

OAK FOREST VILLAS CONDOMINIUM ASSOCIATION, INC.

c/o Miller Management Services, Inc.

2848 Proctor Road, Sarasota, Florida 34231

941/923-5811 Fax 941/923-1836 Email: millermgt@mindspring.com

APPLICATION FOR APPROVAL OF PURCHASE OR TRANSFER

(Revision date 2022)

PLEASE PRINT ALL INFORMATION

Every applicant must obtain approval of the Association prior to purchase. A copy of the sales contract and a non-refundable fee of \$150 made payable to Oak Forest Villas Condominium Association, Inc., must accompany this application according to the Declaration of Condominium Section 17.2 (d).

A separate application and a separate fee are required for each applicant, with the exception of husband/wife and parent/child. The fee for additional applicants will be \$150.00 per applicant.

The undersigned submits this application for approval of the Board to purchase Unit # _____, Address _____ with an anticipated closing date of _____.

Association approval is not finalized until the Board of Directors timely receives this application and completes their investigation and returns an approved copy of this form, signed by at least two (2) representatives of the Board of Directors, to the unit owner (or his agent as may be designated in writing by the owner).

It is the Owner's responsibility to furnish to the Buyer or Transferee a copy of this application along with a copy of the Rules and Regulations of the Association, Declaration of Covenants, Articles of Incorporation and Bylaws. A personal interview will be arranged between the Buyer and two (2) representatives of the Board of Directors.

In the event an applicant provides false, misleading or incomplete information to complete this form, the Board shall reject the application and may thereafter take legal actions for damages or for injunctive relief, or both, in addition to the remedies provided by statute and common law. In any such legal or equitable action or proceeding, the prevailing party shall be entitled to recover his costs and expenses, including reasonable attorney's fees to be determined by the court, including Appellate proceedings.

In the event an Application is disapproved, the unit shall not be sold and transfer of possession of the unit to the applicant(s) shall not be permitted.

Application Checklist

This application must be accompanied by the following materials:

- _____ A check for \$150 made payable to Oak Forest Villas Condominium Association, Inc. for the processing of this application;
- _____ Copy of Purchase Agreement (must include a contingency that the Buyer is subject to approval by the Board of Directors);
- _____ Complete Application to Purchase or Transfer (Page 2-4); and
- _____ Unit Owner Request for Approval of Buyer or Transferee (Page 5).
- _____ Check here if you are you a servicemember as defined in Section 250.01, Florida Statutes. Servicemember means any person serving as a member of the United States Armed Forces on *active duty* or *state active duty* and all members of the Florida National Guard and United States Reserve Forces.

When the application and all supporting materials are complete, submit the entire package to the Oak Forest Villas Condominium Association, Inc., c/o Miller Management Services, Inc., 2848 Proctor Road, Sarasota, Florida 34231. The office phone number is 941/923-5811. **Incomplete packages will NOT be accepted or processed.**

APPLICANT BUYER/TRANSFEREÉ Gender: M F TODAY'S DATE / /
LAST NAME FIRST NAME MIDDLE NAME Jr/Sr
SOCIAL SECURITY # DRIVER'S LICENSE/ID # STATE
BIRTH DATE WHERE BORN
MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED SEPARATED
OTHER NAMES USED (MARRIED OR MAIDEN)

CURRENT ADDRESS Unit # CITY ST ZIP
Rental or Owned Single Family Home? Yes No
PHONE # MONTHLY RENT / MTG PAYMENT DATE MOVED IN / /
COMPLEX NAME MGR/OWNER NAME PHONE
REASON FOR MOVING

PRIOR ADDRESS Unit # CITY ST ZIP
Rental or Owned Single Family Home? Yes No
COMPLEX NAME MGR/OWNER NAME PHONE
MOVE IN DATE / / MOVE OUT DATE / / MONTHLY RENT / MTG PAYMENT

PRESENT EMPLOYER ADDRESS
CITY/STATE/ZIP WORK PHONE () POSITION
GROSS MONTHLY INCOME HIRE DATE / /
SUPERVISOR'S NAME AND PHONE #

PREVIOUS EMPLOYER ADDRESS
CITY/STATE/ZIP WORK PHONE () POSITION
GROSS MONTHLY INCOME HIRE DATE / / TERM DATE / /
SUPERVISOR'S NAME AND PHONE #

SPOUSE'S FULL NAME SPOUSE'S SOCIAL SECURITY #
SPOUSE'S DRIVER'S LICENSE/ID # AND STATE BIRTHDATE / /
OTHER NAMES USED (MARRIED OR MAIDEN)
WHERE BORN

SPOUSE'S PRESENT EMPLOYER ADDRESS
CITY/STATE/ZIP WORK PHONE ()
POSITION HIRE DATE / / GROSS MONTHLY INCOME
SUPERVISOR'S NAME AND PHONE

OTHER OCCUPANTS:

NAME _____ RELATIONSHIP _____ SEX _____ BIRTHDATE ____/____/____

NAME _____ RELATIONSHIP _____ SEX _____ BIRTHDATE ____/____/____

VEHICLES: (Vehicles must be garaged in the 2 car garage. No motorcycles.)

MAKE & COLOR _____ YEAR _____ LICENSE # _____ STATE _____

MAKE & COLOR _____ YEAR _____ LICENSE # _____ STATE _____

PLEASE NOTE: You may not park any commercial vehicle, truck, boat, camper, motor home, trailer, mobile home, or similar vehicle outside overnight. SUV's and small trucks with a curb weight under 4,000 lbs. are permitted. Service vehicles are permitted only when actively providing service to the unit or common elements.

PETS YES _____ NO _____ TYPE/BREED _____ WEIGHT _____ AGE _____

PLEASE NOTE: Pets must weigh 20 lbs or less. All dog walkers MUST pick up and dispose of animal waste every time.

Check only if applicable

- _____ HAVE YOU, YOUR SPOUSE OR ANY OCCUPANT EVER BEEN EVICTED OR ASKED TO MOVE OUT?
- _____ BROKEN A RENTAL AGREEMENT?
- _____ DECLARED BANKRUPTCY?
- _____ BEEN SUED FOR RENT OR PROPERTY DAMAGE?
- _____ BEEN CHARGED, DETAINED OR ARRESTED FOR A FELONY OR SEX CRIME THAT WAS RESOLVED BY CONVICTION, PROBATION, DEFERRED ADJUDICATION, COURT-ORDERED COMMUNITY SUPERVISION OR PRETRIAL DIVERSION?
- _____ BEEN CHARGED, DETAINED OR ARRESTED FOR A FELONY OR SEX RELATED CRIME THAT HAS NOT BEEN RESOLVED BY ANY METHOD?

IF NONE OF THE ABOVE IS CHECKED, YOU ARE DECLARING THAT NONE APPLY _____ YES _____ NO.

BANK NAME & LOCATION _____ A/C # _____

SAVINGS NAME & LOCATION _____ A/C # _____

EMERGENCY CONTACT (SOMEONE OVER 18 NOT LIVING WITH YOU):

NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY/STATE/ZIP _____

WORK PHONE _____ HOME PHONE _____

AUTHORIZATION: I, OR WE, DECLARE THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT AND ALSO AUTHORIZE OAK FOREST VILLAS CONDOMINIUM ASSOCIATION, INC. TO PERFORM CREDIT AND BACKGROUND CHECKS TO VERIFY THE ACCURACY OF THE FOREGOING APPLICATION USING THE FOLLOWING NATIONAL SERVICE BUREAU BASED IN TEXAS:

App Verification Services, Inc.

Phone: 800-466-9508

Fax: 800-435-0802 or 877-652-4734

APPLICANT'S SIGNATURE _____ DATE ____/____/____

SPOUSE'S SIGNATURE _____ DATE ____/____/____

THIS SECTION TO BE COMPLETED BY PURCHASER OR TRANSFEREE

PURCHASE

Full Time Residence? Yes _____ No _____
Seasonal Residence? Yes _____ No _____
Investment Property? Yes _____ No _____
Do You Own Other Investment Real Estate? Yes _____ No _____

REQUIREMENTS FOR MEMBERSHIP

Please initial that you understand and agree to the following:

- _____ There is a minimum two (2) year restriction on the rental of a newly purchased unit. All rentals must be approved by the Board of Directors and are limited to a total of nine (9) rentals in the association.
- _____ Children under 16 years of age must be accompanied by an adult while at the pool.
- _____ There will be a minimum thirty (30) day period from the time of contract to the time of closing.
- _____ Condominiums are for single-family occupancy only and no "business" may be operated at the unit.
- _____ I/We the undersigned hereby grant permission to the Board of Directors or their delegates to contact any or all the credit and character sources with the understanding that all information will be held in strict confidence.

*****Please note that the Board requires up to a 2-week interval from the time the application is received until the time of a personal interview with the applicant.***

APPLICANT'S ACKNOWLEDGEMENT

I hereby agree that the foregoing is correct and if this application is approved, I, and all adult persons occupying the unit will carefully read, and insure that all occupants will fully comply, with the Declaration, By Laws and Rules and Regulations of Oak Forest Villas Condominium Association, Inc.

Printed Name _____ Phone _____

Applicant's Signature _____ Date ____/____/____

Printed Name _____ Phone _____

Applicant's Signature _____ Date ____/____/____
(Spouse)

Email _____

(Application must be accompanied by a \$150 fee made payable to Oak Forest Villas Condominium Association, Inc.)

HOMEOWNER/REPRESENTATIVE (Realtor) ACCEPTANCE

I have reviewed this application and have done my due diligence. I am comfortable recommending applicant(s) for an interview and acceptance by Oak Forest Villas Condominium Association, Inc.

Signature _____ Phone _____ Date ____/____/____

Printed Name _____ Email _____

UNIT OWNER REQUEST FOR APPROVAL OF PURCHASER OR TRANSFEREE

Date: _____ I respectfully request that you approve the sale or transfer of my Unit

_____ to _____
Enclosed herewith is a copy of the sales agreement.

(Witness)

(Owner)

(Witness)

(Owner)

OAK FOREST VILLAS CONDOMINIUM ASSOCIATION BOARD OF DIRECTORS' ACTION

Application: Approved _____ Rejected _____ Date ___ / ___ / ___

Interviewer: Name _____ Position _____

Signature _____

Interviewer: Name _____ Position _____

Signature _____

CERTIFICATE OF APPROVAL TO PURCHASE OR TRANSFER UNIT

OAK FOREST VILLAS CONDOMINIUM ASSOCIATION, INC., a not-for-profit Florida Corporation, does hereby
Certify that it has granted approval of Purchase/Transfer designating _____
and _____ as Buyer(s) for Unit # _____,
Sarasota, Florida 34231.

Dated this _____ day of _____, 20_____.

OAK FOREST VILLAS CONDOMINIUM ASSOCIATION, INC.

By: _____

Title: _____

Attest: _____

Title: _____

Please note: If the applicant is a member of the United States Armed Forces on active duty or state active duty or a member of the Florida National Guard or United States Reserve Forces, this application must be approved or denied within seven (7) days of submission of the application.