

NOTICE OF INTENT TO SELL – SALES APPLICATION

Tuscany Gardens Condominium Association 181530

ASSOCIATION NAME _____ ACCOUNT NUMBER _____ DATE _____, 20____

UNIT NUMBER/ADDRESS _____ PROPERTY OWNER NAME _____

This Notice of Intent to Sell and a fully executed copy of the related sales contract must be accompanied by a check in the amount of **\$0.00 (at this time)** made payable to the Association and returned to the Association's Board of Directors or the community association manager. If uncertain, please contact the Closing Department at 1-800-932-6636 ext 405 or 407-788-6700 ext 405.

THIS SECTION TO BE COMPLETED BY SELLER

In compliance with the Declaration of Covenants and Restrictions of the Association named above, I (we) hereby serve notice that as Owner(s) or Agent of the above referenced unit, I (we) intend to offer said unit for sale in accordance with the attached Contract for Sale.

Unless I am notified to the contrary within _____ days from the receipt of this completed notice and attachment, I will advise Purchaser that the proposed sale has been approved.

OWNER'S SIGNATURE _____ OWNER'S SIGNATURE _____

PLEASE PRINT NAME _____ PLEASE PRINT NAME _____

PHONE NUMBER(S) (_____) _____ - _____ H (_____) _____ - _____ O

MAILING ADDRESS _____

THIS SECTION TO BE COMPLETED BY PURCHASER THE BOARD WILL NOT ACCEPT PARTIALLY COMPLETED FORMS

I (We) intend to purchase unit number/address _____.

I (We) are aware that any falsification or misrepresentation of the information contained herein will result in an automatic rejection of this application.

I (We) acknowledge and understand that the property offered for sale is governed by deed restrictions and Rules and Regulations, which are applicable to both the Unit and Common Property, and which may be amended from time to time by the Association named above. I (We) agree to abide by such deed restrictions and rules and regulations.

I (We) are purchasing this property with the intent to: (Check one)

- Reside as owners on a full-time basis
- Reside as owners on a part-time basis
- Lease the property

I (We) acknowledge that a credit check and/or background check may be performed as part of the application process.

I (We) consent that you make further inquiry concerning this application, particularly of the references given below.

PURCHASER (1) _____

OCCUPATION _____ HOW LONG? _____

EMPLOYER _____ PHONE NO (_____) _____

PURCHASER (2) _____

OCCUPATION _____ HOW LONG? _____

EMPLOYER _____ PHONE NO (_____) _____

CURRENT HOME ADDRESS _____

PHONE NO(_____) _____ HOW LONG? _____

NAME AND ADDRESS OF PRESENT LANDLORD OR MORTGAGE COMPANY _____

PHONE NO(_____) _____

MONTHLY MORTGAGE OR RENTAL PAYMENT \$ _____

UNITS ARE FOR SINGLE-FAMILY RESIDENCE USE ONLY. THE FOLLOWING PERSON(S), IN ADDITION TO PURCHASER, WILL OCCUPY THE UNIT

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

THE FOLLOWING PET(S) WILL OCCUPY THE UNIT

TYPE _____ BREED _____ WEIGHT _____

TYPE _____ BREED _____ WEIGHT _____

LIST TWO (2) PERSONAL REFERENCES (LOCAL, IF POSSIBLE)

NAME _____ ADDRESS _____ PH(_____) _____ - _____

NAME _____ ADDRESS _____ PH(_____) _____ - _____

BANK REFERENCES

BRANCH NAME/ ADDRESS _____ PH(_____) _____ - _____

BRANCH NAME/ ADDRESS _____ PH(_____) _____ - _____

AUTOMOBILE/VEHICLE INFORMATION

MAKE _____ MODEL _____ YEAR _____ TAG NO _____

MAKE _____ MODEL _____ YEAR _____ TAG NO _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME _____ ADDRESS _____ PH(_____) _____ - _____

CLOSING INFORMATION:

SCHEDULED DATE OF CLOSING _____/_____/_____

NAME OF CLOSING AGENT _____ PH(_____) _____ - _____

NAME OF REAL ESTATE AGENT _____ PH(_____) _____ - _____

Dated this _____ day of _____, 20_____.

SIGNED _____

PURCHASER

SIGNED _____

PURCHASER

THIS SECTION FOR ASSOCIATION USE ONLY

PROCESSING FEE RECEIVED \$ _____ Sales Contract Attached: %YES %NO

APPROVED _____/_____/_____ DISAPPROVED _____/_____/_____ DATE _____, 20_____

BY _____ TITLE _____

NOTES _____



AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize, _____ herein referred to as **Association** and/or its assigns to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for occupancy. Said report may contain information about me from consumer reporting agencies including but not limited to indebtedness, mode of living, present and previous employers and/or employment contracts, driving record/license, validity of social security number, personal references, criminal records, and any information that I have disclosed on my applications and/or any attachments, exhibits.

I authorize the **Association** to contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by the **Association** to furnish the above mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and/or resumes are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed affect my application.

This authorization and consent shall be valid in original, fax or photocopy form.

I authorize the ongoing procurement of the above-mentioned information/reports by the **Association** at any time during my occupancy with the **Association**.

The nature and scope of the consumer report and/or investigative consumer report along with the name, address and telephone number of the agency providing the report will be disclosed to you upon timely written request to the personnel department of the **Association**, and within 5 days of the request.

A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your Rights Under FCRA along with the name, address and telephone number of the agency furnishing the information will be provided before any adverse action is taken by the **Association** based on information contained in the report.

By signing below, I acknowledge understanding of the purpose of this Authorization Form and its intended use.

Applicant Information

Print Name: _____ Social Security Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Driver License Number: _____ Driver's License State _____

Professional License(s) _____ Type _____ No _____ State _____

_____ Type _____ No _____ State _____

IMPORTANT: The following information will be used by United Screening Services Corporation for identification purposes only to perform a background check. This information will not be used as part of the decision process of your prospective Association.

Maiden, Other and/or Former Name(s) _____

Race/National Origin: _____ Gender: Male Female Date of Birth: _____

Signature: _____ Date: _____