

**PARKWAY GARDENS CONDOMINIUM
ASSOCIATION, INC.**

**Purchase
Application**

Please use this form as your cover page to submit applications for review. Please submit with copies of all required documents.

Parkway Gardens Property Address:

Date: _____

Property Owner: _____ Phone Number: _____

Prospective Buyer: _____ Phone Number: _____

Email: _____

Prospective Buyer: _____ Phone Number: _____

Email: _____

MUST PROVIDE EMAILS FOR EVERYONE OVER THE AGE OF 18 Yrs.

PARKWAY GARDENS CONDOMINIUM ASSOCIATION, INC.

Purchase Application

Instructions

All applicants must receive written approval by the Association's Board of Directors prior to unit occupancy.

The Board of Directors reserves the right to interview prospective occupants prior to unit occupancy.

Application Documents:

Each adult prospective occupant must complete an Association application. Applications will be returned unprocessed and/or not approved if any question is left unanswered.

Each application must be submitted with the following documents:

- Association application (*applications must be originals*).
- Sales Contract agreement (*fully executed*).
- Signed authorization to release information form.
- Proof of funds & mortgage approval letter (if financed)
- Prior (2) year tax returns for each applicant
- Last (2) pay stubs or proof of income such as pension and/or social security benefits
- Copy of valid identification card and/or driver's license for all residents.
- Current vehicle insurance and registration parked on property (Two (2) maximum)
- Copy of social security card for all residents
- Signed PKG Rules & Regulations

Note: **All applicants must be available for a personal interview prior to final Board of Directors approval.**

Fees and Association Security Deposit:

- **There is a \$150.00 non-refundable application processing fee for each adult applicant 18 years and over.**

Please make checks payable to: *Elegant Homes Property Management.*

Please note that acceptance of the processing fee does not represent or constitute an automatic approval for occupancy.

Please mail or deliver, un-altered, the original to:

Parkway Gardens Condo Assoc.
c/o Elegant Homes Property Management
999 Rock Island Road
North Lauderdale, FL 33068

Note:

**** Please allow up to 30 days for the processing of your application.**

****Additional information may be needed.**

**** A certificate of Approval will not be issued without an estoppel being completed on the property.**

****Please do not schedule closings or occupancy until the applicant/s have been screened by the BOD
DO NOT contact our office to verify status of the application until 21 days from date of submission.**

PARKWAY GARDENS CONDOMINIUM ASSOCIATION, INC.

Purchase Application

Please complete all questions and fill in all blanks. If application is incomplete, this may result in your application not being processed and/or not approved. If the question does not apply, answer N/A. Print legibly or type all information.

Parkway Gardens Condo Assoc Property Address:

Owner's Name: _____

Closing Date _____ Date of Occupancy: _____

Name and Contact information for Realtor _____

1. Applicant: _____ Date of Birth _____ Social Sec. # _____

Applicant: _____ Date of Birth _____ Social Sec. # _____

Spouse _____ Dependent Child _____ Other _____ (Please state)

2. Please list place(s) of residence for the last two years. If additional space is needed, please attach:

A. Present Address: _____

City _____ Zip _____ Phone No. _____

Residency Dates: From _____ to _____ Cell Phone No. _____

Name of Landlord/Mortgagee: _____ Rent/Mtg amt: _____

B. Previous Address: _____ Phone No. _____

Residency Dates: From _____ to _____ Cell Phone No. _____

Name of Landlord/Mortgagee: _____ Rent/Mtg amt: _____

C. Previous Address: _____ Phone No. _____

Residency Dates: From _____ to _____ Cell Phone No. _____

Name of Landlord/Mortgagee: _____ Rent/Mtg amt: _____

3. Number of people who will occupy your residence: _____

4. Please list full names, Social Security number and date of birth of **all** persons who will reside at this residence:

Full Name:	Social Security number	Date of birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Please list the make, model and tag numbers of all automobiles that will be parked at your residence.

Year _____ Make _____ Model _____ Color _____ Tag No. _____

Year _____ Make _____ Model _____ Color _____ Tag No. _____

Year _____ Make _____ Model _____ Color _____ Tag No. _____

6. Drivers License number/Identification card number for **ALL** residence in the household.
(Please attach copy of license or ID card)

1. _____ 2. _____
3. _____ 4. _____

7. Please list employment history for the last two years. If additional space is needed, please attach.

A. Current Employer: _____ Phone No. _____
Address: _____
How Long: _____ Position _____ Annual Income _____

B. Previous Employer: _____ Phone No. _____
Address: _____
How Long: _____ Position _____ Annual Income _____

8. Spouse's Employer: _____ Phone No. _____
Address: _____
How Long: _____ Position _____ Annual Income _____

9. In case of an emergency, list contact person:
Name: _____ Relationship: _____
Address: _____
Phone Number: _____

10. Has anyone in your household ever been charged or arrested? _____
If yes, please explain.

Bank Reference

11. Bank (Name): _____ Ph: _____
Years Banking: _____ Checking Acct. # _____
Address: _____

Character Reference (No Family Members)

12. Name: _____ Home Ph: _____ Work Ph: _____
Address: _____ Occupation: _____

13. Name: _____ Home Ph: _____ Work Ph: _____
Address: _____ Occupation: _____

14. Name: _____ Home Ph: _____ Work Ph: _____
Address: _____ Occupation: _____

If this application is NOT legible or is not completely and accurately filled out Parkway Gardens Condo Association, Inc. will not be liable or responsible for any inaccurate information in the investigation and related report (should there be one) caused by such omission or illegibility.

By signing, the applicant recognizes that Parkway Gardens Condo Association, Inc. or their agent may investigate the information applied by the applicant, and a full disclosure or pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general disposition, personal characteristics and mode of living as applicable. The Association may also require a credit report through a credit reporting agency.

The Parkway Gardens Board of Directors, Officers and Management shall be held harmless from any action or claim by me in connection with the use of the information contained in this application or any investigation carried out by the Board of Directors.

I am aware that the decision of the Association is final and no reason will be given for any action taken. I agree to be governed by the decision of the Association's Board of Directors.

Applicant's Signature: _____ **Date:** _____

Spouse's Signature: _____ **Date:** _____

Owner's Signature: _____ **Date:** _____

Owner's Signature: _____ **Date:** _____

RESIDENTIAL SCREENING AUTHORIZATION FORM

(Please Print) Name: _____ Sex: _____

Address: _____

City, State, Zip: _____

Social Security Number: _____ Date of Birth: _____

I give my authorization to this landlord, Background Tenant Search, or any party or agency contacted by this landlord to obtain and verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies, employers, and references.

Applicant's Signature _____ Date _____

(Accudata client information only)

Company Name: Parkway Gardens Condominium Association, Inc.

Contact Name: Sonia

Tel#: 954-773-8244 E-mail (for results): Sonia.eleganthomes@gmail.com

Type of Screening Requested

Package: 4+B

RESIDENTIAL SCREENING AUTHORIZATION FORM

(Please Print) Name: _____ Sex: _____

Address: _____

City, State, Zip: _____

Social Security Number: _____ Date of Birth: _____

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Contact Name: Sonia

Tel#: 954-773-8244 E-mail (for results): Sonia.eleganthomes@gmail.com

Type of Screening Requested

Package: 4+B

Parkway Gardens Condominium Association, Inc.
NO PETS ALLOWED
ESA/SERVICE ANIMAL REGISTRATION FORM (ONLY)

I HAVE A ESA/SERVICE ANIMAL: YES _____ NO _____

Name of Home Owner/
Resident _____

Address _____

ESA/Service Animal Information

Pet's name _____ Pet's Age _____

Pet's Weight _____ Pet's License/Tag Number _____

Pet's name _____ Pet's Age _____

Pet's Weight _____ Pet's License/Tag Number _____



Veterinarian's Signature _____ Date _____

I am aware of the Parkway Gardens Condo Association, Inc. Rules and Regulations and Restrictions regarding ESA/Service Animal on the property and agree to abide by them.

ESA/Service Animal Owner's Signature _____ Date _____

Please return form with photo, registration and shot record to Elegant Homes Property Management.

Receipt of Association Condominium Documents & Rules & Regulations

I, _____ acknowledge receipt of

Parkway Gardens Condominium Association: Rules and Regulations (*Lease*).

I agree to abide by and be governed by the Association's Condominium Documents and Rules and Regulations.

Prospective Buyer's Signature Date

Printed Name

Witness Date

Printed Name

Prospective Buyer's Signature Date

Printed Name

Witness Date

Printed Name

Parkway Gardens Condominium Association, Inc

For Office Use Only

Background Check completed _____ Credit Check completed _____

Are copies of all required documents attached? _____

Board Review completed? _____

Date Notification Letter Mailed: _____