

# EWC SALES APPLICATION

## For Buyers intending to lease and are not purchasing under an LLC or Corp

Thank you for your interest in investing at Edgewater Condominiums!  
Please complete this application in full and return to the office along with all required documentation.  
The association reserves the right to approve or deny applications.

**Completed applications can take up to 21 days to process and approve. Incomplete applications will delay your approval!  
Your application will not be considered complete until all forms and documentation are turned in.  
The application approval process can take up to 21 days to complete.**

<b>Items Required</b>	<b>Description</b>
Application Fee	\$100 per adult 18 and over. Married couples pay a joint fee of \$100 but must provide a copy of their marriage license with the application. Paid with Cashier's Check or money order only and is non-refundable.
Sales Residency Form	Completely filled out and signed by all applicant(s)
Screening Authorization Form	Completely filled out and signed by all applicant(s)
Rules & Regulations Acknowledgement	Completely filled out and signed by all applicant(s)
Owner's Contact Information Form	Completely filled out and signed by the main contacts, owner and unit property manager (if applicable)
Disclosure Form	Top portion must be filled out and bottom portion must be signed and dated. Should the need arise to prepare a letter described in point #3, the language stated there would be an example of what we could accept on the letter itself; not on this form.
Copy of Driver's License	Required for all applicants. Must be a valid ID, not expired
Proof of Income	Please turn in one of the following: 3 most recent pay stubs; 1099 Tax Form; or 3 most recent bank statements.
Copy of Purchase Contract	Fully executed sales contract signed by all parties

**CERTIFICATE OF APPROVAL WILL BE PROVIDED AT ORIENTATION**

**\*\*\*Providing false information or failure to disclose vital information for background can be basis for denial of application.**

# SALES RESIDENCY FORM

(Please print & fill out completely )

## APPLICANT #1

NAME: \_\_\_\_\_ DRIV LIC#: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

HOME#: \_\_\_\_\_ CELL#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

Street City State Zip Country

PRESENT LANDLORD/MTG HOLDER: \_\_\_\_\_

PHONE#: \_\_\_\_\_ LENGTH OF RESIDENCY \_\_\_\_\_ CHECK ONE IF YOU CURRENTLY: RENT  OWN

EMPLOYER NAME: \_\_\_\_\_ YEARS EMPLOYED: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ SUPERVISOR#: \_\_\_\_\_

PREV EMP(IF LESS THAN 1 YR): \_\_\_\_\_ YEARS EMPLOYED: \_\_\_\_\_

PREV SUPERVISOR NAME: \_\_\_\_\_ PREV SUPERVISOR#: \_\_\_\_\_

## APPLICANT #2

NAME: \_\_\_\_\_ DRIV LIC#: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

HOME#: \_\_\_\_\_ CELL#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

Street City State Zip Country

PRESENT LANDLORD/MTG HOLDER: \_\_\_\_\_

PHONE#: \_\_\_\_\_ LENGTH OF RESIDENCY \_\_\_\_\_ CHECK ONE IF YOU CURRENTLY: RENT  OWN

EMPLOYER NAME: \_\_\_\_\_ YEARS EMPLOYED: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ SUPERVISOR#: \_\_\_\_\_

PREV EMP(IF LESS THAN 1 YR): \_\_\_\_\_ YEARS EMPLOYED: \_\_\_\_\_

PREV SUPERVISOR NAME: \_\_\_\_\_ PREV SUPERVISOR#: \_\_\_\_\_

## APPLICANT #3

NAME: \_\_\_\_\_ DRIV LIC#: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

HOME#: \_\_\_\_\_ CELL#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

Street City State Zip Country

PRESENT LANDLORD/MTG HOLDER: \_\_\_\_\_

PHONE#: \_\_\_\_\_ LENGTH OF RESIDENCY \_\_\_\_\_ CHECK ONE IF YOU CURRENTLY: RENT  OWN

EMPLOYER NAME: \_\_\_\_\_ YEARS EMPLOYED: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ SUPERVISOR#: \_\_\_\_\_

PREV EMP(IF LESS THAN 1 YR): \_\_\_\_\_ YEARS EMPLOYED: \_\_\_\_\_

PREV SUPERVISOR NAME: \_\_\_\_\_ PREV SUPERVISOR#: \_\_\_\_\_

**OCCUPANTS OTHER THAN YOURSELF UNDER THE AGE OF 18 YEARS OLD:**

NAME: _____	RELATIONSHIP: _____	DOB:     /     /     _____
NAME: _____	RELATIONSHIP: _____	DOB:     /     /     _____
NAME: _____	RELATIONSHIP: _____	DOB:     /     /     _____
NAME: _____	RELATIONSHIP: _____	DOB:     /     /     _____

**IN CASE OF EMERGENCY, PLEASE NOTIFY: \_\_\_\_\_ (PLEASE INDICATE SOMEONE THAT WILL NOT LIVE WITH YOU)**

**RELATIONSHIP: \_\_\_\_\_ PHONE # \_\_\_\_\_**

**HAVE YOU OR ANYONE LIVING WITH YOU AGE 18 AND OLDER, EVER BEEN: Even if you think it is no longer in your record, please disclose.**

**Your application will be denied if it is discovered and you did not disclose.**

CHARGED WITH A CRIME?: YES or NO \_\_\_\_\_

CONVICTED OF A CRIME?: YES or NO \_\_\_\_\_

ARRESTED FOR ANY CRIME?: YES or NO \_\_\_\_\_

HAD ANY CRIMINAL, DRUG OR ACTION TAKEN AGAINST YOU EVEN IF IT WAS NULL, DISMISSED OR DISCHARGED?: YES or NO \_\_\_\_\_

Even if you think it is no longer in your record, please disclose to avoid denial of residency for non-disclosure. You may attach an additional sheet of paper if more room is needed for explanation.

IF YES TO ANY OF THE ABOVE, PLEASE EXPLAIN IN DETAIL. YOU MAY PROVIDE DOCUMENTATION AS WELL IF YOU WISH.

**(Failure to disclose can result in denial)**

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By signing below, you are granting Edgewater Condominium Association and First Service Residential permission to verify all information contained in this application. You are consenting to a credit and criminal background check through the screening company Edgewater chooses to use. Any falsification or misrepresentation of the facts in the application will result in automatic rejection. Application fee is \$100.00 per adult over 18 years of age, married couples with a valid marriage certificate pay \$100.00 jointly.

**APPLICATION FEES ARE NON-REFUNDABLE.**

_____ Applicant #1 Signature	_____ Print Name	_____ Date
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_____ Applicant #2 Signature	_____ Print Name	_____ Date
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_____ Applicant #3 Signature	_____ Print Name	_____ Date
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# EWC Screening Authorization

By signing below, you are giving Edgewater Condominium Association permission to verify all information contained in the application and to run a credit and criminal background check through Tenant Alert/Tenant Evaluation or Verify Screening.

You acknowledge that your signature is providing a release to First Service Residential, Edgewater Condominium Association, and a copy of all reports that have been retained will be made available to the parties mentioned on the lease including the owner and their representatives.

**PLEASE BE AWARE THAT ANY FALSIFICATION OR MISREPRESENTATION OF THE FACTS IN THIS APPLICATION WILL RESULT IN AUTOMATIC REJECTION.** THE \$100.00 APPLICATION FEE IS NON-REFUNDABLE PER RESIDENT, OVER 18 YEARS OF AGE. MARRIED COUPLE WITH A VALID MARRIAGE LICENSE PAY A \$100.00 JOINT FEE.

**PLEASE ALLOW UP TO 21 BUSINESS DAYS FOR APPROVAL.**

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Applicant #1 Signature

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Print Name

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Date

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Applicant #2 Signature

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Print Name

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Date

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Applicant #3 Signature

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Print Name

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Date

# EWC Rules & Regulations Acknowledgement

(PLEASE COMPLETE IN FULL ALL PAGES CLEARLY AND ACCURATELY)

Application to : Board of Directors

I/ We understand and acknowledge that a copy of the Rules and Regulations will be provided to the tenant/resident at the time of orientation and signature of receipt of rules and regulations will be provided by the office personnel at EDGEWATER CONDOMINIUMS Association.

I/We will be bound by the Rules & Regulations of the Condominium Association.

THE ASSOCIATION AND IT'S AGENT, IN THE EVENT IT CONSENTS TO A LEASE, IS HEREBY AUTHORIZED TO ACT AS OUR AGENT WITH FULL POWER AND AUTHORITY TO TAKE SUCH ACTION AS MAY REQUIRED, IF NECESSARY, TO COMPEL COMPLIANCE BY OUR LESSEE(S) AND/OR THEIR GUESTS, WITH PROVISION OF THE DECLARATION OF CONDOMINIUM OF THE EDGEWATER CONDOMINIUMS CONDOMINIUM ASSOCIATION, INC., IT'S SUPPORTIVE EXHIBITS, THE CONDOMINIUM ACT, AND RULES & REGULATIONS OF THE ASSOCIATION, OR IN THE INSTANCE OF VIOLATION OF ANY OF THE ABOVE BY THE LESSEE(S) AND/OR THEIR GUEST, UNDER APPROPRIATE CIRCUMSTANCE, TO TERMINATE THE LEASEHOLD. IF THIS APPLICATION IS FOR A LEASE, THE LESSOR AGREES TO REIMBURSE THE ASSOCIATION FOR ANY ATTORNEY'S FEES AND COSTS INCURRED AS LESSOR'S AGENT IN SUCH ENFORCEMENT OR LEASE TERMINATION.

In order for you to facilitate consideration of my/our Application for the LEASE of the above-designated unit, I/We have caused the proposed Lessor to complete the attached Application by Proposed Lessee. I/We am/are aware that any falsification or misrepresentation of the facts in the attached application will result in the automatic rejection of the Application to Lease. I/We consent that you may have further inquiries concerning this application particularly of the references given below.

I/We agree Owner/Lessee shall not move in until the Association has provided a signed approval letter by the office personnel to the closing agent.

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Applicant #1 Signature	Print Name	Date
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Applicant #2 Signature	Print Name	Date
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Applicant #3 Signature	Print Name	Date
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**Edgewater Condominium Association of Broward County, Inc.**

8931 Wiles Rd.

Coral Springs, FL 33067

Tel: (954) 344-3601

Fax: (954) 344-3848

**Owner Contact Information**

Will the owner be living in the unit? Yes \_\_\_\_\_ No \_\_\_\_\_ Building \_\_\_\_\_ Unit \_\_\_\_\_

Owner's name \_\_\_\_\_

Closing Date \_\_\_\_\_

Owners mailing address if not living in unit \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Owner's email address: \_\_\_\_\_

Owner's cell number: \_\_\_\_\_

Manager for unit: \_\_\_\_\_

Managers cell: \_\_\_\_\_

Managers email address: \_\_\_\_\_

# DISCLOSURE FORM

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

Unit \_\_\_\_\_ Bldg \_\_\_\_\_ Owner \_\_\_\_\_

The following list is information vital to you as the new buyer and must be acknowledged before the certificate of approval is released:

- 1- The toilets have been equipped with a system to save water and detect leaks, if you will be replacing the toilets, YOU MUST allow management to remove the system before disposing of the toilets. If you fail to comply with this request a \$120.00 replacement cost fee will be charged to your ledger.
- 2- Before you begin any work in the unit, you must fill out the ARCH form or the minor repair form in order to avoid a fine. All forms are in your welcome packet that will be released at Orientation.
- 3- The Association requires that all units provide a one month's security deposit. If the unit you are purchasing is rented and the seller will be leaving the deposit for the new buyer, for your protection it is vital that the seller provide a letter at closing addressing the Association and the intent to turn over the deposit to the buyer.

Below is an example the language that may be used in the letter. Letter must be notarized.

Dear Board of Directors:

My name is \_\_\_\_\_, I am the owner of unit \_\_\_\_, building \_\_\_\_\_. I have sold the unit to \_\_\_\_\_ and I am releasing the security deposit in the amount of \$ \_\_\_\_\_, to \_\_\_\_\_ as the new owners of the unit.

OR,

Dear Board of Directors:

I am the tenant in unit \_\_\_\_ Building \_\_\_\_\_, my name is \_\_\_\_\_, I provided a security deposit in my name to the Association and would like for the name to be changed to the owner of the unit \_\_\_\_\_. I dismiss the association of any liability for releasing the deposit with this notice.

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Signature

Print Name

Date