

**SANDALFOOT SOUTH ONE, Inc.**

*9840 Marina Blvd.*

*Boca Raton, Fl. 33428*

*561-482-8919*

*[BOD@SandalfootSouth.com](mailto:BOD@SandalfootSouth.com)*

**c/o Benchmark Property Management, Inc.**

7932 Wiles Road

Coral Springs, Florida 33067

(954) 344-5353 Fax (954) 344-5399

**THIS COMMUNITY OPERATES AS HOUSING FOR PERSONS 55 YEARS  
OF AGE OR OLDER**

Dear Applicant,

Please complete and submit the enclosed application with a check or money order for \$100.00 made payable to SANDALFOOT SOUTH ONE, Inc. (Personal checks and Cash will not be accepted.)

As well as the application, the Association needs the following information to be provided by the applicant:

1. Copy of all occupants' driver's licenses or the equivalent.
2. A legible copy of the contract for sale.
3. A recent copy of applicant's bank statement.

The application process takes approximately 3 – 4 weeks. However, failure to present the necessary documents **will** result in a delay of your application.

The application may be mailed or hand-delivered to:

Benchmark Property Management, Inc.

7932 Wiles Road

Coral Springs, Florida 33067

Attention: Erica Thalenfeld

We thank you and we look forward to meeting with you.

Board of Directors

**Sandalfoot South One, Inc. c/o  
Benchmark Property Management, Inc.**

Transaction Type <u>Check One</u> Occupancy Change ( )	<b>APPLICATION TO</b>			
	RENT ( )	PURCHASE ( )	RENT RENEWAL ( )	TITLE TRANSFER ( )

NAME OF APPLICANT: \_\_\_\_\_ SS# \_\_\_\_\_ AGE \_\_\_\_\_  
 SPOUSE'S NAME: \_\_\_\_\_ SS# \_\_\_\_\_ AGE \_\_\_\_\_  
 APPLICANT'S ADDRESS: \_\_\_\_\_ PH: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_

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**PLEASE LIST ALL OCCUPANTS WHO WILL RESIDE AT THE ADDRESS, IF APPROVED:**

<u>NAME</u>	<u>RELATIONSHIP TO APPLICANT</u>	<u>DATE OF BIRTH</u>

NAME OF EMPLOYER, ADDRESS AND PHONE: \_\_\_\_\_

INTENDED USE:  Permanent  Seasonal  Investment

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE # \_\_\_\_\_

**NAME OF ATTORNEY, REALTOR OR TITLE COMPANY: (CIRCLE ONE):** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ LOCAL PHONE # \_\_\_\_\_

**SOCIAL REFERENCES:** (List 3 with complete addresses and phone numbers) –  
 NO REALTORS OR FAMILY MEMBERS PLEASE).

- (1) \_\_\_\_\_ ( ) \_\_\_\_\_
- (2) \_\_\_\_\_ ( ) \_\_\_\_\_
- (3) \_\_\_\_\_ ( ) \_\_\_\_\_

**BANK REFERENCES:** (List 2 with complete addresses and account numbers).

- (1) \_\_\_\_\_ ACCT. # \_\_\_\_\_
- (2) \_\_\_\_\_ ACCT. # \_\_\_\_\_

**VEHICLE INFORMATION:** (List all vehicles you intend to park on the property).

- (1) MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_
- (2) MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ LICENSE PLATE # \_\_\_\_\_

**\$100.00 APPLICATION FEE AND COPY OF THE CONTRACT OF SALE MUST ACCOMPANY APPLICATION BEFORE THE PROCESSING CAN BEGIN. APPLICATION FEE IS NON REFUNDABLE. Please pay particular attention to the following.**

SUBLEASING IS NOT ALLOWED.  
 THERE WILL BE NO LEASE RENEWALS WITHOUT BOARD APPROVAL.  
 NO PETS ALLOWED.

- a) I/We authorize Sandalfoot South One Condominium Association, Inc. or their attorney or representative, any information they seek about my banking, credit, residence, employment and background in reference with or to my/our application made for residence.
- b) I/We have completed this application truthfully and accurately. I am aware that if any information on this application is found to be untrue that it may result in application to the Association being disapproved.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 APPROVED \_\_\_\_\_ APPROVED \_\_\_\_\_

**Sandalfoot South One, INC.**  
**c/o Benchmark Property Management, Inc.**  
 7932 Wiles Road  
 Coral Springs, Florida 33067  
 (954) 344-5353 Fax (954) 344-5399

**CERTIFICATE**

I/We \_\_\_\_\_

Certify to the following:

1. That Purchaser(s) has/have purchased (or in process of Purchasing)

\_\_\_\_\_ at Sandalfoot South One, Inc.

2. The Purchaser(s) \_\_\_\_\_

is/are over the age of 55. (At least ONE owner/resident must be 55+) Less than 55 resident or owner / resident cannot reside in unit without the 55+ owner present.

_____	_____
Witness	Purchaser

_____	_____
Witness	Purchaser

_____	_____
Witness	Renter

_____	_____
Witness	Renter

\_\_\_\_\_ Date

**PROOF OF AGE MUST ACCOMPANY THIS FORM**



**Authorization to Perform Background Check**

I hereby authorize Benchmark Property Management, Inc., as agent for Sandalfoot South One, Inc. (herein the “Association”), to obtain a consumer report, and any other information deemed necessary by the Association, for the purpose of the Association evaluating my application. I understand that such information may include, but is not limited to, my credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, banking information and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect to or in connection with the rental, lease or purchase of a residence for which this application was made. I hereby expressly release Benchmark Property Management, Inc. and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information, including Social Security Number, shall remain confidential except through court order or subpoena as provided under relevant law.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**Sandalfoot South One, Inc.**  
**c/o Benchmark Property Management, Inc.**  
7932 Wiles Road  
Coral Springs, Florida 33067  
(954) 344-5353 Fax (954) 344-5399

## **RULES AND REGULATIONS**

It is the purpose of your Association to preserve and protect well-managed condominium buildings and it is believed that these rules and regulations will aid in this purpose.

The rules and regulations are applicable to all owners, renters and guests.

Every effort has been made to insure that rules and regulations are in compliance with the by-laws of the Association.

In consideration of one another's interests and to insure the general welfare of all, it is advisable that residents and guests be familiar with and responsible for compliance with these rules and regulations; PLEASE READ THEM BEFORE PURCHASING.

- THE SELLER (CURRENT OWNER) SHALL PROVIDE THE PURCHASER WITH A COPY OF ALL CONDOMINIUM DOCUMENTS.

REQUIREMENTS AND RULES FOR GOVERNING THE GENERAL CONDUCT OF ALL RESIDENTS IN THE COMMON ELEMENTS OF Sandalfoot South One MAY BE ESTABLISHED AND ENFORCED BY THE ASSOCIATION.

REPEATED VIOLATION OF ANY OF THESE RULES WILL BE REFERRED TO OUR ATTORNEYS FOR PROPER ACTION.

**Sandalfoot South One, Inc.**  
9840 Marina Blvd.  
Boca Raton, Fl. 3428  
(561) 48 *BOD@SandalfootSouth.com*  
2-8919

**APPLICATION TO PURCHASE**

<b><u>THIS COMMUNITY OPERATES AS HOUSING FOR PERSONS 55 YEARS OF AGE OR OLDER.</u></b>
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**APPLICATION DIRECTIONS**

- **THIS APPLICATION AND THE ATTACHED APPLICATION FOR OCCUPANCY AND INTERROGATORY MUST BE COMPLETED IN DETAIL BY THE PROPOSED PURCHASER.**
- **Please ATTACH A COPY OF THE SALES CONTRACT TO THIS APPLICATION. Contract must show a deposit of at least a 20% down payment having been made.**
- **ATTACH A NON-REFUNDABLE PROCESSING FEE OF \$100.00 TO THIS APPLICATION.**
- **PLEASE ATTACH A COPY OF THE DRIVER'S LICENSE AND /OR OTHER PICTURE I.D. FOR EACH PROSPECTIVE PURCHASER TO THIS APPLICATION.**
- **ALL PROSPECTIVE APPLICANTS AND PROPOSED RESIDENTS MUST BE PRESENT FOR A PERSONAL INTERVIEW SET BY THE BOARD OF DIRECTORS. OCCUPANCY PRIOR TO APPROVAL FROM THE BOARD OF DIRECTORS IS PROHIBITED.**
- **NO CHILDREN ARE ALLOWED TO BE PERMANENT RESIDENTS.**
- **NO PETS ARE ALLOWED AT ANY TIME.**
- **THE SELLER (CURRENT OWNER) SHALL PROVIDE THE PURCHASER WITH A COPY OF ALL CONDOMINIUM DOCUMENTS.**
- **PURCHASER MUST NOTIFY THE ASSOCIATION OFFICE WITH THE EXACT DATE OF THEIR CLOSING. (561) 482-8919**
- **NO MOTORCYCLES, TRUCKS, CARGO VANS, RECREATIONAL VEHICLES, ETC. ALLOWED. NO COMMERCIAL VEHICLES OF ANY KIND, INCLUDING TRAILERS, ALLOWED.**
- **A KEY SHOULD BE ON FILE WITH THE ASSOCIATION. IF KEY CANNOT BE OBTAINED IN CASE OF EMERGENCY, DOOR WILL BE BROKEN DOWN AND MUST BE REPAIRED AT THE UNIT OWNER'S EXPENSE.**
- **OCCUPANCY REGULATIONS = NO MORE THAN FOUR (4) OCCUPANTS ALLOWED PER UNIT AT ANY TIME.**
- **OCCUPANTS AGREE TO ABIDE BY ALL THE RULES, REGULATIONS, AND BYLAWS OF THE ASSOCIATION.**
- **ALL DOCUMENTS MUST BE SUBMITTED TOGETHER AT LEAST 30 DAYS PRIOR TO CLOSING.**
- **ORIGINAL APPLICATIONS ACCEPTED ONLY, NO FAXES, PHOTOCOPIES.**

**PLEASE PRINT OR TYPE**

DATE \_\_\_\_\_ UNIT NO.# \_\_\_\_\_ DESIRED CLOSING DATE: \_\_\_\_\_

CURRENT OWNERS NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

OWNER'S PRESENT ADDRESS \_\_\_\_\_

NAME(S) of prospective purchaser(s) (as title will appear)

A. \_\_\_\_\_ B. \_\_\_\_\_

**NAMES, AGES, RELATIONSHIP TO OWNER AND OCCUPATION  
OF ALL PERSONS WHO WILL OCUPY THE UNIT:**

NAME	AGE/DOB	RELATIONSHIP/OCCUPATION
_____	____/____	_____
_____	____/____	_____
_____	____/____	_____
_____	____/____	_____

1. In making the foregoing application, I represent to the Board of Directors. That the purpose for the purchase of a unit at Sandalfoot South One, is as follows: permanent residence \_\_\_\_\_ Seasonal Residence \_\_\_\_\_ Other (state) \_\_\_\_\_
2. I/we understand that the acceptance for purchase of a condominium at Sandalfoot South One, is conditioned upon the truth and accuracy of this application and upon approval of the Board of Directors. Occupancy prior to approval is prohibited.
3. I hereby agree for myself and on behalf of all persons who may use the apartment, which I seek to purchase that I will abide by all of the restrictions contained in the Rules and Regulations, and Declaration of Condominium, and By Laws of the Association, which are or may in the future be imposed by SANDALFOOT SOUTH ONE, INC.
4. I have received a copy of all Condominium Documents and Rules and Regulations: Yes \_\_\_ No \_\_\_
5. I shall be present when guests, relatives and children who are not residents occupy the apartment
6. I may not bring a pet nor may any guest or visitor bring a pet onto the SANDALFOOT SOUTH ONE, CONDOMINIUM, nor acquire one, wither temporarily or permanently after occupancy.
7. Application is subject to denial before or after the required interview.
8. I understand that the Administration Office will advise me within thirty (30) days from the date of interview, if granted, of either the acceptance or denial of this application, and that no reason need be given for either.

Applicant(s) agree(s) to observe the Rules and Restrictions stated previously as well as all of the terms and provisions stated in the Rules & Regulations, Declaration of Condominium, and By-Laws of the Association. Applicant(s) recognize(s) that any violation of said terms and provisions shall provide cause for immediate action as provided therein.

Signatures:

1- \_\_\_\_\_ 2- \_\_\_\_\_

Interrogatories to be answered by prospective purchaser(s)

**NOTE:** The following questions must be answered truthfully and completely. No information should be withheld. Approval of the purchase will be determined in part on the basis of your replies to the questions. Any falsification, deception, withholding of pertinent information or misleading answers will justify disapproval.

Please complete all 14 pages,  
and bring a picture I.D. with you to the interview (if granted).

\*\*\*\*\*

1.(a) What (is /are) your full name(s) and present address(es) ?

A-

(b) Are the foregoing the same person(s) named in the original purchase application? If not explain;

A-

2- Will you be a permanent and full-time resident and occupant of the apartment you seek to purchase? If not explain;

A-

3-(a) Do you own any other real property (i.e.; house, condominium etc.) in Florida or elsewhere? If you do, set forth the locations and state whether you presently reside in any of these locations.

A-

(b) Do you lease or rent any of these properties to others?

A-

4- (a) Are you aware that according to the restrictions in the By-Laws that the Board of Directors of Sandalfoot South One must be notified and approval obtained if you plan to rent your unit? Also, that there is a \$100.00 application fee for this?

A-

(b) Are you planning on renting this unit? (Within the restrictions that apply)

A-

5- Are you aware that according to restrictions in the By-Laws of the Association, rentals may only be 3 or 4 months in duration during the months of December 1<sup>st</sup> through April 30th ONLY? (3 months minimum & 4 month maximum to same person)

A-

6- Are you also aware that according to restrictions in the By-Laws of the Association each unit is allowed only one rental per calendar year? (within the restrictions that apply)

A-

7- Are you aware of the restrictions in the By-Laws requiring occupancy by at least one (1) person (in 80% of the units of the association) Fifty-Five (55) years of age or older required under the Fair Housing Amendments Act of 1988, and of the Association's rule that should the occupant(s) 55 years or older vacate the unit, occupants under the age of 55 years residing in the unit will not be permitted to remain?

A-

8- Do you know that our documents prohibit the permanent residence in a Unit of any children under the age of eighteen (18) years, (thought they may visit)?

A-

9- Do you agree that if approved, you will abide by and comply with the condominium documents, including the Declaration of Condominium, the By-Laws, and the Articles of Incorporation, as amended, which require, regulate, and control the use of and conduct on the condominium property?

A-

Initial \_\_\_\_\_

Initial \_\_\_\_\_

10- Are you aware, that according to these By-Laws all garbage must be bagged before being put into containers?

A-

11- Are you further aware that according to resolutions passed by the Board of Directors NO newspapers are to be placed in the garbage containers? \_\_\_ These containers are for garbage only. Newspapers are trash. Also, all other types of trash should not be put out until Sunday and Wednesday evenings (the night before pick up) as this represents an unsightly mess and detracts from the appearance of the grounds.

A-

12- Are you aware that according to these By-Laws that nothing is to be placed or stored in the Electrical rooms?

A-

13- Are you aware that according to resolutions passed by the Board of Directors, the use of the Association laundry rooms is restricted to 8AM through 8PM? Also, that these rooms should be kept neat and clean by everyone, and the machines must not be overloaded, (NO rugs, large comforters, etc.). Also each person should clean the dryer filter after each use?

A-

14- Are you aware that according to the By-Laws the Board of Directors must be notified if the recreation room is to be used?

A-

15- Are you aware that according to Local Fire Safety Laws NO chairs, plants, or other items should be on the walkways? If chairs are used during the daytime they must be taken in for the night. NO plants are to be on the walkways, if plants are found on the walkways they will be thrown out.

A-

16- Are you aware that according to Local Fire Safety Laws, NO rugs should be placed on the stairwells? Also that nothing should be stored under the stairwells?

A-

17- Are you aware that NO one may occupy your apartment in your absence.

A-

18- Do you have any children? \_\_\_\_\_ How many? \_\_\_\_ If so set forth all their names, ages, and addresses.

-CONTINUE TO NEXT PAGE -

19- How many persons will reside in the unit permanently? \_\_\_\_\_ Are you also aware that only four(4) are allowed in a two bedroom apartment? \_\_\_\_\_

List all who will reside here, their ages and their relationship to the owner.

A-

20- Are you aware that maintenance assessment payment coupons should be sent with your check made payable to Sandalfoot South One, Inc. with your unit number and account number written on the check to:

Sandalfoot South One, Inc.  
c/o Benchmark Property Management, Inc.  
7932 Wiles Road  
Coral Springs, Florida 33067

Also, to avoid late fees monthly payments must be received on or before the 10<sup>th</sup> of each month.

A-

21- Have you or anyone listed on this form ever been convicted of a felony? If so, explain.

A-

22- Are you aware that you have only one (1) assigned parking space?

A-

23- Are you aware that you must supply the Board with a copy of the Deed once the sale has been registered?

A-

24- Are you aware that you are required to pay a rec/lease fee Boca Dunes Country Club, on a monthly basis? Coupons should be provided by unit owner and Payments mailed to Boca Dunes Country Club.

A-

25- Are you aware that you must first get a picture I.D. from Boca Dunes Country Club before playing golf?

A-

26- Are you aware that there are no pets or animals allowed? (NO dogs, cats etc.) Also that pets may not be acquired after occupancy and that the unit owner is responsible that no pets enter their units, or the property for any reason?

A-

27- Are you aware that NO business or commercial use is allowed?

A-

28- Are you aware that, if approved, as the purchaser you must notify the Association office with the exact date of your closing?

A-

29- Are you aware that visitors must park in the guest spaces of phase one only, and that overnight visitors must have a current, dated visitor parking tag, or be subject to towing?

A-

30- Are you aware that the seller should provide you with a set of keys that also include a key to the clubhouse/storage lockers?

A-

31- Are you aware that NO trucks, trailers, motorcycles, panel vans, recreational or commercial vehicles, etc. are allowed?

A-

32- Are you aware that No commercial vehicles of any kind, including trucks, trailers, motorcycles, vans, recreational vehicles etc. are allowed?

A-

33- What are/were your occupation(s)?

A-

34- Do you have any special skills, talent or expertise that you would be willing to share with your Association?

A-

35- Who recommended Sandalfoot South One to you?

A-

36- Are you aware that this is only a partial synopsis of the rules and regulations of the condominium, and that as a member of the community it is your responsibility to uphold and maintain all of our documents?

A-

Initial \_\_\_\_\_

Initial \_\_\_\_\_

-CONTINUE TO NEXT PAGE -

-  
37- Are you aware of the fact that the approval, if given, is based upon the reliance of the truth of the statements made herein, especially with respect to the occupancy and proposed use of the unit?

A-

Initial \_\_\_\_\_

Initial \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Purchaser's Signature

\_\_\_\_\_  
Purchaser's Signature

Witnesses:

#1 \_\_\_\_\_  
Please print name

#2 \_\_\_\_\_  
Please print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ ) SS# \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally

Appeared \_\_\_\_\_ and \_\_\_\_\_

To me known and known to me to be the individuals described herein and who executed the foregoing Questionnaire and duly acknowledged to me that the answers given were true and they further acknowledged that they executed the same.

My Commission Expires: \_\_\_\_\_

Notary Public

[NOTORIAL SEAL]

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I/We am/are the proposed occupant(s) of Unit # \_\_\_\_\_ in Bldg.# \_\_\_\_\_  
At # \_\_\_\_\_ Marina Blvd. In Sandalfoot South One.

I/We understand that the community is required by Federal Law to verify the age of the occupants of the homes, if the community is to maintain it's qualification for the Housing for Older Persons Exemption to the Federal Fair Housing Amendments Act of 1988, as amended.

**THE FOLLOWING IS TRUE AND CORRECT:**

**FULL NAME(S) OF PRESENT OWNER(S) OF UNIT**

\_\_\_\_\_  
\_\_\_\_\_

**FULL NAME OF PROPOSED OCCUPANT (1)** \_\_\_\_\_

**FULL NAME OF PROPOSED OCCUPANT (2)** \_\_\_\_\_

**FULL NAME OF PROPOSED OCCUPANT (3)** \_\_\_\_\_

**FULL NAME OF PROPOSED OCCUPANT (3)** \_\_\_\_\_

**A. Please identify any proposed occupant(s) who is/are over 55 years of age:**

Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

**B. Please identify all other proposed occupant(s):**

Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

**Current Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **How Long?** \_\_\_\_\_

**Own**       **Rent**

**Previous Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **How Long?** \_\_\_\_\_

**Own**       **Rent**

-CONTINUE TO NEXT PAGE -

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C. I/We have provided photocopies of one of the following items (at least one must be photographic) as proof of age for each occupant for the Association's records, and the same are attached hereto:

Check applicable documents provided:

Occupant (1) Name: \_\_\_\_\_

Relationship to owner \_\_\_\_\_

- Birth Certificate     Driver's License     Passport     Military I.D.
- Immigration Card     Other (specify) \_\_\_\_\_

Occupant (2) Name: \_\_\_\_\_

Relationship to owner \_\_\_\_\_

- Birth Certificate     Driver's License     Passport     Military I.D.
- Immigration Card     Other (specify) \_\_\_\_\_

Occupant (3) Name: \_\_\_\_\_

Relationship to owner \_\_\_\_\_

- Birth Certificate     Driver's License     Passport     Military I.D.
- Immigration Card     Other (specify) \_\_\_\_\_

Occupant (4) Name: \_\_\_\_\_

Relationship to owner \_\_\_\_\_

- Birth Certificate     Driver's License     Passport     Military I.D.
- Immigration Card     Other (specify) \_\_\_\_\_

NUMBER OF ITEMS ATTACHED \_\_\_\_\_

-CONTINUE TO NEXT PAGE -

**OCCUPANT INFORMATION**

**NUMBER OF APPLICANTS RESIDING IN UNIT:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**NAME:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**NAME:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**NAME:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE REGISTRATION**

**Vehicle Owner:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**Year** \_\_\_\_\_ **Color** \_\_\_\_\_ **Lic.Plake #** \_\_\_\_\_ **State** \_\_\_\_\_

**Vehicle Owner:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

**Year** \_\_\_\_\_ **Color** \_\_\_\_\_ **Lic.Plake #** \_\_\_\_\_ **State** \_\_\_\_\_

**By signing this application, applicant(s) authorize(s) the Association And Renters Reference of Florida to investigate the character, general reputation and all references for the applicant(s). Association and may contact any person or business referenced in this application to verify information.**

**Print Name:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**BELOW THIS LINE FOR OFFICE USE ONLY**

**Date Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Interview Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Attendees:** \_\_\_\_\_

**Bank (1)** \_\_\_\_\_ **(2)** \_\_\_\_\_ **Character: (1)** \_\_\_\_\_ **(2)** \_\_\_\_\_

**Approved / Denied** **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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# Sandalfoot South One, Inc.

9840 Marina Blvd.

(561) 482-8919

Boca Raton, Fl. 33428

## NEW OWNER INFORMATION

DATE: \_\_\_/\_\_\_/\_\_\_

Unit # \_\_\_\_\_

NEW OWNER'S NAME \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

TENTATIVE CLOSING DATE: \_\_\_\_\_

PERMANENT RESIDENT       PART-TIME RESIDENT      (check one)

FL. PHONE # \_\_\_\_\_

Your Condominium Association will have several mailings per year, primarily during the months of November - February, which are extremely important for you to receive and often require a response from you. These mailings refer to budget issues, elections and financial reports. We therefore need a mailing address where you will be sure to receive these important notices and information.

MAILING ADDRESS: \_\_\_\_\_

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

PHONE: \_\_\_\_\_

It is sometimes important for us to reach someone in an emergency, for example if you suffer a medical emergency or if there is damage to you unit when you are not in residence, such as in a hurricane. We therefore need information regarding who should be contacted should we be unable to reach you personally.

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

PHONE: (\_\_\_\_\_) \_\_\_\_\_

All information provided will be held in the strictest confidence by the Board of Directors of Sandalfoot South One, Inc., and it's management company.