

**BENT TREE VILLAS WEST CONDOMINIUM ASSOCIATION, INC.**  
**A 55 OR OLDER COMMUNITY**  
**4470 Apple Tree Circle, Boynton Beach, FL 33436-3642**  
**Phone 561-736-0455 Fax 561-736-5304**  
**E-mail btvw@adelphia.net**

**APPLICATION FOR APPROVAL OF PURCHASE**  
(Please complete fully)

TO: BOARD OF DIRECTORS

In accordance with the provisions of Article X of the Declaration of Condominium of Bent Tree Villas West Condominium Association, Inc., hereafter known as BTWV, you are hereby notified that I/we \_\_\_\_\_ (owners) desire to accept a bonafide offer made to me/us by \_\_\_\_\_ (buyers) to purchase private villa # \_\_\_\_\_ address \_\_\_\_\_ Boynton Beach, FL 33436.

**COPY OF CONTRACT OF SALE MUST BE ATTACHED TO THIS APPLICATION BEFORE INTERVIEW IS MADE**

**Purchaser must bring a copy of the updated documents and rules and regulations to the interview**

*I/we are aware that there is a non-refundable interview fee of \$100.00 to be paid to Bent Tree Villas West Condominium Association, Inc., and that the association has a period of thirty (30) days in which to approve or disapprove this application.*

Purchaser will be supplied with a copy of the BTWV Declaration of Condominium, supportive documents and current rules and regulations by the seller. Purchaser(s) is/are required to bring these documents to the interview or the current seller must be prepared to purchase them before the interview is held. Approval will not be granted if purchaser is not in possession of these documents at the time of the interview.

In the event purchaser(s) has/have difficulty speaking or understanding the English language, purchaser(s) must be accompanied by a personal interpreter.

No closing can be affected by either party until a Certificate of Approval is issued by BTWV.

In order for you to facilitate consideration of my/our application for the purchase of the above designated villa unit in BTWV I/we represent that the following information is factual and true, I/we are aware that any falsification or misrepresentation of the facts in the application will result in automatic rejection of the application. I/we consent that you may make further inquiries concerning this application, particularly of the reference given below.

No unit may be leased until the unit has been owned for two (2) years. No unit may be leased more than once in any twelve (12) month period of time. No unit may be leased without the prior approval of the Board of Directors. No unit may be leased for a period less than ninety (90) days.

The interviewing committee reserves the right to interview the applicant(s) for purchase before issuing its approval to the proposed transfer. All interviews are to be scheduled by the Board of Directors at least two (2) weeks before closing providing all documents have been timely delivered to the association. All parties that will be living in the unit must attend the interview.

FULL NAME OF PURCHASER \_\_\_\_\_ AGE \_\_\_\_\_

OCCUPATION (even if retired) \_\_\_\_\_ How long? \_\_\_\_\_

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

OCCUPATION (even if retired) \_\_\_\_\_ How long? \_\_\_\_\_

SOCIAL SECURITY NUMBERS \_\_\_\_\_ & \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ How long? \_\_\_\_\_

CITY & STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME & ADDRESS OF LANDLORD \_\_\_\_\_

CITY & STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

The Condominium Declaration of BTVW, Article XIV, Page 15 provides the BTVW units are for a single family residence only and no transient tenants will be permitted to permanently reside at the condominium. Guest less than 18 years of age may visit, provided such visits do not exceed a total of thirty (30) consecutive days in any one (1) calendar year for each such guest. Please state the age and relationship of all other persons who will be occupying the villas regularly.

NAME	RELATIONSHIP	AGE

Total number of children in your family \_\_\_\_\_ Ages \_\_\_\_\_  
 Number of children who will be living with you \_\_\_\_\_ Ages \_\_\_\_\_ Sex \_\_\_\_\_

**THREE LETTERS OF PERSONAL REFERENCE (NO RELATIVES PLEASE) MUST BE SUBMITTED TO BTVW AT LEAST TWO (2) WEEKS BEFORE THE INTERVIEW.** Local if possible.

Next of kin and emergency names and addresses:

NAME _____	ADDRESS _____
CITY & STATE _____	ZIP _____ PHONE _____
NAME _____	ADDRESS _____
CITY & STATE _____	ZIP _____ PHONE _____
NAME _____	ADDRESS _____
CITY & STATE _____	ZIP _____ PHONE _____

\*\*\* By newly enacted Florida Law, the owner is responsible for sales tax on any villa rented for a period of less than six (6) months. \*\*\*

Upon closing, if this application is accepted, I/we will provide a copy of the closing statement and a copy of the recorded deed within ten (10) days to the association. Purchaser agrees to notify the condominium office of the date on which the villa will be occupied.

At closing the purchaser(s) should be sure to collect from the seller(s) any gate cards (for the resident's side of the gate) and any and all keys for the unit, garage, shutters, and clubhouse. Additional gate cards, clubhouse keys, light bulbs and one (1) bar code can be purchased at the office. The association office **MUST** be notified immediately of you new phone number and card information in order to add these numbers at the gate for your entrance. Without notification you will be unable to have access to your home.

I/we are aware of, and agree to, abide by the BTVW Declaration of Condominium, Articles of Incorporation, By-Laws and any and all other properly promulgated rules and regulations and amendments.

The prospective purchaser will be advised by the Association within a thirty (30) day period from the date of receipt of notification, application fee, and supporting documents of either acceptance or rejection of the application.

Any violation of terms, provisions, conditions and covenants of BTVW documents provides cause for immediate action as therein provided.

The undersigned hereby acknowledge that the approval, if granted by the Association, is conditioned upon the representations made herein being true and correct. If any statement made is incorrect, or if any representation is made that is altered by future events, I/we recognize the Association's right to withdraw its consent of the application.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2007

SIGNED \_\_\_\_\_ PURCHASER  
 \_\_\_\_\_ PURCHASER  
 \_\_\_\_\_ SELLER  
 \_\_\_\_\_ SELLER

# ATLANTIC

Personnel and Tenant Screening

## APPLICATION FOR RESIDENCY

REQUESTOR: \_\_\_\_\_ DATE: \_\_\_\_\_  
BUILDING #: \_\_\_\_\_ APARTMENT #: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SS #: \_\_\_\_\_  
\*\* SPOUSE/CO-APPL: \_\_\_\_\_ DOB: \_\_\_\_\_ SS #: \_\_\_\_\_

(IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_)  
(ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_)

\*\* IF APPLICANT AND CO-APPLICANT ARE NOT MARRIED, THEN 2 APPLICATIONS MUST BE COMPLETED.

Number of people who will occupy: Adults (over age 18) \_\_\_\_\_ Children (over 13) \_\_\_\_\_ Children (under 13) \_\_\_\_\_

Names & ages of children who will occupy: \_\_\_\_\_

Description of Pets (Breed, Size, Color, Weight, Etc.) \_\_\_\_\_

### RESIDENCY:

PRESENT ADDRESS: FROM \_\_\_\_\_ TO \_\_\_\_\_ HOME PHONE#: \_\_\_\_\_

STREET: \_\_\_\_\_ APT#: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LANDLORD/MORTGAGE CO: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREVIOUS ADDRESS: FROM \_\_\_\_\_ TO \_\_\_\_\_

STREET: \_\_\_\_\_ APT#: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LANDLORD/MORTGAGE CO: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### EMPLOYMENT:

PRESENT EMPLOYER (APPLICANT): \_\_\_\_\_

STREET: \_\_\_\_\_ PHONE#: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ POSITION: \_\_\_\_\_ SALARY: \_\_\_\_\_

PRESENT EMPLOYER (CO-APPLICANT): \_\_\_\_\_

STREET: \_\_\_\_\_ PHONE#: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ POSITION: \_\_\_\_\_ SALARY: \_\_\_\_\_

PREVIOUS EMPLOYER (APPLICANT): \_\_\_\_\_

STREET: \_\_\_\_\_ PHONE#: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_ POSITION: \_\_\_\_\_ SALARY: \_\_\_\_\_

### BANK INFORMATION:

BANK NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_ PHONE#: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CHECKING#: \_\_\_\_\_ OPENING DATE: \_\_\_\_\_

SAVINGS#: \_\_\_\_\_ OPENING DATE: \_\_\_\_\_

MONEY MARKET#: \_\_\_\_\_ OPENING DATE: \_\_\_\_\_

ADDITIONAL BANKING INFO: \_\_\_\_\_

### CHARACTER REFERENCES (NO RELATIVES):

NAME: \_\_\_\_\_ HOME PHONE#: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_ HOME PHONE#: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### AUTOMOTIVE INFORMATION:

NUMBER OF CARS: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_ STATE/EXP. DATE: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ TAG #: \_\_\_\_\_ STATE: \_\_\_\_\_

Attached is my non-refundable application fee of: \$ \_\_\_\_\_

I/WE HEREBY AUTHORIZE THE LANDLORD OR ITS AGENT, ATLANTIC PERSONNEL AND TENANT SCREENING, TO OBTAIN AND VERIFY A CONSUMER CREDIT REPORT, ALONG WITH AN INVESTIGATION OF MY BACKGROUND WHICH MAY INCLUDE INFORMATION REGARDING MY CHARACTER, BANKING HISTORY, PRESENT AND PRIOR RESIDENTIAL HISTORY, PAST AND PRESENT EMPLOYMENT HISTORY AND CRIMINAL HISTORY.

I/WE AGREE TO INDEMNIFY AND HOLD HARMLESS ATLANTIC PERSONNEL AND TENANT SCREENING, ITS EMPLOYEES, OFFICERS, DIRECTORS, AFFILIATES, SUB CONTRACTORS AND AGENTS FROM ANY LOSS, EXPENSE, OR DAMAGE WHICH MAY RESULT DIRECTLY OR INDIRECTLY FROM INFORMATION OR REPORTS FURNISHED BY ATLANTIC PERSONNEL AND TENANT SCREENING.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Applicant

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Co-Applicant

3780 BURNS ROAD SUITE 8, PALM BEACH GARDENS, FL 33410

PHONE#: 561-776-1804  
TOLL FREE#: 877-747-2104

FAX#: 561-776-1565  
TOLL FREE FAX: 877-747-2105