

APPLICATION FOR APPROVAL OF SALES

Please complete this form in its entirety, sign and deliver <u>one copy</u>, along with a check made payable to Bel Mare Condominium Association in the amount of \$150.00 (non-refundable application fee). A copy of the Sales or Purchase Contract, a copy of the Rules and Regulations with each page initialed and last page signed, and a copy of the Parking Rules signed to the Bel Mare Condominium Association office at the address above. A copy of each applicant(s) and all occupants Photo ID and Social Security will be required. Applications in any other form will not be accepted or processed.

A minimum of fifteen (15) business days is required for the Management Company and the Board of Directors to investigate and act upon this application.

Sale, Occupancy or Transfer of any unit, requires such action before a Sale, Occupancy or Transfer shall be valid or effective. Any false, misleading or obvious omission of required information on the form submitted for acceptance shall be sufficient cause for the Board of Directors to take legal action(s) for damages or for injunctive relief, or both, in addition to remedies provided by statute and common law. In any such legal or equitable action proceeding, the prevailing party shall be entitled to recover cost and expenses, including reasonable attorney's fees to be determined by the Court, as well as costs of Appellate proceedings.

In acting on this application, the Property Manager and the Board of Directors shall give consideration to the good moral character, financial responsibility, personal habits and social compatibility of the proposed owner, tenant, occupant or transferee.

In the event that an application is not approved, the unit shall not be occupied.

CURRENT OWNER'S (S) NAME
Address:
Phone Number:
Following action by the Board of Director, this form will be returned to the Owners at their address of record. However, if the Owners desire to have the application returned to another party or address, please indicate that party's full name, address and phone number in the space below.
If knowledge of the action on this Application by the Board of Directors is required by telephone, please indicate below the name of the person to be contacted and the area code and phone number.

**********	********	*********	*****

Please note: The Board of Directors reserves the right to perform a background and credit check on all applicants. APPLICANT(S) BACKGROUND AND CREDIT INFORMATION WILL BE KEPT (CONFIDENTIAL).

<u>APPLICANT (</u>	(1)	<u> INFORMATION:</u>

Buyer	_				
Full Name:		Middle Initial		Last	
Current Address:					
Street Address		City		State	Zip
Phone: ()		Alt Phone: ()			
SS#	Gender:	Birth Date:			
			Month	Date	Year
Driver's License # / US Photo ID # _			State l	Issued	
A DDY AC ANTE (A) INFORMATION	r				
APPLICANT (2) INFORMATION Buyer	<u>:</u>				
Full Name:					
First		Middle Initial		Last	
Current Address: Street Address					
Street Address		City		State	Zip
Phone: ()		Alt Phone: ()			
SS#	Gender:	Birth Date:			
			Month	Date	Year
Driver's License # / US Photo ID # _	_		State l	Issued	
Complete name and relationship of a addresses of record if different from			py the un	it beyond thirty	7 (30) days, and
List the number, types, state of regist parking garage:	ration and lice	ense tag numbers of ve	chicles to	be parked in B	el Mare

	required, please describe reason:				
Employer or Occupation	n:				
	(s) or occupation(s) from which yo				
Personal Banking Refe	erence:				
Bank Name:	Contact Person/Phone	Number:			
Address:	City:		State:	Zip:	
Business Banking Refe	erences:				
Bank Name:	Contact Person/Phone	Number:			
Address:	City:		State:	Zip:	
Credit References (two	o required)				
1. Name	Address	City	St.	Zip	
Dl. and Navakov					
Phone Number					
Name	Address	City	St.	Zip	
Phone Number					

Personal References (two required)

Name	Address		City	St.	Zip
Phone Number					
Name	Address		City	St.	Zip
Phone Number					
lential History (past	two residences requi	ired)			
lential History (past	two residences requi	ired)			
Address	two residences requirements	ired) St.	Zip		
Address	City	St.	Zip		
	City		Zip		
Phone Number	City Da	St.			
Address	City	St.	Zip		

<u>ALL PERSONS DESIRING TO RESIDE AT BEL MARE, INCLUDING RENTERS,</u> will be provided a copy of the Rules, Regulations and Information for Owners and Occupants of Bel Mare Association, Inc.

The following statements from the Rules, Regulations and Information for Owners and Occupants of Bel Mare Association, Inc., are to be specifically noted:

- Units may be used only for single-family residential purposes.
- Units may be leased only as an entire unit and for a period on not less than ninety (90) days and no more than twice per calendar year. Please review all rules pertaining to leasing before submitting an application.
- Members of the Board of Directors or its designated agent shall be allowed to enter any unit at any reasonable time for the purpose of maintenance, inspection, repair, or in an emergency.

This will be my (please check one):

- o Primary residence
- o Secondary residence
- o Investment property

****The prospective buyer(s) herby acknowledges that they have read the Bel Mare Association's Rules and Regulations, Bylaws and Condominium Documents. They also acknowledge they will abide by the aforementioned documents under possible penalty of being removed from Association property for any violation.***

	Date
Applicant (1)	Date
Applicant (2)	Date
***********	******************
FOR OFFICE STAFF	
Parking space(s):	
<u></u>	
Background Check	
Is the owner current on association fees?	Yes No Amount overdue \$
Move in date:	Time:
Orientation date:	Time:
ROARD	
DOARD	
Application: Approved	Denied
Notes:	

_Date ____