



***Island Dunes Oceanside 1 Condominium Association, Inc.
8880 South Ocean Drive, Jensen Beach, FL 34957***

A NOTE TO OUR PROSPECTIVE NEIGHBORS

The attached application for approval of purchase of a unit at Island Dunes Oceanside I is intended to give us an understanding of people interested in becoming our neighbors.

We take the role of neighbor very seriously here at Oceanside I. We hope that you will find living here a special experience with people who know each other, respect each other and genuinely cherish a relationship that we feel really sets this building apart from many others.

We want to make sure that folks interested in coming here are ones interested in becoming part of a great community and hoping to do their part in making that community even better.

We thank you for your time in filling out the required forms and stand ready to be as helpful as we can be in answering all your questions about our home.

More than that, we look forward to greeting you as our newest friends.

Whether you plan to be here all year or just seasonally, we think you will find the wonderful facilities, the beach, the country club, the staff, and your new neighborhood an incredibly special place.

Please note the many social activities that take place here at Oceanside I. We really are known as one of the most social and hospitable associations in the area. Please take part in as many social activities as you can.

Thank you!

The Board and all your neighbors at Oceanside I

**ISLAND DUNES OCEANSIDE I CONDOMINIUM ASSOCIATION, INC.
8880 SOUTH OCEAN DRIVE, JENSEN BEACH, FLORIDA, 34957**

APPLICATION FOR APPROVAL OF SALE OR TRANSFER OF A CODOMINIUM UNIT

THIS COMPLETED APPLICATION FOR A SALE OR TRANSFER OF A UNIT MUST BE RECEIVED BY THE ASSOCIATION AT LEAST THIRTY (30) DAYS PRIOR TO THE PROPOSED CLOSING DATE.

PLEASE NOTE THAT WE ALSO REQUIRE:

- *\$150 FOR THE APPLICATION PROCESSING FEE – CHECK PAYABLE TO ISLAND DUNES OCEANSIDE I**
- *COPY OF THE SALES AGREEMENT**
- *TWO PERSONAL LETTERS OF REFERENCE WRITTEN BY PERSONS NOT RELATED TO THE APPLICANT AND DELIVERED DIRECTLY TO THE ISLAND DUNES OCEANSIDE I CONDOMINIUM ASSOCIATION**
- * OUR PET APPROVAL FORM MUST BE FILLED OUT EVEN IF THE PROPECTIVE OWNER IS NOT A PET OWNER**
- * A LEGIBLE COPY OF EACH PURCHASER'S CURRENT DRIVER'S LICENSE**

CONDOMINIUM UNIT # _____

PLANNED CLOSING DATE: _____ REALTY AGENT: _____

REALTY COMPANY: _____ REALTOR'S PHONE: _____

BUYER'S NAME: _____

BUYER'S NAME: _____

BUYER'S ADDRESS: _____

HOW LONG AT THIS ADDRESS? _____ DO YOU OWN _____ RENT _____

IF LESS THAN 3 YEARS, PREVIOUS ADDRESS: _____

IF CURRENTLY RENTING, PLEASE NOTE LANDLORD'S NAME, ADDRESS, AND PHONE NUMBER:

BUYER'S TELEPHONE: _____ BUYER'S E-MAIL: _____

BUYER'S TELEPHONE: _____ BUYER'S E-MAIL: _____

1ST BUYER: MALE: _____ FEMALE: _____ SOCIAL SECURITY NUMBER: _____ DOB ___/___/___

2ND BUYER: MALE: _____ FEMALE: _____ SOCIAL SECUIRITY NUMBER: _____ DOB ___/___/___

IF OTHERS WILL OCCUPY THIS UNIT, PLEASE NOTE THEIR INFORMATION:

NAME: _____ AGE: _____ RELATIONSHIP: _____

NAME: _____ AGE: _____ RELATIONSHIP: _____

IF ANY OF THE ADDITIONAL OCCUPANTS ARE 18 YEARS OR OLDER PLEASE PROVIDE THEIR INFORMATION BELOW AND AN ADDITIONAL \$50 ADMINISTRATIVE FEE FOR EACH.

NAME _____ SOCIAL SECURITY # _____

NAME _____ SOCIAL SECURITY # _____

1ST BUYER'S OCCUPATION: COMPANY: _____ TITLE: _____

2ND BUYER'S OCCUPATION: COMPANY: _____ TITLE: _____

WILL THIS BE YOUR YEAR-ROUND HOME? _____ SEASONAL: _____ RENTAL PROPERTY: _____

NOTE: A COPY OF THE WARRANTY DEED MUST BE FURNISHED TO THE CONDOMINIUM OFFICE WITHIN TEN DAYS AFTER CLOSING.

AUTOMOBILES OWNED: (NOTE: NO MORE THAN TWO VEHICLES PER UNIT MAY BE PARKED ON GROUNDS)

VEHICLE 1: TYPE _____ MAKE _____ YEAR _____ STATE&LICENSE# _____

VEHICLE 2: TYPE _____ MAKE _____ YEAR _____ STATE&LICENSE # _____

DISCLOSURE AND AUTHORIZATION AGREEMENT

A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT INCLUDING INFORMATION CONCERNING YOUR CHARACTER, EMPLOYMENT HISTORY, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, CRIMINAL RECORD, EDUCATION, MOTOR VEHICLE RECORD, CREDIT AND/OR INDEBTEDNESS MAY BE OBTAINED IN CONNECTION WITH YOUR APPLICATION FOR RESIDENCE.

YOU HEREBY AUTHORIZE AND REQUEST, WITHOUT RESERVATION, ANY PRESENT OR FORMER EMPLOYER, SCHOOL, POLICE DEPARTMENT, FINANCIAL INSTITUTION, DIVISION OF MOTOR VEHICLES, CONSUMER REPORTING AGENCY, OR OTHER PERSON OR AGENCIES HAVING KNOWLEDGE ABOUT YOU TO FURNISH **NATIONAL TENANT NETWORK** 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

I agree to abide by the current Oceanside I Rules and Regulations.

Please circle one: YES NO

SIGNED:

BUYER: _____ DATE: _____

PLEASE PRINT YOUR NAME: _____

SIGNED:

2ND BUYER: _____ DATE: _____

PLEASE PRINT YOUR NAME: _____

ISLAND DUNES OCEANSIDE I BOARD AUTHORIZATION:

BOARD OF DIRECTORS DECISION: _____ APPROVED _____ DISAPPROVED _____ DATE

BOARD DIRECTOR: _____



NATIONAL TENANT NETWORK

THE NATION'S PREMIER SCREENING COMPANY
TELEPHONE 1.800.330.2930 or FAX 1.800.368.1241

FOR OFFICE USE ONLY:

SUBSCRIBER NAME:.....

ACCESS NUMBER:.....

PHONE NUMBER:

FAX THIS REPORT BACK TO: FAX# :.....

REQUESTING AGENT (PRINT NAME):

CHECK THE DESIRED REPORTS BELOW:

- Scored Credit Report
- Eviction/Tenant Performance
- Multistate Criminal/Sex offender search
- Credit & Eviction (SSP)
- Credit & Eviction & Criminal (PSP)
- Canadian Credit
- Canadian Criminal
- Decision Point**

Monthly Income:

Monthly Rent:

APPLICANT (PRINT NAME)

SOCIAL SECURITY # **DATE OF BIRTH**.....

CURRENT ADDRESS

CITY **STATE** **ZIP CODE**

PLEASE CAREFULLY FILL IN ALL OF THE ABOVE INFORMATION. I CERTIFY.

THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND HEREBY AUTHORIZE YOU TO MAKE ANY INQUIRIES YOU FEEL NECESSARY TO EVALUATE MY TENANCY. IF I RENT THE UNIT, I UNDERSTAND THAT THE INFORMATION GATHERED ON, AND FROM THIS FORM AND THE RENTAL AGREEMENT MAY BE MAINTAINED BY MANAGEMENT AND NATIONAL TENANT NETWORK FOR UP TO FIVE (5) YEARS AFTER I VACATE THE PREMISES.

TENANT'S SIGNATURE.....**DATE**.....

MAKE SURE YOU FILL OUT FULL NAME, DOB, SOCIAL SECURITY # & FULL ADDRESS

IF YOU HAVE A SECURITY FREEZE, PLEASE LIFT WITH ALL 3 BUREAUS BEFORE APPLYING!!

NTN FLORIDA,
INGRID
1800-330-2930



ISLAND DUNES OCEANSIDE I

8880 South Ocean Drive
Jensen Beach, FL 34957
772-229-8415/ Fax 772-229-5540

PET APPROVAL REQUEST
(Must be completed for all unit purchases)

No pets shall be permitted unless approved in writing by the condominium association. Only one (1) pet shall be permitted to reside in any one (1) unit. No pets are permitted in any part of the common elements, or pool area, unless the pet is carried by the owner or in an enclosed pet carrier. Outside of the building pets must be leashed. The condominium association shall not approve any pet which when fully grown is reasonably anticipated to weigh more than thirty (30) pounds. If any pet becomes annoying to other unit owners by barking or otherwise, the unit owner in whose unit the pet is kept shall immediately cause the problem to be corrected. If the problem is not corrected after written notice from the condominium association, the unit owner shall no longer be able to keep the pet in his unit or shall be required to take such steps as the condominium association may direct.

*A veterinarian's certificate must be attached stating the breed, weight and current vaccination history.
A photograph of pet (s) must be attached to this form.*

INITIAL HERE IF YOU DO NOT HAVE A PET, BUT HAVE READ THE RULES_____

PURSUANT TO ARTICLE XIV OF THE DECLARATION OF CONDOMINIUM, I HEREBY REQUEST APPROVAL OF MY PET. I HAVE REVIEWED RESTRICTIONS OF ARTICLES XIV REGARDING PETS AND AGREE TO COMPLY WITH THEM AT ALL TIMES.

TYPE OF ANIMAL: _____ BREED: _____

PET'S NAME: _____ BIRTH DATE: _____

PET'S WEIGHT: _____ EXPECTED ADULT WEIGHT: _____

Signature of Applicant

Printed Name

For unit #: _____

Date: _____

Initial _____

Initial _____

APPROVED BY: _____

DATE: _____