

## 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:** \_\_\_\_\_

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**\* Orientation for the NEW OWNERS**

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

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**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 4<sup>th</sup> 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: \_\_\_\_\_

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**Orientation for the TENANTS after the Board's approval:**

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

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**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 is 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 cause 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 4<sup>th</sup> 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:

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 in 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 4<sup>th</sup> Avenue NE Unit # \_\_\_\_\_  
St. Petersburg, FL 33701