

Welcome To Wynmoor



SALES APPLICATION

We are delighted you have chosen to join our community.

In order to make your transition easier, please read the application carefully. Your assistance with these items will be greatly appreciated. These requirements are to ensure that your transaction is not delayed. If you have any questions, do not hesitate to contact the following:

Carmela D'Agostino, Sales and Lease Coordinator at 954.978.2600, ext. 317

Revised 03.01.13

What Every New Resident Should Know

Occupancy Restrictions: In addition to age requirements, refer to the association governing documents for restrictions on use of the residence in your absence. Many associations do not permit guests to be present in your absence. Tenants must be approved in a manner similar to your approval. All residents are required to be registered in the Association Affairs office, Room 215 of the Administration Building. Owners are responsible for actions of all family, residents, guests, employees and service persons.

Keys: The keys to your unit must conform to the community's master lock system. Both residential and mailbox keys are the responsibility of the owner. Buyers should arrange to obtain all keys from Seller. Please contact our Maintenance Department at 954.978.2640 if you need a mail box key and/or change your locks. Mailbox keys and lock changes are at the expense of the owner. Use of the master key is restricted to use by the Wynmoor Security Department and is utilized only in the event of medical emergency, or in the absence of the owner for a building emergency to prevent damage to the residence, adjacent units or the common areas.

Landline Phones: All associations in the Wynmoor community require all units to have a landline phone. The emergency alarm system equipment located in all units will operate only if an in-service landline telephone is operational in the unit. If service is disconnected, or there is no phone connected to an active wall jack, the alarm system will not work. A "land line" is defined as a telephone wire connecting to the traditional telephone network, and terminating in an operational wall jack. The phone line must be activated by a local telephone company. Additionally, AT&T U-Verse and telephone instruments such as Magic Jack and Vonage are not compatible to the alarm system and may not be connected.

Pet Restrictions: Wynmoor is a no pet community. Only approved service animals and emotional support animals may be harbored on the property. Buyers must include all paperwork, including a letter from the appropriate medical professional, shot records and a photograph of the animal if they are seeking approval of a service animal and emotional support animal. All inquiries are forwarded to the association attorney to determine if the information submitted meets the Federal guidelines.

Improvements to Residence: The governing documents of all associations require that you seek permission of the Board of Directors to undertake additions or alterations to your condominium unit. In some cases additional approval of the Wynmoor Architectural Committee is required. Before beginning work, a completed Architectural Committee form must be submitted by the unit owner and a licensed contractor and the proper permits (if necessary) must be secured. A form can be obtained at the Association Affairs office, Room 215 of the Administration Building.

Cable Television: Inquiries regarding additional services, repair or requests to relocate equipment should be directed to Comcast at 1-800-COMCAST.

I have read and understand the content of this page _____ Date: _____

What Every Buyer Wants To Know

Association Affairs office accepts applications for Sales Monday through Friday - 8:00 a.m. to Noon

Age Requirements: Wynmoor qualifies for an exemption from the provisions of the Fair Housing Act as amended by virtue of providing facilities for older persons, age 55 and over. In order to maintain this exemption, at least one occupant of each residence must be 55 or over.

Approval: The condominium association must approve each sale in writing before the sale can be concluded. Each condominium association must approve or disapprove any proposed sale or transfer of title within 30 days following the receipt of the request for approval and all required supporting materials. The minimum turn-around time is three weeks with no exceptions. Prior to closing, make arrangements for the Certificate of Approval to be picked up two days before closing by calling 954.978.2600, ext. 317.

Estoppel Requests: Within five to seven days after receiving request from a unit owner, purchaser, mortgage or closing agent Wynmoor shall provide a statement of all assessments and other monies owed to the association by the unit owner with respect to the condominium parcel. A \$100 fee is required to process the estoppel.

Investigation: An investigation or transfer fee is payable at the time the request for approval is submitted. Inquiries will be made into such matters as credit worthiness, police records, and relations with previous neighbors. The fee is \$100 per person (married couples counting as one). Checks are made payable to the appropriate association.

Escrow Agreement: Nassau West I and Victoria A (Building 2804) require a payment equal to six months of maintenance.

Corporate Purchaser: A majority of associations prohibit corporate ownership, including LLC's. Please refer to the condominium governing documents for more information.

Condominium Governing Documents: Current sets may be purchased from the Association Affairs office for \$60. Checks should be made payable to Wynmoor Community Council and is due when the documents are received. The documents may be ordered by phone three days prior to pick-up by calling 954.978.2600, ext. 317 or 318.

Vehicles: Only one authorized vehicle per residence is permitted.

NOTE: To expedite your application process, the Association Affairs office of the Wynmoor Community Council is requesting all personal information, including financial statements be printed in English, as allowed by Article II, Section 9 of the Florida Constitution. Any applications containing information in a foreign language will be rejected.

I have read and understand the content of this page _____ Date: _____

Wynmoor Application for Approval of Sale – Sales Information

Sales Price:	Furnishings:	\$ _____	Funding
	+ Real Property	\$ _____	Cash Purchase: <input type="checkbox"/>
	Total Sales Price	\$ _____	Mortgage: <input type="checkbox"/>

This Association requires a MINIMUM down payment of _____ %

Mortgage Amount: \$ _____
Mortgage Payment: \$ _____

Building # _____ Unit # _____ Condominium Name: _____

Seller(s) Name: _____

Real Estate Agent or Attorney handling the sale with this office:

Name: _____ Office Phone: _____

Cell Phone: _____ Anticipated Closing Date: _____

Buyer Information and Acknowledgement

Please Submit:

- Completed Form Transfer Fee Executed Contract Proof of Income and Funds
- Proof of Age(s) for each Buyer/Occupant (Driver's License/Passport/Birth Certificate)
 - Screening Form (Disclosure & Authorization Agreement)
- Escrow Agreement (if applicable) Copy of Mortgage Agreement

A transfer fee in the amount of \$100, made payable to the ABOVE NAMED Condominium Association must accompany this application for each applicant (husband and wife count as one). Please note this payment is non-refundable. **Checks and money orders must be in U.S. Funds, no Canadian checks or money orders accepted.**

Buyer's Name(s): _____

The Deed to the Wynmoor condominium unit will be officially recorded in the name(s) of : (please print clearly)

The Occupants of the unit will be (please print clearly):

Name: _____ Age: _____

Relationship to Owner: _____

Name: _____ Age: _____

Relationship to Owner: _____

This unit will be (check the appropriate box or boxes):

- Owner Occupied For Rental Seasonal Use Investment Undetermined

Buyer Information and Acknowledgement (Continued)

Emergency Contact(s):

Name: _____ Relationship: _____

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

Phone# _____ Cell Phone: _____

Name: _____ Relationship: _____

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

Phone# _____ Cell Phone: _____

Name: _____ Relationship: _____

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

Phone# _____ Cell Phone: _____

Agents acknowledge they have read and advised their clients to the terms and conditions set forth on Pages 2 and 3 of this application.

Agent: _____

Buyer(s) acknowledge that we have read and agree to the terms and conditions set forth on Pages 2 and 3 of this application and that the information provided on Pages 4-6 is correct. Buyer(s) acknowledge and agree to allow a background investigation and to allow the condominium association, its officers, agents or employees to review the reports.

Buyer: _____ Buyer: _____

Wynmoor Application for Approval of Sale

For Office Use Below

Copy of Sales Contract Proof of Age(s) Transfer Fee Called President

Confirm Seller Log Called Director

Move In/Move Out Deposit (if applicable) Escow Agreement (if applicable)

Copy of Mortgage Agreement Screening Form-USA _____ Canadian _____

Date Received & Paid: _____ Received By: _____ Closing Date: _____

Control Number: _____ Check Number: _____

Association Approval:

Sale Approved for: _____ Association, Inc.

President: _____ Director: _____

BUILDING NUMBER & UNIT NUMBER: _____
CARMELA D'AGOSTINO
WYNMOOR COMMUNITY COUNCIL, INC.

SCREENING AUTHORIZATION
(Husband and Wife, Or Individual Buyer Complete This Sheet)

PRINT NAME: _____ PRINT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

Social Security Number: _____ Date of Birth: _____

Social Security Number: _____ Date of Birth: _____

Current and Previous Landlords/Home Owners Association Information

Name: _____ Telephone: _____ Year: _____

Address: _____ Apt. # _____

Name: _____ Telephone: _____ Year: _____

Address: _____ Apt. # _____

Current Employment Information

Company: _____ Phone #: _____

Supervisor: _____ Position: _____ Salary per month: \$ _____

I have read and signed the Disclosure and Authorized Agreement

Applicant's Signature: _____

Spouse's Signature: _____

BUILDING NUMBER & UNIT NUMBER: _____
CARMELA D'AGOSTINO
WYNMOOR COMMUNITY COUNCIL, INC.

SCREENING AUTHORIZATION
(Additional Buyers or Potential Occupants Complete This Sheet)

PRINT NAME: _____ PRINT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

Social Security Number: _____ Date of Birth: _____

Social Security Number: _____ Date of Birth: _____

Current and Previous Landlords/Home Owners Association Information

Name: _____ Telephone: _____ Year: _____

Address: _____ Apt. # _____

Name: _____ Telephone: _____ Year: _____

Address: _____ Apt. # _____

Current Employment Information

Company: _____ Phone #: _____

Supervisor: _____ Position: _____ Salary per month: \$ _____

I have read and signed the Disclosure and Authorized Agreement

Applicant's Signature: _____

Spouse's Signature: _____

DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CONSUMER REPORTS

DISCLOSURE

A consumer report and/or investigation report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for and/or continued residence. **A consumer report and/or an investigate consumer report may be obtained at any time during the application process or during your residence.** Upon timely written request of the management, and within five days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address, and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheckUSA with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original

READ, ACKNOWLEDGED AND AUTHORIZED

Print Name (Buyer)

Print Name (Spouse)

Signature (Buyer)

Signature (Spouse)

Date

Date

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check box.

DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CONSUMER REPORTS

DISCLOSURE

A consumer report and/or investigation report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for and/or continued residence. **A consumer report and/or an investigate consumer report may be obtained at any time during the application process or during your residence.** Upon timely written request of the management, and within five days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address, and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheckUSA with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original

READ, ACKNOWLEDGED AND AUTHORIZED

Print Name (Applicant)

Print Name (Applicant)

Signature (Applicant)

Signature (Applicant)

Date

Date

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check box.

WYNMOOR

DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CANADIAN CREDIT REPORTS

FOR CANADIAN RESIDENTS ONLY

Each Applicant Must Complete
Separate Forms

The applicant must provide all the requested information. Failure to accurately disclose all of the information may result in the offer of residency being revoked or residency being terminated.

I understand that I am providing the following information for identification purposes only.

SURNAME GIVEN NAME MIDDLE NAME DATE OF BIRTH MALE OR FEMALE
(Full name, not initial) (yy/mm/dd)

PREVIOUS SURNAME(S) (E.G. FORMER MARRIAGE, MAIDEN NAME): _____

COMPLETE STREET ADDRESS, CITY, POSTAL CODE PHONE NUMBER

PREVIOUS ADDRESS IF CHANGED IN LAST FIVE YEARS: _____

SOCIAL INSURANCE NUMBER (SIN) _____

OCCUPATION _____ DRIVER'S LICENSE NUMBER: _____

I have applied to Wynmoor for Residency. Part of the hiring process is an investigation of information I have provided. These investigations are conducted by Wynmoor's agent, O.B.N. Employment Screening ("O.B.N.") and/or AmeriCheckUSA. Therefore, at this time and until I specifically inform you to the contrary in writing, in compliance with all Municipal, Provincial and Federal human rights and privacy legislation I hereby authorize and direct you to release to Wynmoor and/or O.B.N. and/or AmeriCheckUSA, my credit record.

I hereby declare that, to the best of my knowledge, the information I provided both verbally and on my application form is complete and accurate in every respect. I understand that a false statement may disqualify me from residency at WYNMOOR.

I hereby release and forever discharge OBN Employment Screening and AmeriCheckUSA from any and all action, claims and demands for damages, loss or injury, which may hereafter be sustained by me, however so arising out of the above-noted disclosure of information and waive all rights thereto.

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

As the signing witness for (applicant's name) _____ I certify that, on the applicant's Consent for Search and Release of Personal Information, I have confirmed that the Name and Date of Birth of the applicant are correct based on TWO government issued pieces of identification. I also confirm that based on a piece of photo identification provided, I have compared their picture to person. I have confirmed that their name and Date of Birth are printed clearly and follow the format provided of Day/Month/Year.

Signature of Witness : _____ Date: _____

WYNMOOR

DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CANADIAN CREDIT REPORTS

FOR CANADIAN RESIDENTS ONLY

Each Applicant Must Complete
Separate Forms

The applicant must provide all the requested information. Failure to accurately disclose all of the information may result in the offer of residency being revoked or residency being terminated.

I understand that I am providing the following information for identification purposes only.

SURNAME GIVEN NAME MIDDLE NAME DATE OF BIRTH MALE OR FEMALE
(Full name, not initial) (yy/mm/dd)

PREVIOUS SURNAME(S) (E.G. FORMER MARRIAGE, MAIDEN NAME): _____

COMPLETE STREET ADDRESS, CITY, POSTAL CODE PHONE NUMBER

PREVIOUS ADDRESS IF CHANGED IN LAST FIVE YEARS: _____

SOCIAL INSURANCE NUMBER (SIN) _____

OCCUPATION _____ DRIVER'S LICENSE NUMBER: _____

I have applied to Wynmoor for Residency. Part of the hiring process is an investigation of information I have provided. These investigations are conducted by Wynmoor's agent, O.B.N. Employment Screening ("O.B.N.") and/or AmeriCheckUSA. Therefore, at this time and until I specifically inform you to the contrary in writing, in compliance with all Municipal, Provincial and Federal human rights and privacy legislation I hereby authorize and direct you to release to Wynmoor and/or O.B.N. and/or AmeriCheckUSA, my credit record.

I hereby declare that, to the best of my knowledge, the information I provided both verbally and on my application form is complete and accurate in every respect. I understand that a false statement may disqualify me from residency at WYNMOOR.

I hereby release and forever discharge OBN Employment Screening and AmeriCheckUSA from any and all action, claims and demands for damages, loss or injury, which may hereafter be sustained by me, however so arising out of the above-noted disclosure of information and waive all rights thereto.

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

As the signing witness for (applicant's name) _____ I certify that, on the applicant's Consent for Search and Release of Personal Information, I have confirmed that the Name and Date of Birth of the applicant are correct based on TWO government issued pieces of identification. I also confirm that based on a piece of photo identification provided, I have compared their picture to person. I have confirmed that their name and Date of Birth are printed clearly and follow the format provided of Day/Month/Year.

Signature of Witness : _____ Date: _____