

**HARBOR VIEW ON GOLDEN GATE POINT**  
**CONDOMINIUM ASSOCIATION, INC.**

**SARASOTA, FLORIDA 34236**

**941-921-5393**

**SALES APPLICATION**

**MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO CLOSING DATE**

**ATTACH TWO (2) CHECKS PER APPLICANT**

**#1 MOVE IN SECURITY DEPOSIT IN THE AMOUNT OF \$1,000.00**

**#2 FOR \$100.00 PER APPLICANT**

**MAKE CHECKS #1 AND #2 OUT TO**

**HARBOR VIEW ON GOLDEN GATE POINT CONDOMINIUM ASSOCIATION, INC.**

**SPOUSES MAY FILL OUT ONE APPLICATION BUT THE OWNER(S) MUST SUBMIT TWO CHECKS,**

**TWO PERSONS NOT MARRIED MUST FILL OUT SEPARATE APPLICATIONS**

**AND THE OWNER(S) MUST SUBMIT CHECKS FOR EACH.**

UNIT \_\_\_\_\_

650 GOLDEN GATE POINT

OWNER(S) NAME \_\_\_\_\_ PHONE \_\_\_\_\_

REALTOR \_\_\_\_\_

CLOSING DATE \_\_\_\_\_

In order to facilitate consideration of my/our application for purchase at HARBOR VIEW ON GOLDEN GATE POINT CONDOMINIUM ASSOCIATION, INC., I/we represent that the following information is factual and true. I/we consent to you making further inquiries concerning this application particularly the background checks and the references given.

NAME OF APPLICANT \_\_\_\_\_ DOB \_\_\_\_\_ DL # \_\_\_\_\_

SPOUSE - APPLICANT \_\_\_\_\_ DOB \_\_\_\_\_ DL # \_\_\_\_\_

ONLY TWO (2) PERSONS PER BEDROOM ARE ALLOWED.

CURRENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRESENT LANDLORD/MORTGAGE CO. \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

WHY MOVING? \_\_\_\_\_ MONTHLY RENT/MORTGAGE \$ \_\_\_\_\_ MORTGAGE # \_\_\_\_\_

APPLICANT HOME PHONE \_\_\_\_\_ APPLICANT BUSINESS PHONE# \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_ INCOME \$ \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ UNTIL \_\_\_\_\_ BUSINESS PHONE# \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_ SUPERVISOR'S PHONE # \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

# SALES APPLICATION

NUMBER OF PERSONS WHO WILL RESIDE IN UNIT \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_ INCOME \$ \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ UNTIL \_\_\_\_\_ BUSINESS PHONE# \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_ SUPERVISOR'S PHONE # \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SPOUSE'S EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_ INCOME \$ \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ UNTIL \_\_\_\_\_ BUSINESS PHONE# \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_ SUPERVISOR'S PHONE # \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_ INCOME \$ \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ UNTIL \_\_\_\_\_ BUSINESS PHONE# \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_ SUPERVISOR'S PHONE # \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT:

NAME \_\_\_\_\_ CURRENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ BUSINESS PHONE# \_\_\_\_\_

ONLY TWO AUTOMOBILES ARE ALLOWED PER UNIT. AUTOMOBILE(S) TO BE PARKED IN DESIGNATED PARKING SPOT(S):

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ STATE \_\_\_\_\_ TAG \_\_\_\_\_

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ STATE \_\_\_\_\_ TAG \_\_\_\_\_

**THERE CAN ONLY BE ONE DOG OR ONE CAT, OR ONE CAGED BIRD, OR ONE FISH TANK IN EACH UNIT**

DESCRIPTION OF PET:

TYPE \_\_\_\_\_ BREED \_\_\_\_\_ HEIGHT AT SHOULDER \_\_\_\_\_ WEIGHT \_\_\_\_\_

# SALES APPLICATION

**CHARACTER REFERENCES:**

1. NAME \_\_\_\_\_

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

2. NAME \_\_\_\_\_

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

Have you ever had an eviction notice filed or left owing money to an owner or landlord? Applicant: Yes \_\_\_ No \_\_\_  
Spouse: Yes \_\_\_ No \_\_\_

Have you applied for residency in the past 2 years but did not move in? Applicant: Yes \_\_\_ No \_\_\_  
Spouse: Yes \_\_\_ No \_\_\_

Have you ever had adjudication withheld or been convicted of a crime? Applicant: Yes \_\_\_ No \_\_\_  
Spouse: Yes \_\_\_ No \_\_\_

*If you have answered yes to any of the above questions please explain the circumstances on the back of this form.*

I/we understand that I/we shall apply for approval of the proposed purchase and consent to an interview at least 20 days prior to the closing of the sale. I/we understand that the sales contract shall contain an agreement of the purchaser(s) to comply with the Condominium Documents.

I/we understand that § 718,503(2), Florida Statutes states that the seller of a Condominium, at the seller's expense, must provide prospective purchasers with copies of all of the recorded condominium documents including but not limited to the Articles of Incorporation, the Declaration of Condominium, the Bylaws and all amendments to the aforementioned, and the Rules and Regulations, the current year end financial statement, the Frequently Asked Questions and Answers form, a governance form, disclosure of all Fees and due dates, at least 3 days prior to the execution of a sales contract. Failure of the seller to provide these documents makes the contract voidable at the option of the buyer at any time prior to the closing. I/we have been presented with the aforementioned by the seller in the form substantially prescribed by the State of Florida before executing a sales contract and we agree to abide by all restrictions and rules as written and all changes to same in the future

**AUTHORIZATION OF RELEASE OF INFORMATION:** Applicant(s) represent(s) that all of the above information and statements on all pages of this application for purchase are true, accurate and complete, and hereby authorize(s) an investigative consumer report including, but not limited to, residential history (rental and/or mortgage), employment history, credit history, court records, criminal background checks and credit records. All parties must sign this application before it can be processed. Applicant(s) acknowledge(s) that failure to provide correct and true information constitutes a criminal offense in the state of Florida.

The application fee and background check fee are non-refundable.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF UNIT OWNER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF UNIT OWNER \_\_\_\_\_ DATE \_\_\_\_\_

# SALES APPLICATION

CRIMINAL CHECK

BACKGROUND CHECK

APPLICANT

APPLICANT'S SPOUSE

\*NAME \_\_\_\_\_ \*NAME \_\_\_\_\_

\*ADDRESS \_\_\_\_\_ \*ADDRESS \_\_\_\_\_

\*CITY \_\_\_\_\_ \*CITY \_\_\_\_\_

\*STATE \_\_\_\_\_ \*ZIP \_\_\_\_\_ \*STATE \_\_\_\_\_ \*ZIP \_\_\_\_\_

\*SOCIAL SECURITY NO \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ \*SOCIAL SECURITY NO \_\_\_\_\_

\*DATE OF BIRTH \_\_\_\_\_ \*DATE OF BIRTH \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CELL PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

\*DRIVER'S LICENSE STATE \_\_\_\_\_ \*DRIVER'S LICENSE STATE \_\_\_\_\_

\*DRIVER'S LICENSE # \_\_\_\_\_ \*DRIVER'S LICENSE # \_\_\_\_\_

LANDLORD'S NAME \_\_\_\_\_ LANDLORD'S NAME \_\_\_\_\_

LANDLORD'S PHONE # \_\_\_\_\_ LANDLORD'S PHONE # \_\_\_\_\_

CURRENT RENT OR MORTGAGE \$ \_\_\_\_\_ CURRENT RENT OR MORTGAGE \$ \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER \_\_\_\_\_

EMPLOYER PHONE # \_\_\_\_\_ EMPLOYER PHONE # \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

HOW LONG ON JOB? \_\_\_\_\_ HOW LONG ON JOB? \_\_\_\_\_

MONTHLY WAGES OR SALARY \$ \_\_\_\_\_ MONTHLY WAGES OR SALARY \$ \_\_\_\_\_

**\*ITEMS MARKED WITH THIS ASTERISK ARE REQUIRED. A COPY OF DRIVER'S LICENSE(S) IS/ARE REQUIRED**

AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR PUBLIC RECORDS, CREDIT REPORT,  
RENTAL OR LEASE HISTORY, MORTGAGE HISTORY AND EMPLOYMENT VERIFICATION

I/we agree to hold harmless all providers of information on the prospective purchaser(s) stated above. In the event that the information provided by me/us is found to be false, my/our acceptance for this rental, lease, or purchase, whether determination is made before or after my/our date of occupancy may be affected. I/we do hereby authorize with my/our signature(s), to release public records, credit reports, rental and lease information, mortgage information and employment verification, whether by fax, verbal, photo copy or original signature, to: Harbor View on Golden Gate Point Condominium Association, Inc. and/or their agent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SALES APPLICATION  
APPLICATION DOES NOT IMPLY APPROVAL**

**BOARD OF DIRECTORS' APPROVAL**

BUYERS(S) \_\_\_\_\_

UNIT \_\_\_\_\_ REALTOR \_\_\_\_\_ PHONE \_\_\_\_\_

CLOSING DATE \_\_\_\_\_

**D EVORPPASID ء DEVORPPA ء**

BOARD MEMBER \_\_\_\_\_ DATE \_\_\_\_\_

BOARD MEMBER \_\_\_\_\_ DATE \_\_\_\_\_

BOARD MEMBER \_\_\_\_\_ DATE \_\_\_\_\_

Attachments:

**Move in security deposit in the amount of \$1,000.00 made out to Harbor View on Golden Gate Point Condominium Association, Inc.**

**\$100.00 application fee check made out to Harbor View on Golden Gate Point Condominium Association, Inc.**

**PHOTO COPY OF ACCEPTABLE ID FOR EACH APPLICANT, ID MUST HAVE A PICTURE OF THE APPLICANT**

**COPY OF FINAL CONTRACT SIGNED BY ALL PARTIES**

**APPROVAL: SALES AND LEASES COMMITTEE CHAIR PERSON**

This page is for Buyers and Sellers

PLEASE REFER TO:

THE DECLARATION OF CONDOMINIUM  
ARTICLE 20. Selling and Mortgaging of Units  
RULES AND REGULATIONS  
SALES APPLICATION

COLLECTION OF SALES TAX ON THE SALE OF  
DEEDED BOAT DOCKS.

NOTE: FLORIDA STATE LAW ALLOWS FOR THE  
ATTORNEY AND TITLE COMPANY ARE AWARE OF  
THE LAW AND INCORPORATE THIS IN YOUR  
SALES CONTRACT AND CLOSING DOCUMENTS.  
PURCHASERS ARE RESPONSIBLE FOR THE  
PAYMENT OF THIS TAX AND PROOF OF PAYMENT  
MUST BE PROVIDED TO HARBOR VIEW ON  
GOLDEN GATE POINT CONDOMINIUM  
ASSOCIATION, INC.

SEND, DO NOT FAX, COMPLETED APPLICATION TO:

PROGRESSIVE COMMUNITY MANAGEMENT  
3701 SOUTH OSPREY AVENUE  
SARASOTA, FL 34239