_\_\_\_\_ HOW LONG \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAMES AND ADDRESSES OF EACH EMPLOYER DURING THE THREE YEARS PRIOR TO

THE DATE OF THIS APPLICATION AND THE DATES OF EMPLOYMENT.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

The rules and regulation of the ORCHID OAKS CONDOMINIUM ASSOCIATION, INC. provide an obligation of Unit Owners that apartment units are for single family residence. Please state the name and relationship of all persons who will be occupying the apartment unit regularly.

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____

Number of Children living with you \_\_\_\_\_ Age \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of Pets \_\_\_\_\_ Size/Weight \_\_\_\_\_

Two (2) personal references (local if possible)

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

Attached are two (2) letters of personal reference, which may be from the same or different persons as listed above.

CLUB AFFILIATIONS: \_\_\_\_\_

Bank references: 1. \_\_\_\_\_

2. \_\_\_\_\_

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

MAKE OF CAR \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_

MAILING ADDRESS FOR NOTICE OF ACCEPTANCE OR REJECTION OF THIS APPLICATION:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

I/We understand that any violation of the terms, provisions, conditions and covenants of Orchid Oaks Documents provides cause for available immediate action as therein provided or termination of leasehold under appropriate circumstances.

DATED: This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SIGNED: \_\_\_\_\_ SIGNED \_\_\_\_\_

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

\_\_\_\_\_  
Condominium Manager/Board Member

\_\_\_\_\_  
Date

**AUTHORIZATION TO PERFORM BACKGROUND INVESTIGATION  
AND CRIMINAL REPORT**

Case file # \_\_\_\_\_ TAGS Special Service - Background Investigative Services.

In compliance with applicable state law, this notice is to inform you that this company may obtain a **BACKGROUND PROFILE AND CRIMINAL** report in connection with the above noted case.

Reports include but are not limited to criminal background checks, department of motor vehicle records, and associated profile information. An investigative report contains information of your character; general reputation, personal characteristics, or mode of living which has been obtained through public records and personal interviews with neighbors, friends, or associates or from others with whom you are or have been acquainted or who may have knowledge concerning any such information.

By signing below I \_\_\_\_\_ authorize this company to obtain a  
Print name of applicant  
Criminal report or an investigative profile report in connection with my employment, or tenancy as set forth herein.

X \_\_\_\_\_  
Signature of Applicant date

**SUBJECTS NAME** \_\_\_\_\_

**CURRENT ADDRESS** \_\_\_\_\_

**CITY, STATE, ZIP** \_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_

**DATE OF BIRTH** MONTH \_\_\_\_\_ / DAY \_\_\_\_\_ / YEAR \_\_\_\_\_

**DRIVER'S LICENSE NUMBER** \_\_\_\_\_ **STATE** \_\_\_\_\_

\_\_\_\_\_  
**CLIENT (person or company requesting report)** Print Name \_\_\_\_\_

\_\_\_\_\_  
Name of Company Signature

**PURPOSE OF INVESTIGATION:**  Tenancy  Employment  Other

If other purpose - Please specify \_\_\_\_\_

**ADDITIONAL INFORMATION/COMMENTS** \_\_\_\_\_

NOTE: THIS FORM MAY NOT BE COPIED OR UTILIZED FOR ANY PURPOSE WITHOUT THE EXPRESS PERMISSION OF TAGS SPECIAL SERVICES - INVESTIGATIONS. A9900343 FL.