

ABBEY HOUSE OF PORT CHARLOTTE, A CONDOMINIUM, INC.
APPLICATION FOR PURCHASE

**APPLICATION MUST BE SUBMITTED A MINIMUM OF 20 DAYS PRIOR
TO THE CLOSING TO OBTAIN A CERTIFICATE OF APPROVAL
(REQUIRED TO COMPLETE SALE)**

******THERE WILL BE NO EXCEPTIONS TO THIS RULE******

PLEASE SUBMIT THIS COMPLETED APPLICATION WITH **\$100.00 NONREFUNDABLE APPLICATION FEE** TO THE ATTENTION OF THE BOARD OF DIRECTORS ABBEY HOUSE c/o MANAGER'S OFFICE 6210 SCOTT STREET #214 PUNTA GORDA, FL 33950. THERE IS **A \$40.00 NONREFUNDABLE FEE FOR THE BACKGROUND CHECK**. THIS PAYMENT SHOULD BE MADE TO PALMER PROPERTY MANAGEMENT. IF YOU SCAN THIS COMPLETED APPLICATION TO PPM@MYPPM.NET PLEASE INCLUDE A COLOR COPY OF YOUR GOVERNMENT ISSUED ID.

DATE APPLICATION SUBMITTED TO MANAGER'S OFFICE ____/____/____ VERIFIED BY ____ (INITIALS).

I INTEND TO PURCHASE UNIT # ____ OF THE ABBEY HOUSE OF PORT CHARLOTTE A CONDOMINIUM INC. LOCATED AT 21287 GERTURDE AVENUE, PORT CHARLOTTE, FL. 33952. I REPRESENT THAT THE FOLLOWING INFORMATION IS FACTUAL AND TRUE. I AM AWARE THAT ANY FALSIFICATION OR MISREPRESENTATION OF THE FACTS IN THIS APPLICATION CAN RESULT IN THE REJECTION OF THIS APPLICATION OR CONSTITUTE GROUNDS FOR THE ASSOCIATION TO VOID ANY APPROVAL THAT MAY BE GRANTED.

I ALSO CONSENT AND ACKNOWLEDGE THAT YOU MAY MAKE FURTHER INQUIRY CONCERNING THIS APPLICATION PARTICULARLY OF THE REFERENCES GIVEN BELOW AND CREDIT STANDING. IN THIS REGARD PURSUANT TO THE FAIR CREDIT REPORTING ACT, 15 U.S.C. SECTION 1681 AT SEC. THE ASSOCIATION MAY OBTAIN A CREDIT REPORT ON THE APPLICANT(S) REFERENCED BELOW. THAT IS BY SIGNING THIS APPLICATION, YOU HEREBY CONSENT TO THE ASSOCIATION OBTAINING A CREDIT REPORT AND CONSIDERING IT IN CONNECTION WITH YOUR APPLICATION. EVERY EFFORT SHALL BE MADE BY THE ASSOCIATION TO MAINTAIN THE CONFIDENTIALITY OF SUCH REPORT, HOWEVER, BY SIGNING THE APPLICATION, YOU HEREBY WAIVE AND HOLD THE PERTINENT ASSOCIATION HARMLESS OF ANY CLAIM, ACTION, OR SUIT REGARDING USE OF THE CREDIT REPORT.

I UNDERSTAND THAT THE ASSOCIATION MAY, PURSUANT TO SECTION 9439953, FLORIDA STATUTES, OBTAIN A CRIMINAL HISTORY INFORMATION OF THE APPLICANT(S) SIGNING THIS APPLICATION THE APPLICANT(S) HEREBY CONSENT TO THE ASSOCIATION OBTAINING A CRIMINAL HISTORY INFORMATION AND CONSIDERING IT IN CONNECTION WITH THE APPLICATION. EVERY EFFORT SHALL BE MADE BY THE ASSOCIATION TO MAINTAIN THE CONFIDENTIALITY OF THE REPORT, HOWEVER BY SIGNING THE APPLICATION YOU HEREBY WAIVE AND HOLD THE ASSOCIATION HARMLESS OF ANY CLAIM, ACTION OR SUIT REGARDING USE OF CRIMINAL HISTORY INFORMATION.

ADDITIONALLY, I HAVE READ AND AGREED TO BE BOUND BY THE DECLARATION, ARTICLES OF INCORPORATION, BY-LAWS AND RULES AND REGULATIONS OF THE ASSOCIATION WHICH GOVERN THE HOUSE IN WHICH THE UNIT TO BE PURCHASED IS LOCATED, COPIES OF WHICH DOCUMENTS HAVE BEEN FURNISHED TO ME BY THE OWNER, IN THIS REGARD I UNDERSTAND:

****NO ANIMALS OR PETS OF ANY KIND SHALL BE ALLOWED IN ANY UNIT OR ON THE PROPERTY OF THE CONDOMINIUM.**

****NO PERSON UNDER THE AGE OF 18 CAN OCCUPY A UNIT FOR MORE THAN (30) THIRTY DAYS.**

****NO CONDOMINIUM CAN BE SUBLEASED WITHOUT APPROVAL OF THE UNIT OWNER AND THE BOARD OF DIRECTORS.**

****NO UNIT OWNER MAY LEASE HIS OR HER UNIT FOR A PERIOD OF (3) THREE YEARS AFTER TAKING TITLE TO A UNIT. AFTER THE EXPIRATION OF THIS TWO-YEAR PERIOD A UNIT OWNER MAY LEASE THEIR UNIT IN ACCORDANCE WITH PROVISIONS ELSEWHERE. THE TWO-YEAR WAITING PERIOD SHALL NOT APPLY IN SITUATIONS WHERE TITLE TO A UNIT PASSES THROUGH INHERITANCE.**

****ONLY (2) TWO PERMANENT PEOPLE IN A ONE BEDROOM UNIT OR (4) FOUR PERMANENT PEOPLE IN A TWO BEDROOM.**

****ABBEY HOUSE OF PORT CHARLOTTE, A CONDOMINIUM, INC. IS A HOUSING FACILITY FOR OLDER PERSONS AND AT LEAST ONE OCCUPANT MUST BE 55 YEARS OF AGE OR OLDER.**

FINALLY, I UNDERSTAND THAT THE CURRENT ILLEGAL ABUSE OR ADDICTION TO A CONTROLLED SUBSTANCE, OR THE CONVICTION OF THE ILLEGAL MANUFACTURE OR DISTRIBUTION OF A CONTROLLED SUBSTANCE (AS "CONTROLLED SUBSTANCE" IS DEFINED IN THE FEDERAL CONTROLLED SUBSTANCE ACT). PROVIDES A CASE TO THE ASSOCIATION TO REJECT THIS APPLICATION, OR TO TERMINATE THE OWNERSHIP OF THE UNIT UNDER APPROPRIATE CIRCUMSTANCES. MOREOVER, I UNDERSTAND THAT THE ASSOCIATION IS ENTITLED TO REJECT THIS APPLICATION IN REGARD TO ANY APPLICANT WHOSE RESIDENCE WOULD CONSTITUTE A DIRECT THREAT TO THE HEALTH OR SAFETY OF OTHER RESIDENTS AT CHARLOTTE SQUARE CONDOMINIUMS OR WHOSE RESIDENCE WOULD RESULT IN THE SUBSTANTIAL PHYSICAL DAMAGE TO THE PROPERTY OF THE OTHER RESIDENTS OR THE CHARLOTTE SQUARE CONDOMINIUMS.

CURRENT OWNER(S) NAME _____

APPLICANT(S) NAME _____

APPLICANT OCCUPATION _____ HOW LONG _____

FULL NAME OF SPOUSE OR CO-APPLICANT _____

CO-APPLICANT OCCUPATION _____ HOW LONG _____

APPLICANT(S) CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

IF PRESENT RESIDENCE OR ANY PREVIOUS RESIDENCE IS A CONDOMINIUM CO-OPERATIVE OR IS SUBJECT TO REGULATIONS BY HOMEOWNER'S ASSOCIATION:

NAME AND ADDRESS OF ASSOCIATION _____

CITY _____ STATE _____ ZIP _____ PHONE _____

IF PRESENT RESIDENCE IS A RENTAL:

NAME AND ADDRESS OF LANDLORD _____

CITY _____ STATE _____ ZIP _____ PHONE _____

NAMES AND ADDRESS OF APPLICANT(S) EMPLOYER(S) DURING THE THREE YEARS PRIOR TO THE DATE OF THIS APPLICATION AND THE DATES OF EMPLOYMENT. BEGIN WITH THE PRESENT EMPLOYER

1. _____

2. _____

3. _____

4. _____

PLEASE STATE NAME, AGE, AND RELATIONSHIP OF ALL PERSONS WHO WILL BE PERMANENTLY OCCUPYING THE UNIT.

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

PLEASE PROVIDE TWO (2) PERSONAL REFERENCES (LOCAL, IF AVAILABLE)

NAME _____ PHONE _____

CITY _____ STATE _____ ZIP _____

NAME _____ PHONE _____

CITY _____ STATE _____ ZIP _____

PLEASE STATE THE NAME, AGE, AND RELATIONSHIP OF ALL PERSONS WHO WILL BE PERMANENTLY OCCUPYING THE UNIT.

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

PLEASE PROVIDE TWO (2) PERSONAL REFERENCES (LOCAL, IF AVAILABLE):

NAME _____ PHONE _____

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

IF PURCHASING, I INTEND TO: (CHECK ONE)

_____ personally reside full-time

_____ personally reside part-time

_____ lease-see restrictions

PERSON TO NOTIFY IN AN EMERGENCY

_____ PHONE _____

MANUFACTURER, MODEL & YEAR OF AUTOMOBILE (S):

CAR NO 1. _____ LICENSE NUMBER _____

CAR NO 2. _____ LICENSE NUMBER _____

NAME OF REAL ESTATE AGENT HANDLING THIS TRANSACTION:

MAILING ADDRESS FOR NOTICE OF ACCEPTANCE OR REJECTION OF THIS APPLICATION:
(TITLE CO OR ATTORNEY HANDLING CLOSING)

NAME OF TITLE COMPANY OR ATTORNEY _____

ADDRESS: _____ PHONE: _____

DATE OF CLOSING: _____

HOUSING FOR OLDER PERSONS ACT
AFFIDAVIT OF CERTIFICATION
ABBAY HOUSE OF PORT CHARLOTTE
A CONDOMINIUM, INC

Due to recent Federal and State legislation, our community must be cautious in age verification procedures to ensure its qualifications as housing for older persons under the Housing for Older Persons Act. Therefore, please take a moment to fill out and return this affidavit. If the affidavit is not returned, and as a result we cannot determine whether we comply with the exemptions to the fair housing laws, which allows us to keep our status as housing for older persons we may be required to allow children in the community as permanent residents, in addition to completing the following, please attach a photocopy of a government issued ID for each occupant.

I _____ (insert name) am (18) eighteen years of age or older and a member of the household at Abbey House 21287 Gertrude Ave. unit # _____ Port Charlotte, FL located in Abbey House, A condominium, Inc.

I certify that I have personal knowledge of the ages of the occupants of this household, and that at least one occupant of this household is (55) fifty-five years of age or older.

I certify that all the names and dates of birth of all occupants of this household are:

Name _____	Date of birth ____/____/____
Name _____	Date of birth ____/____/____
Name _____	Date of birth ____/____/____
Name _____	Date of birth ____/____/____

OCCUPANT SIGNATURE

Date ____/____/____

STATE OF FLORIDA
COUNTY OF CHARLOTTE

Sworn to and subscribed before me this ____ Day of _____ 20____ by

Who is personally known to me () yes () no or has produced _____ as identification.

NOTARY STAMP

NOTARY SIGNATURE

NOTARY PRINTED NAME

ATTENTION HOMEOWNERS

Please complete this form and return it to the address below by mail or in person:

Charlotte Square Condominiums
c/o Manager's Office
2296 Aaron Street
Port Charlotte, FL 33952

PROPERTY OWNER(S)/RESIDENT INFORMATION

We would appreciate you providing the Association with the following information. You are assured that this information will be kept in confidence. The purpose of this request is to update the office records and to provide us with the current information needed for mailings such as maintenance coupon books and emergencies such as hurricanes, fires, etc.

HOUSE NAME _____ UNIT # _____ DATE _____

OWNER(S) NAME _____

LESSEES(S) NAME _____

PLEASE (X) ONE

CURRENTLY RESIDE FULL TIME

CURRENTLY RESIDE PART TIME

CURRENTLY LEASE UNIT	SEASONAL OR	ANNUAL
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**PLEASE EXPLAIN SITUATIONS THAT DO NOT APPLY TO ANY OF THE ABOVE
ON A SEPARATE SHEET OF PAPER.**

(IF YOU ARE AN OWNER, PLEASE BE AWARE OF LEASING RESTRICTIONS THAT MAY APPLY TO YOUR BUILDING.)

PLEASE INFORM THE OFFICE WHEN YOU LEAVE FOR YOUR AWAY ADDRESS
AND WHEN YOU RETURN SO THAT WE WILL KNOW WHERE TO SEND YOUR
MAIL. THANK YOU.

TWO SIDED DOCUMENT

LOCAL TELEPHONE # If full or part time resident (941) _____ - _____

CELL PHONE # () _____ - _____.

LESSEE'S TELEPHONE # (941) _____ - _____ CELL # () _____ - _____

If you do not live here full time and have another address, please fill in the information requested below:

NAME(S) _____

ADDRESS _____

AWAY TELEPHONE # () _____ - _____

APPROXIMATE DATES AT THE ABOVE AWAY ADDRESS _____

EMAIL ADDRESS _____

IN CASE OF EMERGENCY NOTIFY:

NAME _____

RELATIONSHIP TO YOU _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

Please add any additional information below or on another sheet of paper and attach to this questionnaire. Thank you for your input.

Instructions:

1. All applicants are processed as separate investigations.
2. Print legibly or type all information, account and telephone numbers and complete addresses are required.
3. If any question is not answered or left blank, this application may be returned, not processed or not approved.
4. Missing information will cause delays in processing your application.
5. Any misrepresentation, falsification or omission of information may result in your disqualification.
6. Only the applicants are authorized to sign all forms on page 2.

APPLICATION FOR OCCUPANCY/APPROVAL

PRINT OR TYPE (Use Black Ink)

Apt. No. _____ Bldg. No. _____ Street Address or Unit _____

Date ____/____/____ Desired date of occupancy ____/____/____

Name (Mr./Mrs./Ms.) _____ Date of Birth ____/____/____ Soc.Sec.No. _____

(Passport Alien green Card Social Ins. No)

Spouse (Mr./Mrs./Ms.) _____ Date of Birth ____/____/____ Soc. Sec. No. _____

(Passport Alien Green Card Social Ins. No)

[] Sngl [] married [] Widow(er) [] Sep _____ [] Div _____ Maiden Name _____

(How long)

(How Long)

Number of people who will occupy unit Adults (over age 18) _____ Children (over 18) _____ Children (under age 18) _____

Description of Pets (Breed, Size, Color, Weight, Etc.) _____

In case of emergency notify: _____

PRINT OR TYPE (Use Black Ink)

RESIDENCE HISTORY

A. Present Address _____ Phone (____) _____

(No., Street, Apt. No, City, State, Zip)

Name of Apt/Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg No. _____

B. Previous Address _____ Apt No _____

(Street Address, Apt. No, City, State, Zip)

Name of Apt/Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg No. _____

C. Prior Address _____ Apt. No _____

(Street Address, Apt. No, City, State, Zip)

Name of Apt./Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord/Mortgage Co. _____ Phone (____) _____

Address _____ Mtg No. _____

PRINT OR TYPE (Use Black Ink)

EMPLOYMENT & BANK REFERENCES

A. Employed By (Business Name) _____ Phone (____) _____

(or retired from)

How long _____ Dept. or Position _____ Mo Income _____

Address _____ Zip _____

B. Spouse's Employment (Business Name) _____ Phone (____) _____

(or retired from)

Address _____ Phone (____) _____

C. Bank Reference _____ Phone (____) _____

How long _____ Ck. Acct No. _____ Sav. Acct. No. _____

Address _____ zip _____

D. Bank Reference _____ Phone (____) _____

How Long _____ Ck. Acct. No. _____ Sav. Acct No. _____

Address _____ zip _____

Abbey House of Port Charlotte

Condominium Purchase Information Form

- This application must be completed in detail by the proposed buyer.

Name(s) of Buyer: _____

Unit Address: _____

Buyer(s) Mailing Address: _____

City _____ State _____ Zip _____

Buyer(s) Phone: _____ Alt. Phone: _____ Buyer(s) Email: _____

Other persons occupying the unit:	Age	Relationship
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1. _____		
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2. _____		
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3. _____		
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Type of Vehicle(s):	Make	Model	Year	Color	Tag#
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1. _____					
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2. _____					
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The Property is being purchased for:

☐ Full Time Residence ☐ Seasonal Residence ☐ Investment/Rental

I/We have received and read thoroughly a complete set of Condominium Association Documents and Board Rules and Regulations and hereby agree on behalf of all persons who may occupy the unit to abide by all the restrictions contained within them.

Buyer: _____

Buyer: _____

Date: _____

Date: _____

Please Complete and Return to: Palmer Property Management
6210 Scott St. #214, Punta Gorda, FL 33950
(P) 941-875-9273 (F) 941-875-9397 (E) ppm@myppm.net

CERTIFICATE OF APPROVAL
ABBAY HOUSE OF PORT CHARLOTTE, A CONDOMINIUM, INC
CHARLOTTE SQUARE CONDOMINIUMS, PORT CHARLOTTE, FLORIDA 33952

THIS IS TO CERTIFY THAT _____

_____ HAVE (HAS) BEEN
APPROVED BY CHELSEA HOUSE OF PORT CHARLOTTE, A CONDOMINIUM, INC AS PURCHASER(S) OF THE
FOLLOWING DESCRIBED PROPERTY IN CHARLOTTE COUNTY, FL: CONDOMINIUM UNIT# ____ CHELSEA HOUSE
A CONDOMINIUM, INC. ACCORDING TO THE DECLARATION OF CONDOMINIUM RECORDED IN OFFICIAL RECORDS
BOOK _____ PAGE _____ OF THE PUBLIC RECORDS OF CHARLOTTE COUNTY, FLORIDA.

SUCH APPROVAL IS GIVEN PURSUANT TO THE PROVISIONS OF ARTICLE XIII OF THE DECLARATION OF
CONDOMINIUM.

DATED THIS _____ DAY OF _____, 20____

BY: _____, PRESIDENT

ATTEST: _____, SECRETARY

STATE OF FLORIDA, COUNTY OF CHARLOTTE

I HEREBY CERTIFY THAT ON THIS DAY BEFORE ME, AN OFFICER DULY QUALIFIED TO TAKE
ACKNOWLEDGEMENTS, PERSONALLY APPEARED:

_____ AND _____

TO ME KNOWN TO BE THE PERSONS DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT
AND ACKNOWLEDGED BEFORE ME THAT THEY EXECUTED THE SAME, WITNESS MY HAND AND OFFICIAL
SEAL IN THE COUNTY AND STATE LAST AFORESAID THIS _____ DAY OF _____, 20____.

_____ NOTARY PUBLIC

MY COMMISSION EXPIRES _____, 20____

SEAL:

NOTE TO PURCHASER: THIS CERTIFICATE OF APPROVAL IS TO BE RECORDED IN THE PUBLIC RECORDS OF
CHARLOTTE COUNTY, FLORIDA BY YOU AND AT YOUR EXPENSE. AFTER RECORDING, YOU ARE TO
DELIVER A CERTIFIED COPY TO THE MANAGER'S OFFICE AT CHARLOTTE SQUARE CONDOMINIUMS, 2296
AARON STREET, PORT CHARLOTTE, FLORIDA 33952