



Date Received: _____
 Closing Date: _____
 Address & Unit#: _____
 Check # _____ Received By: _____

APPLICATION TO PURCHASE A UNIT

NO OLDER OR OTHER VERSIONS OF APPLICATIONS WILL BE ACCEPTED

All Applications must be received 30 Days Prior to Planned Closing Date.

This application has been designed to maintain Osprey Harbor Village Condominium Association Inc. 's fine reputation and integrity.

- There is a **\$100.00 non-refundable fee** for all applicants. Make check payable to **Osprey Harbor Village Condominium Association**
- A copy of the sales contract and driver's licenses must accompany this application.
- A background inquiry release form (**page 5**) must be filled out by each applicant.
- Applications cannot be submitted to the Board of Directors without a completed application, completed background check and fees.
- There will be no occupancy of unit until fees are paid and the application is approved.
- There is a separate pet application attached (**page 4**) if applicable.
- Applications may be submitted at 14001 Bellagio Way, Osprey, FL 34229 Monday-Friday 10AM-2PM

Owner's Information

Owner/Seller Name (s): _____ Phone #: _____
 Contact Address: _____ Email: _____

Applicant's Information

Applicant: _____ Co-Applicant: _____
 Social Security # _____ Social Security # _____
 Date of Birth: _____ Date of Birth: _____
 Email: _____ Phone #: _____
 Current Address: _____

If Applicable: Real Estate Agent Name _____ Phone _____
 Agents Email: _____
 Name of Agency: _____ Address: _____

Vehicle Information

Vehicle 1: Make Model: _____ Color _____ Tag # _____ State _____

Vehicle 2: Make Model: _____ Color _____ Tag # _____ State _____

Names and Age of ALL Occupants and Guests:

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Pets: Yes: ____ No: ____ If yes there is a separate page (Application for Pets) that is required to be completed, signed, dated, and returned with this application. It is located on page 4 of this application.

Emergency Contact: Name _____ Phone _____

If Applicable: Real Estate Agent Name _____ Phone _____

Agents Email: _____

Name of Agency: _____ Address: _____

To be Completed by Applicant

Must be Initialed, Signed and Dated by EACH Applicant

_____(Initial) The undersigned hereby grants permission to the Board of Directors of Osprey Harbor Village Condominium Association, Inc. to review the above information. I HEREBY AGREE THAT IF THIS APPLICATION IS APPROVED, I AND ALL PERSONS OCCUPYING THIS UNIT WILL CAREFULLY COMPLY WITH THE RULES & REGULATIONS of Osprey Harbor Village Condominium Association, Inc. I understand that action will be taken on this application, and I will be notified of the result within 20 days of receipt.

_____(Initial) The use of each condominium unit shall be limited to single-family residential usage.

_____(Initial) Only 2 cars permitted per unit.

_____(Initial) I have received, reviewed, and agree to follow all rules and regulations governing Osprey Harbor Village Condominium Association, Inc.

_____(Initial) Upon approval of this application for purchase, I will provide the Association with a copy of the executed deed as recorded in the official records of Sarasota County, Florida, within 10 days of execution.

Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____

Applicant's Affirmation of Complete Application

I/WE, _____

The owner (s) of address _____ Unit number _____

As condition of approval of the above application, I/WE

1.) I understand that the governing documents regarding residency in Osprey Harbor Village contain certain restrictions, and in the event this application is approved, I hereby agree to abide by ALL the restrictions contained in such documents and the Rules, and guests agree to abide by such restrictions and the Rules.

2.) I agree that failure to abide by the terms of the Association Documents may result in legal proceedings by the Association to enforce the provisions of such Documents.

3.) I hereby provide the association with a copy of the executed Sales Agreement.

Date: _____ x _____ (Signature)

Date: _____ x _____ (Signature)

ACTION TAKEN BY DIRECTORS: Osprey Harbor Village Condominium Association, Inc.

Approved: _____ Disapproved: _____

By: _____ Date: _____

Position: _____

APPLICATION FOR PET(S)

This application must be completed for all pets that will occupy a Unit. Do not leave any applicable questions blank or the application will not be considered. The application must be submitted to Management at least 30 days before arrival for approval by the Board. For new owners the application must be submitted with the application for the sale to be considered.

Condominium Owner: _____ Unit #: _____

Pet Application is for: (Please check)

____ A Unit Owner- and pet will occupy Condominium.

____ A Leasee- to stay in Unit during Lease period.

Name of Proposed Lease Applicant: _____

The following description of the animal is required for approval:

Name of Pet _____ Type of animal (dog, cat, bird etc.) _____

Breed _____ Size- weight in pounds _____ Date of last rabies shot _____

Does the animal bark or make other loud noises often? _____ If so, please describe:

Name of Pet _____ Type of animal (dog, cat, bird etc.) _____

Breed _____ Size- weight in pounds _____ Date of last rabies shot _____

Does the animal bark or make other loud noises often? _____ If so, please describe:

Dated: _____

Owner: _____ (Signed)

Applicant: _____ (Signed)

Section 12.6 Pets. The owner of each Unit may keep no more than two (2) commonly accepted household pets such as a dog or cat, not more than two (2) caged birds, and reasonable numbers of tropical fish, subject to reasonable regulation by the Association. Notwithstanding the foregoing, no pet shall be permitted to be kept on the Condominium property which is prohibited by the Master Association Documents. All pets must be carried or leashed always while outside of a Unit. The owner is responsible for cleaning up after his pet. The ability to keep such pets is a privilege, not a right, and the Board of Directors is empowered to order and enforce the removal of any pet which becomes a source of unreasonable annoyance to other residents of the Property. No reptiles, amphibians, poultry, or livestock may be kept at the Condominium. Pets shall not be left unattended on balconies.



National Research Group

BACKGROUND CHECKS



Applicant or Employee - 2019

01-01-19

APPLICANT'S or EMPLOYEE'S AUTHORIZATION for The National Research Group Inc.
to Conduct Individual Background Searches and Verifications



BACKGROUND INQUIRY RELEASE

I understand that an investigative background inquiry is to be made on myself, including but not limited to verifying identity and prior addresses, checking criminal, driving, and credit histories, verifying education, licensing, and prior employment, checking reason(s) for termination of prior employment, requesting work and other references, as well as checking and verifying other relevant information for employment purposes.

I understand that the information and reports developed may include information as to my character, work habits, job performance and experience, along with reasons for termination of past employment. I further understand that for purposes of this background inquiry, various sources will be contacted to provide information, including but not limited to various federal, state, municipal, corporate, private and other sources which may maintain records concerning my past activities relating to possible criminal conduct, civil court litigation, driving history and credit performance, as well as other information.

I authorize, without reservation, any company, agency, party, or other source contacted to furnish the above information. I also hereby consent to the retrieval of the above information and I further understand that to aid in the proper identification of my files or records, I am willingly providing the following information, as well as any other information that may be required and/or requested at a later date.

PLEASE PRINT CLEARLY

> Include Maiden Name and/or Other Names Known By

FULL LEGAL NAME: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE #: _____ STATE OF ISSUE: _____

CURRENT ADDRESS: _____ Dates: _____

CITY-STATE-ZIP: _____

PRIOR ADDRESS: _____ Dates: _____

CITY-STATE-ZIP: _____

Please Provide ADDITIONAL PRIOR RESIDENCE ADDRESSES For The **LAST 10 YEARS** - include All Dates of Residence

Address: _____ Dates: _____

Address: _____ Dates: _____

Address: _____ Dates: _____

Address: _____ Dates: _____

Please Use Reverse Side if Additional Space is Necessary

Please SIGN
With Full Legal Name and Date:

APPLICANT'S SIGNATURE: _____ Date: _____