



RESALE APPLICATION FORMS



2520 Presidential Way West Palm Beach, FL 33401

**Application for Approval of
Purchase of a Condo Unit**

Date: _____ (mm-dd-yyyy)

1. Applicant

Name : _____

Address: _____

Telephone : _____ (H) _____ (M)

SSN : _____

DOB: _____ (mm-dd-yyyy)

Hereby applies to the Board of Directors of LOP 8B, Associations for Approval

- a. To purchase Apartment: Number _____
- b. To lease Apartment: Number _____
 - I. which lease shall commence on the ___ day of _____ 20____
 - II. and expire on the ___ day of _____ 20____

Lease minimum of 2 months.

2. Occupants

The apartment will be occupied by _____ persons in addition to Applicant, all of whom constitute members of the immediate family of Applicant.

The names, ages & relationships to Applicant:

NAMES	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____



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3. Pets and Regulations

Renter/Lessee agrees that he will not maintain any pets in the apartment, and will abide by all rules and regulations now in effect or hereafter promulgated by the Board of Directors or any of its committees.

4. Occupancy

If this is an Application to purchase, answer the following:

- a. Will this be Applicant's prime residence? Yes _____ No _____
 - i. How many months does Applicant intend to occupy the Apartment? _____
- b. Do you plan to lease the Apartment to others? Yes _____ No _____
 - i. No. Adults _____
 - ii. No. Children _____

5. Employment

Estimated annual income (from all sources): under \$50,000 _____ over \$50,000 _____

Name of current employer : _____

Address.: _____

Applicant's Occupation Position:. _____

Length of employment : (# of years) _____

Previous employer if less than 3 years :

Name of employer : _____

Address.: _____

Applicant's Occupation Position:. _____

6. Bank Information

Bank: _____ Branch: _____

Contact Name: _____ Phone no. _____



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7. Personal References

Please Supply two (2) references other than relatives

Reference 1:

Name: _____

Address: _____

Telephone number: _____

Reference 2:

Name: _____

Address: _____

Telephone number: _____

Have you previously lived in another association? Yes _____ No _____

a. If YES, Please provide Name, address and phone number of previous association:

i. _____

b. How long have you lived there? _____ (years)

c. Have you ever been evicted? Yes _____ No _____

d. Have you ever refused to pay rent? Yes _____ No _____

i. If YES, please explain:

ii. _____

Name, address and phone number of present landlord:

Previous address during the past 5 years (include name, address and phone number)



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8. Acknowledgement

Lands of president condominium 8B, Association. shall not be liable as respects to any matter concerning this application or concerning any act of the present owner of the apartment. Owner will be held accountable for any damages incurred by renter to exterior of building and/or building property. Applicant & owner not to hold Lands of The President condominium 8-B liable for any decisions concerning this application.

Attached is my nonrefundable application fee (money order or business check) of \$100.00 per adult or married couple with same last name made payable to Lauds of The President Condominium 8-B along with a copy of the signed sales contract and clear copy of driver's license(s). If any question is left blank, this application will not be processed and returned to you. This application is subject to approval. Approvals can take up to 30 days for processing. Willful misrepresentation will void any lease, contract or agreement entered in connection with this application.

I declare the above information to be true and correct. I authorize the association or agent(s) to verify it and obtain a consumer credit report. I understand an investigation of my background will be conducted to determine my character, general reputation, personal characteristics, mode of living, and specifically authorize Lands of The President Condominium 8-B to make such an investigation.

Signature of Applicant

Date (mm-dd-yyyy)

Print Name of Applicant

Signature of Applicant 2

Date (mm-dd-yyyy)

Print Name of Applicant 2



**2520 Presidential Way West Palm Beach, FL 33401
AUTOMOBILE INFORMATION**

1. Driver Information

Number of Drivers : _____
(Provide valid drivers license per driver)

Driver 1:
Name as it appears on drivers license: _____

License #: _____ State: _____ Expiration Date: _____

Driver 2:
Name as it appears on drivers license: _____

License #: _____ State: _____ Expiration Date: _____

Driver 3:
Name as it appears on drivers license: _____

License #: _____ State: _____ Expiration Date: _____

2. Vehicle Information

Number of Vehicles : _____

Vehicle 1:
Make: _____ Model: _____

Year: _____ Tag#: _____ State: _____

Vehicle 2:
Make: _____ Model: _____

Year: _____ Tag#: _____ State: _____



**2520 Presidential Way West Palm Beach, FL 33401
READ RECEIPT**

The undersigned applicant(s) have received and read a copy of the Rules and Regulations, ByLaws, Deceleration, and Articles of Incorporation of The Lands of the President Condominium 8B Association, Inc. and will abide by the same during residency.

Signature of Applicant

Date (mm-dd-yyyy)

Print Name of Applicant

Signature of Applicant 2

Date (mm-dd-yyyy)

Print Name of Applicant 2

BEFORE ME, an individual duly qualified to take acknowledgements, personally appeared

_____ of the above named, to me known to be persons described in and who executed the foregoing instrument and acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this ___ day of _____, 20__

(Signature) Notary Public, State of Florida

(Print) Notary Public, State of Florida

My commission expires: _____