

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

Property Owner: 200 St. Andrews Blvd, unit#

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, resident or married couple on record (over 18 years old), 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 OWNER/PROPERTY MANAGER

In compliance with the Declaration of Covenants and Restrictions of the Association named above (copies can be found at www.fourseasonswinterpark.com). I (we) hereby serve notice that as owner(s) 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.

Owner Signature _____ **Print Name** _____

Owner Signature _____ **Print Name** _____

Cell Phone Number: _____

Mailing Address: _____

For Response contact: _____

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

I (we) intend to purchase unit# _____ located at 200 Saint Andrews Blvd., Winter Park, FL 32792. I (we) am aware that any falsification or misrepresentation of the information contained herein will result in automatic rejection of this application. I (We) acknowledge that a background check will be performed as part of the application process.

I (we) acknowledge and understand that the property offered for sale is governed by deed restrictions and Rules & 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 (copies can be found at www.fourseasonswinterpark.com).

I(we) am 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 _____

Name of Purchaser: (1) _____ **Cell:** _____

Name of Purchaser: (2) _____ **Cell:** _____

Email: _____

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

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

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

Pets: Type: _____ Weight: _____ Type: _____ Weight: _____

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Vehicles: Make: _____ Model: _____ Make: _____ Model: _____

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In case of emergency: Name: _____ Cell: _____

Scheduled Date of Closing: _____

Name of Closing Agent: _____ **Phone:** _____

Name of Real Estate Agent: _____ **Phone:** _____

Purchaser Signature: _____ **Print:** _____ **Date** _____

Purchaser Signature: _____ **Print:** _____ **Date** _____

THIS SECTION FOR ASSOCIATION USE ONLY

Processing fee received \$ _____ Check: _____ Sales contract attached? _____

DATE: Approved: _____ Disapproved: _____

By: _____ Title: _____

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.