

CASA DI AMICI CONDOMINIUM ASSOCIATION, INC.

A Corporation Not-For-Profit
c/o Sunstate Association Management Group, Inc. P O
Box 18809, Sarasota, FL 34276
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APPLICATION FOR PURCHASE, TRANSFER, GIFT, DEVISE OR INHERITANCE APPROVAL

1. This application, an application for approval, and authorized forms must be completed in detail by each proposed adult occupant, other than husband/wife or parent/dependent child (which is considered one applicant).
2. If any question is not answered or left blank, this application will be returned, not processed and not approved.
3. **A copy of the Sales Contract, valid driver's license(s) and a copy of valid auto insurance** must be attached to this application.
4. Please attach a non-refundable processing fee of \$150.00 to this application, made payable to: **CASA DI AMICI CONDOMINIUM ASSOCIATION, INC. (CDACA)** for each applicant, other than husband/wife or parent/dependent child (which is considered one applicant).
Acceptance of the processing fee does not in any way constitute approval of this transaction.
5. The completed application must be submitted to the Association office at least 20 business days prior to the expected closing date. **Occupancy prior to Board of Directors approval is prohibited.**
6. Use of this Unit is for single family residence only. No corporation, partnership, or trust may purchase a condominium.
7. No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, recreational vehicles, motorcycles, mopeds, etc. permitted to park on the premises overnight. Non-commercial pick-up trucks excluded.
8. The seller (current owner) must provide the purchaser with a copy of all Association Documents and Rules and regulations otherwise, you must purchase them from the Association for \$100.00.
9. Purchaser must notify the Association office with the exact date of their closing.

MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Date: _____ CDA Address: _____ Approx. Closing Date: _____

Current Owner's Name: _____ Telephone #: _____

Owner's Present Address: _____

Name of Realtor handling sale: _____ Telephone #: _____

Name of Prospective Purchaser (as Title will appear): _____

a. _____ b. _____
(Spouse)

MORTGAGE INFORMATION: (If Unit will be mortgaged): _____

Name of Lender: _____ Telephone #: _____

Address: _____

OTHER PERSONS who will occupy the Unit with you on a full time basis (if any):

Name

Relationship/Occupation

Have you ever seasonally resided in Florida before? _____ If yes, please state the name, address and dates of residency: _____

If retired, please state the company's name and address retired from and when retired: _____

Have you or any proposed occupant ever been convicted of or pled to a crime? _____ If yes, please state the date(s), charge(s), disposition(s) and location(s): _____

1. In making the foregoing application, I represent to the Board of Directors that the purpose for the Purchase of a condominium at **CDACA** is as follows:

Permanent Residence: _____ Seasonal Residence: _____ Other (Explain): _____

2. I hereby agree for myself and on behalf of all persons who may use the Unit which I seek to purchase that I will abide by all of the restrictions contained in the Bylaws, Rules and Regulations, Association Documents, and restrictions which are or may be imposed by the **CDACA**.

3. I have received a copy of all Association Documents: Please **initial**. Yes ☐ No ☐
(This includes the Restated Declarations dated 7/31/13)

I have received a copy of the Rules and Regulations: Please **initial**. Yes ☐ No ☐

4. I understand that I will be advised by the Board of Directors of either the acceptance or denial of this Application. **Occupancy prior to Board of Directors approval is prohibited.**

5. If this application is accepted, I will provide the Association with a copy of the closing statement and a copy of the recorded deed within 10 business days after closing.

6. I understand that the acceptance for the purchase of a Unit at **CDACA** is conditioned in part upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation, falsification or omission of information on these forms will result in the automatic disqualification of my application. **Occupancy prior to Board of Directors approval is prohibited.**

7. I understand that the Board of Directors of **CDACA** may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors and Sunstate Property Management, Inc. 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, Officers and Management of **CDACA** 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.

8. I understand that **CDACA** does **NOT** have assigned parking spaces and that parking is on a first come, first serve basis. The garage is your **ONLY** private parking space.

In making the foregoing application, I am aware that the decision of the **CDACA** 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 _____ Print _____ Date _____

Applicant _____ Print _____ Date _____

INSTRUCTIONS:

1. Applicants not legally married require an application on each person.
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.

CASA DI AMICI APPLICATION FOR OCCUPANCY APPROVAL

PRINT OR TYPE: Purchase _____ Lease _____ Length or Lease _____

CDACA Address: _____

Date: _____ Occupancy date requested: _____

Name: _____ Date of Birth: _____ Soc. Sec. No. _____

Name: _____ Date of Birth: _____ Soc. Sec. No. _____

____ Single ____ Married ____ Widow(er) ____ Sep. ____ Div. Maiden Name: _____

Number of full time occupants over 18 years of age: _____ Children under 18: _____

Names and ages of dependents who will occupy full time: _____

Description of Pets: (*Breed, size, color, weight, etc., Limit two total*): _____

In case of emergency notify: _____
Name Address Telephone

Email(s) _____ / _____

RESIDENCE HISTORY

1. Present address: _____
(*Street Address, Apt./Unit No., City, State, Zip*)

Name of Apt./Condo: _____ Telephone #: _____ Dates of Residency: _____

Name of Landlord or Mortgage Co: _____ Telephone #: _____

Address: _____ Mtg. No. _____

2. Previous address: _____
(*Street Address, Apt./Unit No., City, State, Zip*)

Name of Apt./Condo: _____ Telephone #: _____ Dates of Residency: _____

Name of Landlord or Mortgage Co: _____ Telephone #: _____

Address: _____ Mtg. No. _____

3. Prior address: _____
(*Street Address, Apt./Unit No., City, State, Zip*)

Name of Apt./Condo: _____ Telephone #: _____ Dates of Residency: _____

Name of Landlord or Mortgage Co: _____ Telephone #: _____

Address: _____ Mtg. No. _____

EMPLOYMENT AND CHARACTER REFERENCES

PRINT OR TYPE

1. Employed By: _____ Telephone #: _____
(Business name or retired from)

Address: _____

How long: _____ Dept. or Position: _____ Mo. Employment or Retired Income \$ _____

2. Spouse's Employment: _____ Telephone #: _____
(Business name or retired from)

Address: _____

How long: _____ Dept. or Position: _____ Mo. Employment or Retired Income \$ _____

CHARACTER REFERENCES

PRINT OR TYPE

Name: _____ Home Telephone #: _____ Office Telephone #: _____

Address: _____

Name: _____ Home Telephone #: _____ Office Telephone #: _____

Address: _____

Name: _____ Home Telephone #: _____ Office Telephone #: _____

Address: _____

VEHICLE AND DRIVER INFORMATION

Driver's Lic. No. 1 & State: _____ Driver's Lic. No. 2 & State: _____

Make: _____ Model: _____ Year: _____ Color: _____ Plate #: _____ State: _____

Make: _____ Model: _____ Year: _____ Color: _____ Plate #: _____ State: _____

If this application is NOT legible or is not completely filled out, Casa Di Amici Condominium Association, Inc. (CDACA) and any of its authorized agents will not be liable or responsible for inaccurate information in the investigation and related report(s) to CDACA or aforementioned agents caused by such illegibility or omissions. Prior to signing this application, the applicant recognizes that CDACA or any of its agents, may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to CDACA or their agents. The investigation may be made of the applicant's character general reputation, personal characteristics, credit score, police arrest record and mode of living as applicable. I may request, in writing and within a reasonable amount of time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature _____ Date _____

Signature _____ Date _____

RELEASE AUTHORIZATION FORM

**AUTHORIZATION TO RELEASE EMPLOYMENT, BANKING, CREDIT,
RESIDENCE AND POLICE RECORD INFORMATION**

I have named your organization as a reference on my application for residency within the Casa Di Amici Condominium Association located in Venice, Florida.

You are hereby authorized to release and give to the designated party(s) shown below or their Attorney or authorized agents, any and all information they request concerning my employment, banking, credit, residency, police report records and background information in reference to my/our application for residency within the above named community.

DESIGNATED PARTY: CASA DI AMICI CONDOMINIUM ASSOCIATION, INC.

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.

_____ Signature	_____ Print	_____ Date
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_____ Signature	_____ Print	_____ Date
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CASA DI AMICI CONDOMINIUM ASSOCIATION, INC.

STATEMENT OF ASSOCIATION POLICY NUMBER TWO

EFFECTIVE DATE: October 27, 2014

SUBJECT: Policy for Review and Approval of Applications for Sale or Lease in Casa Di Amici

STATEMENT: The Board of Directors is responsible but may delegate responsibility for execution of this policy to the Management Company.

POLICY:

1. Application

- a. A complete and fully executed official Casa Di Amici application for sale or lease, including a copy of the proposed lease or purchase/sale agreement, of any unit must be received by the Management Company at least 20 business days prior to the starting lease or sale closing date.
- b. The application must be signed by all lessees or purchasers.
- c. All lessees and purchasers and all those who are over the age of 18 and will reside in the unit must pass a background check, a prior rental history check and a credit check.
- d. There will be a \$100 application fee due with the application to cover the Association's cost of the background checks and for processing of the application.
- e. No tenant or buyer shall be allowed to occupy any unit prior to approval of the application by the Association. Occupation prior to approval of the application is grounds for denial of the application.
- f. The Association will have 10 business days to review and approve or decline an application from the date a fully completed and properly executed application is received.
- g. A copy of Casa Di Amici's Policy No. Two shall be provided to any applicant(s) requesting Lease or Sale approval within Casa Di Amici as per Article 1.a.above. Applicant will acknowledge receipt of said Policy No. 2 by initialing the box below. This initialed copy of Policy No. Two shall be returned, along with the application, prior to the Management Company forwarding the application to the Board.

2. Approval Criteria:

- a. There can be no history of criminal behavior or sexual offender status by any applicant or party over 18 years of age who will be residing in the unit.
- b. There can be no history within the last 5 years of bankruptcy, evictions, foreclosures, unpaid rent or other landlord disputes.
- c. All lease and sale applicants must receive and acknowledge in writing Casa Di Amici's Declarations and Rules and Regulations.

- d. The Board of Directors may apply any other criteria not specifically listed herein as grounds for disapproval, so long as it is reasonable and consistent with state law.
- e. In those instances where strict compliance with a specific approval criteria would create an undue hardship by depriving the owner of the reasonable use of his or her unit, the Board of Directors, by a majority vote, may grant a variance to one or more approval criteria. The Board may grant the variance from the approval standards so long as the general purpose and intent of the standards are maintained. All variance requests and approvals shall be in writing. Variances shall be considered unique to the specific circumstances for which it was granted and shall not set a precedent for future decisions.

3. Execution of the Application/Approval Process:

- a. Responsibility for the application process as outlined above is delegated to the Association's management company. The management company will:
 - i. Handle all requests for applications and will receive and process applications to comply with the policy as detailed above.
 - ii. The management company will send to the board by email copies of the application, background check, and lease or sale agreement. Any violations of the application criteria will be highlighted by the management company.
 - iii. Each Board member will then advise the President of the Board of their vote for approval or disapproval of the application.
 - iv. A majority of a quorum of the Board is required to approve or disapprove an application.
 - v. If desired a Board Member may elect not to receive the application information and may accept the management company's recommendation.
 - vi. Applications duly approved by the Board shall be signed by the President, Vice-President or other Board member so delegated by the President or Vice-President.

Please *initial* that you have received and read this document, STATEMENT OF ASSOCIATION POLICY NUMBER TWO.

