

HORIZON CENTER CONDOMINIUM ASSOCIATION
c/o Lion Property Management Inc.
P.O. Box 8463
Coral Springs, FL 33075
Phone: 954-227-9556 Fax: 954-753-1417

INSTRUCTIONS FOR PURCHASE

1. Application must be completed in its entirety.
Failure to do so is grounds for rejection. An application fee of **\$100.00** must be paid by **money order payable to Lion Property Management** at the time of submitting the application. The \$100.00 application fee per single applicant is required. If legally married, the \$100.00 is per couple. Any other applicant over the age of 18 there is an additional \$100.00 fee. International Screening (residence outside of the United States) requires an additional fee per country per person. For further information contact management for details at 954-227-9556 or by e-mail to msangelo@lionpropertymanagement.net. No personal checks will be accepted. **THE APPLICATION FEE IS NON-REFUNDABLE WHETHER APPROVED OR NOT APPROVED.**
2. Clear copies of Driver's License and Social Security cards for all occupants including children over 18 combined on one sheet if possible.
3. Proof of income – **income tax return or total amount of one month's net income.**
4. Proof of current address - telephone or electric bill showing current address.
5. **Complete and sign Disclosure and Release Statement for each applicant. Additional forms for applicants over 18 will be required.**
6. An executed copy of the sales contract must be attached to this application plus the Good Faith Estimate if financing.
7. After closing, a copy of the settlement statement and Warranty Deed must be mailed to the management company to update our records and remove the previous owner.

THIS APPLICATION WILL BE RETURNED IF ANY OF THE ABOVE INSTRUCTIONS ARE NOT COMPLETED AND LEGIBLE. THE BOARD HAS 30 DAYS TO PROCESS THIS APPLICATION WHICH BEGINS FROM THE DAY THAT ALL INFORMATION IS COMPLETED AND READY TO BE PROCESSED. THE APPLICANT WILL BE NOTIFIED BY A BOARD MEMBER IN A TIMELY MANNER. FAILURE TO ABIDE BY THESE REGULATIONS ARE GROUNDS FOR DENYING THE APPLICATION.

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APPLICATION FOR PURCHASE

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A FULLY EXECUTED COPY OF THE SALES CONTRACT MUST BE ATTACHED TO THIS APPLICATION PLUS THE GOOD FAITH ESTIMATE IF FINANCING.

THE COMPLETED APPLICATIONS MUST BE MAILED TO LION PROPERTY MANAGEMENT AT LEAST THIRTY (30) DAYS PRIOR TO THE EXPECTED CONTRACT CLOSING DATE AND THE UNIT MAY NOT BE OCCUPIED BY THE NEW OWNER UNTIL THE BOARD APPROVAL HAS BEEN GIVEN.

THE OWNER-SELLER SHALL PROVIDE THE BUYER WITH A COPY OF ALL CONDOMINIUM DOCUMENTS AND RULES & REGULATIONS.

THE BUYER SHALL MAKE THEMSELVES AVAILABLE FOR A PERSONAL INTERVIEW.

PLEASE TYPE OR PRINT

DATE _____ APPROX. CLOSING DATE _____

ADDRESS _____

NAME OF CURRENT OWNER _____ PHONE _____

ADDRESS OF CURRENT OWNER _____

1. NAME of prospective Purchaser (as title will appear):
 - a. _____
 - b. _____ (Spouse)
2. NAMES, AGES AND OCCUPATION OR RELATIONSHIP of all persons who will occupy the apartment:

<u>NAME</u>	<u>AGE</u>	<u>OCCUPATION OR RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 3. In making the foregoing application, I represent to the Board of Directors that the purpose for the purchase of a unit at **HORIZON CENTER CONDOMINIUM ASSOCIATION** is as follows:

Purchase____Rental____ (Restriction Apply) Other (Please State_____

I understand that acceptance for purchase of a unit at **HORIZON CENTER CONDOMINIUM ASSOCIATION** 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.

- 4. 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 of the restrictions contained in the By-Laws and Rules & Regulations, which are or may in the future be imposed by **HORIZON CENTER CONDOMINIUM ASSOCIATION**.

- 5. I have received from the current owner a copy of all the condominium documents and Rules & Regulations:

Yes_____ No_____

- 6. If this application is approved, **I/we will provide a copy of the closing statement and a copy of the recorded Deed within ten (10) days after closing.**

- 7. I understand that the submission of this application and the payment of the processing fee is no guarantee of approval. If this application is denied, no reason need be given and no refund of the processing fee will be made. Any misrepresentation or falsification of information on these forms will result in the automatic rejection of this application.

- 8. I understand that the Board of Directors of the **HORIZON CENTER CONDOMINIUM ASSOCIATION** may cause to be instituted as such an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of directors or their agent to make such investigation and agree that the information contained herein may be used in such investigation, and that the Board of Directors and Officers of the **HORIZON CENTER CONDOMINIUM ASSOCIATION** 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.

In making the foregoing application, I am aware that the decision of the **HORIZON CENTER CONDOMINIUM ASSOCIATION** will be final and that no reason will be given for any action taken by the board. I agree to be governed by the determination of the Board of Directors.

OWNER_____

DATE_____APPLICANT_____

DISCLOSURE AND RELEASE STATEMENT

I, _____ hereby authorize **HORIZON CENTER CONDOMINIUM ASSOCIATION** (the Association) c/o LPM to procure a screening criminal report and consumer credit report from Screening Services. (Screening), a company engaged in the business of collecting information for purposes of screening, for the limited purpose of evaluating me as a resident with the Association. I specifically understand that **it is necessary that I provide my date of birth, social security number and telephone number** for the completion of a screening report. I further understand that in all likelihood, the report will contain information about my background, mode of living, character, general reputation, and personal characteristics.

I hereby authorize all persons and entities, including but not limited to businesses, corporations, former employers, credit agencies, governmental agencies, law enforcement authorities, educational institutions, state insurance departments, private regulatory agencies, and all military services, to release all written and verbal information about me to Screening. I release and hold each harmless from all liability and responsibility for doing so.

I further release and hold Screening and Management Company harmless from liability for providing the aforementioned information to the Association for the limited purpose of evaluating me as a resident.

I further understand that upon written request, I will be given a list of the areas, which will be researched and included in the report to the Association.

This Disclosure and Release Statement, in the original or copy form, is valid now through the period of time the Association considers my application for approval. I agree with all of the provisions contained herewith and was furnished with a copy of this Disclosure and Release Statement.

Applicant Name

Date

Applicant Signature

Date of Birth

Social Security Number

Phone Number

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