

NOTICE OF INTENT TO SELL
FOUR SEASONS CONDOMINIUM ASSOCIATION OF WINTER PARK, INC.
200 St. Andrews Blvd., Winter Park, Fl. 32792

200 St. Andrews Blvd., unit #

Property Owner Name _____

Address _____

Date: _____

This notice of Intent to Sell and a fully executed copy of the related sales contract must be accompanied by payment of \$ 100.00 (ONE HUNDRED DOLLARS) for each applicant or married couple on record, made payable to "Four Seasons Condominium Association" and returned to the Association's Board of Directors or the community association manager. If uncertain, please contact the manager at 407-671-5559.

THIS SECTION IS TO BE COMPLETED BY THE SELLER / OWNER

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 referred unit, I (we) intent to offer said unit for sale in accordance with the attached Contract for Sale.

Unless I am notified to the contrary within **30 (thirty) days from the receipt of this completed notice and attachment**, I will advise Buyer that the proposed sale has been approved.

Owners Signature

Owners Signature

Please Print Name

Please Print Name

Phone Number: _____ H _____ O _____ C

Mailing Address _____

For Response contact: _____

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

I (We) intend to purchase unit number _____ located at 200 Saint Andrews Blvd. ,Winter Park, FL 32792

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, Four Seasons Condominiums of Winter Park, Inc. 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 may make further inquiry concerning this application, particularly of the reference given below.

Purchaser (1) _____

Occupation: _____

Employer: _____

Purchaser (2) _____

Occupation: _____

Employer: _____

Current Home address: _____

If current residence is less than 5 years, please list prior _____

Name and address of present landlord: _____ **phone:** _____

Units are for Single-family residence use only. The following person(s) in addition to Lessee(s) will occupy the unit:

Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

The following pet(s) will occupy the unit:

Type: _____ Weight _____

Type: _____ Weight _____

List two (2) personal references (local, if possible):

Name: _____ Address _____ Phone _____

Name: _____ Address _____ Phone _____

Bank References:

Branch Name: _____ Address: _____ Phone _____

Branch Name: _____ Address: _____ Phone _____

Automobile / Vehicle Information:

Make: _____ Model: _____ Year: _____ Tag _____

Make: _____ Model: _____ Year: _____ Tag _____

Person to be notified in case of emergency:

Name: _____ Phone: (H) _____

Address: _____ (C) _____

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 \$ _____ Check: _____ SALE contract attached?

Approved ____/____/____ Disapproved: ____/____/____

By: _____ Title: _____

Comments: _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Four Seasons Condominium Association of Winter Park, Inc., 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 attachments, exhibits.

I authorize Four Seasons Condominiums of Winter Park, Inc. 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 Four Seasons Condominiums of Winter Park, Inc. 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 knowingly withheld any fact or circumstances that would be, 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 Four Seasons Condominiums of Winter Park, Inc. at any time during my occupancy with Four Seasons Condominiums of Winter Park, Inc.

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 Four Seasons Condominiums of Winter Park, Inc. and within 5 days upon 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 Four Seasons Condominiums of Winter Park, Inc. based on the information contained in the report.

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

Applicant(s) information:

Print Name: _____ Social Security #: _____

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

Drivers License # _____ State: _____

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

_____ Type _____ No _____ State _____

IMPORTANT: the following information will be used by screening agency for identification purposes only to perform a background check. The information WILL NOT be used as part of the decision process of Four Seasons Condominiums of Winter Park, Inc.;

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

Gender: Male Female Date of Birth: _____

Signature: _____ Date: _____

Co-Applicant(s) must complete a separate Release form.