

RESALE APPLICATION CHECKLIST

RECEIVED

Name of SELLER: _____

Name of BUYER: _____

Affidavit of Application (to be completed by the Seller) _____

Confidential Residential Information Sheet (to be completed by the Buyer) _____

Copy of Executed Purchase Agreement _____

Closing Date: _____

(Verification & Application for Residency) _____

Transfer Fee \$100.00 (non-refundable) _____

Move In/ Out and Delivery Policy _____

NOTE: For copies of the Questions & Answers Sheet, Rules and Regulations and the Current Budget, please see the Association's Condominium Documents.

Realtor's Contact Information: _____

*** Orientation for the NEW OWNERS**

Date: _____ Time: _____

FOR OFFICE USE ONLY:

Reviewed by: _____ **Date:** _____

Management Representative

REALTOR'S AND SELLER'S RESPONSIBILITY

The completion of this package is your responsibility. Every form in this package must be completed. All information required by the Association must be provided in a timely manner. Failure to provide a completed package will delay a response, which is required for closing and/or moving into **bliss Condominium**. Please return the completed package to the Management Office as soon as possible. Upon receipt of the completed package, allow 14 days for management to respond.

LEASE APPLICATION CHECKLIST

Name of Owner: _____

Name of Tenant: _____

Address bliss Condominium
176 4th Avenue NE, Unit # _____
St. Petersburg, FL 33701

RECEIVED

Affidavit of Applicant (to be completed by the Owner)

Confidential Residential Information Sheet (to be completed by the Tenant)

Copy of Lease Agreement

Term of Rental: From: _____ to: _____

Screening Application (to be completed by the Tenant(s))

WWW.TENANTSCREENINGNOW.COM

(Verification & Application for Residency)

Transfer Fee \$100.00 (non-refundable)

Move in/Out and Delivery Policy

NOTE: For copies of the Rules and Regulations, please see the Association's Condominium Documents.

Realtor's Contact Information: _____

Orientation for the TENANTS after the Board's approval:

Date: _____ Time: _____

FOR OFFICE USE ONLY:

Reviewed by: _____
Management Representative

Date: _____

Approved by: _____
Board of Director/Title

Date: _____

REALTOR'S AND LANDLORD'S RESPONSIBILITY

The completion of this package is your responsibility. Every form in this package must be completed. All information required by the Association must be provided in a timely manner. Failure to provide a completed package will delay the Board's Approval, which is required for closing and/or moving into bliss Condominium. Please return the completed package to the Management Office as soon as possible. Upon receipt of the completed package, allow 14 days for the approval process.

bliss Condominium

REQUEST FOR APPROVAL OF OWNERSHIP TRANSFER OR LEASE

IF SALE PLEASE COMPLETE THIS SECTION:

Proposed Date of Closing: _____ Realtor Name: _____

Company Name: _____ Phone/Fax: _____

Complete Name and Address of Title Company or Attorney handling the closing: _____

Address After Closing: _____

Phone Number: _____ Email: _____

Have you received a set of Condominium Documents? YES _____ NO _____

Is unit to be leased? _____ YES _____ NO If unit it to be leased, purchaser agrees to supply the Board of Directors with application for lease and copy of lease prior to rental occupancy. If unit will not be leased, will owner live in unit _____ Part Time or _____ Full Time?

THIS INFORMATION MUST BE PROVIDED FOR PROCESSING OF YOUR APPLICATION

Applicant Name: _____ Date of Birth: _____

Social Security Number: _____ - _____ - _____ Driver's License: _____

Spouse's Name: _____ Date of Birth: _____

Social Security Number: _____ - _____ - _____ Driver's License: _____

If other persons will occupy this unit, please attach a separate sheet as an addendum. Purchaser's

Present Address: _____

Phone Number: _____ Fax Number: _____

Employed By: _____ Address: _____

References: _____ Address: _____

References: _____ Address: _____

Bank References: _____

Automobile(s) Make: _____ Tag Number: _____

Automobile(s) Make: _____ Tag Number: _____

Pets Type: _____ Weight: _____

Number of Persons to Occupy Unit: _____

Purchaser(s) states that he has received a copy of all Association Documents including the Declaration of Covenants and Restrictions, Articles of Incorporation, Bylaws and Rules and Regulations, as has read, understood and agrees to abide by all the conditions and terms herein and all reasonable rules and regulations enacted hereafter officially by the Association.

This approval is subject to all financial obligations to the Association including, but not limited to, maintenance fees, late charges, special assessments, legal fees and application fees having been paid in full or will be paid by closing agent at the time of closing of this sale.

I understand that the Board of Directors of the Association may caused to be instituted an investigation of my background, which could include a credit check and a criminal record check. Accordingly, I authorize the Board of Directors to make such investigations and I agree that the information contained in this application may be used in such investigation and that the Board of Directors shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors. The decision of the Board is final and no reason necessarily will be given for any action taken by the Board. I agree to be governed by the determination of the Board of Directors.

Print:

SELLER/LANDLORD

PURCHASER/TENANT

Signature:

SELLER/LANDLORD

PURCHASER/TENANT

=====APPROVAL OF PURCHASER/TENANT=====

Pursuant to Paragraph_____, Article_____of the Declaration of Covenants and Restrictions of the_____
_____, the Board of Directors have approved the purchase/lease
of unit at_____and do hereby confirm the same by
this document.

President, Secretary or Authorized Agent

Application processing fee is \$100.00 per person or per married couple and must be included with this form in order to process your application

Please make your checks payable to: bliss Condominium

If you have any questions, please contact your Association Manager at (727) 289-7578.

CONFIDENTIAL RESIDENT INFORMATION

Date: _____

Owner or Renter's Name 1 _____

Owner or Renter's Name 2 _____

Home Address

bliss Condominium
176 4th Avenue NE Unit # _____
St. Petersburg, FL 33701

Does a corporation own the unit? (Circle One) Yes/ No

If yes, please state the name of the Corporation:

Is this a Primary or Secondary Residence? (Circle One) PRIMARY SECONDARY

If secondary, please list anticipated dates of occupancy? _____

List All Residents (List ages if under 18): _____

Home Phone #: _____ Business Phone #: _____

Alternate Phone #: _____ Cell Phone #: _____

Email Address (1): _____ Email Address (Alt): _____

Emergency Contact Information

Name: _____

Phone #: _____

Relationship: _____

Caretaker Contact: Name: _____ Phone: _____

For Association mailing purposes, please state mailing address:

Are you or anyone in your household in need of special medical attention or have restricted mobility, which would require additional assistance in the event of an emergency?

YES ☐ NO ☐

If yes, please explain special needs (i.e. oxygen, wheelchair, sight impaired, hearing impaired, etc.):

Home Owner/s please select a 4 digit P.I.N. for access to FirstService Connect:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Community website is located at: <http://fsrsouth.fsrconnect.com/blissCondo>

MOVE IN /MOVE OUT AND DELIVERY POLICY

Move-In / Move-Out

A move is defined as furniture, appliances or boxes taken to a Home that requires three or more trips exclusively for a specific Home in any 24-hour period.

- The Association requires immediate notice if there is any delay in the start or completion of the move that will prevent the completion of the move on time or in a timely fashion.
- The Moving Company must provide a Certificate of Insurance to the Association Manager listing the Association as additional insured and the Home Owner as the certificate holder. These documents must be submitted/ received prior to the date of the move.

General Liability coverage (per project) in the minimum amount of **One Million Dollars (\$1,000,000.00)** WITH a waiver of Subrogation and applicable endorsement.

Comprehensive Auto Liability insurance in the minimum amount of **One Million Dollars (\$1,000,000.00)** combined single limits on (any vehicles).

Workers Compensation Insurance as required by State Law with a waiver on Subrogation n Favor of the Home Owner and Association respectively.

NOTE: All certificates of are invalid without a Waiver of Subrogation endorsement. Not having this document places both the Home Owner and the Association at risk in the event of an accident.

Deliveries

- Move-Ins, Move-Outs and Deliveries can be made only between 9:00 a.m. and 5:00 p.m., Monday through Friday (Holidays excluded) and can only be done with the service elevator.

Acknowledgement by Unit Owner

I acknowledge receipt of the "Move-in/Move-out and Delivery Procedures" and understand that as the Home Owner/Lessee, I am liable for the expense of fines, damages, repairs and other related expenses, etc. due to negligence of my agents or employees. I hereby agree to comply with all of the above requirements and to cause my moving and delivery personnel to comply with these requirements.

Home Owner (1) Name: _____

Home Owner (1) Signature: _____ Date: _____

Home Owner (2) Name: _____

Home Owner (2) Signature: _____ Date: _____

Address: bliss Condominium
176 4th Avenue NE Unit #_____
St. Petersburg, FL 33701