

TREGATE EAST

INFORMATION PACKET

TREGATE EAST CONDOMINIUM ASSOCIATION, INC.
A 55 AND OLDER COMMUNITY

APPLICATION TO PURCHASE A CONDOMINIUM UNIT

An Application fee of \$75.00 made payable to Tregate East Condominium Association is required. Verification of Age requires one of the following: 1) Driver's License, 2) Birth Certificate, or 3) Picture ID with age. A copy of the Sales Agreement MUST ACCOMPANY THIS APPLICATION.

APPLICATIONS MUST BE RECEIVED AT LEAST 14 DAYS IN ADVANCE OF CLOSING.

Mail all to Tregate East Condominium Association, c/o Allure Property Management, 9040 Town Center Parkway, Lakewood Ranch, Florida 34202. A Board of Director interview is required.

TO THE BOARD OF DIRECTORS:

Date: _____

I (we) intend to purchase Unit # _____ as of _____, 20___. In order for you to facilitate consideration of my (our) application on the above designated unit, I (we) affirm that the following is factual and true. I (we) permit you to further inquiry concerning this application, particularly of the references given on page 2.

I (we) will be bound by the Rules and Regulations of the Condominium Association and the Declaration of Condominium, Articles of Incorporation, and the Bylaws.

I (we) fully understand and accept the regulations on structural changes. I (we) will not make any additions or alterations to this unit or to the common elements abutting same, or decorate, repair, or replace or change any exterior outside portion of the building, whether within the unit or part of the common elements, without prior written consent of the Association.

Occupants of said unit will be limited to the Buyer and his immediate family, and the unit will be occupied by no more than _____ persons.

Name of Purchaser _____ Age _____

Occupation (even if retired) _____

Employer _____ Phone _____

Name of Wife/Husband _____ Age _____

Occupation _____

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Present Home Address _____ How Long _____

Phone _____

Personal References (local, if possible):

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name of Landlord (if applicable) _____

Bank References:

Name _____ Address _____

Name _____ Address _____

Make Of Car _____ Year _____ License Plate _____

Please state name and relationship of all persons who will be occupying this unit :

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

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The Seller agrees to furnish a copy of the executed Offer to Purchase and Sale Contract with this application.

In case of sale of the unit, the Seller is to furnish the new buyer with all the documents, including the Articles of Incorporation, the Declaration of Condominium, and the Bylaws, and a copy of the Rules and Regulations.

Mailing address for Notice of Acceptance or rejection of this application:

The prospective Purchaser will be advised by the Board of Directors within a 10-day period from the date of interview, of either acceptance or rejection of this application.

The prospective Purchaser has read and reviewed this application, the Condominium Documents and the Rules and Regulations and agree to abide by them.

X
Applicant _____ Date _____

Applicant _____ Date _____

Approved []

Disapproved []

By: _____
Condominium Board Member

Date: _____

**TREGATE EAST CONDOMINIUM ASSOCIATION, INC.
MACEACHEN BLVD
SARASOTA, FL 34233**

EMERGENCY INFORMATION

UNIT # _____ ADDRESS _____

NAME OF OWNER _____

Address and telephone number(s) you can be reached in an emergency (Second home or summer residence)

ADDRESS _____ PHONE _____

If you cannot be reached, name of a person(s) to contact in case of an emergency, such as damage to the unit from a roof leak or broken windows.

1. Name _____ Phone _____

Address _____

2. Name _____ Phone _____

Address _____

Who at Tregate East (*i.e.* Board member, neighbor, etc.) has a key to access your unit in case of an emergency.

Name _____ Phone _____

Address _____

Who should be notified in case of illness.

Name _____ Phone _____

Address _____

Please return the completed form to:

Allure Property Management, Inc.
9040 Town Center Parkway
Lakewood Ranch, FL 34202
Tel (941) 567-1654
Fax (941) 378-5360

(9)

INFORMATION VERIFICATION

COMPANY TREGATE EAST

CONTACT PERSON _____

APPLICANT

Name: _____

SS#: _____ DOB: _____

Address: _____ Apt.# _____

City: _____ St: _____ Zip: _____

Other Cities/States Lived In: _____

Maiden Name: _____

Driver's Lic# _____ St: _____

Home PH.#: _____

(if own, state own)
Landlord's Name: _____

Landlord's PH.#: _____

Lease started: _____ Rent Amt. _____

LIST PREVIOUS ADDRESS

(if own, state own)
Prior Landlord's Name: _____

Prior Landlord's PH.#: _____

Your Prior Address: _____ Apt.: _____

City: _____ St.: _____ Zip.: _____

Leased: (from) _____ (to) _____

CURRENT EMPLOYMENT

Employer: _____

Phone # _____

Supervisor: _____

How long on job: _____ Salary: Mo. _____ Year _____

DATE: _____

PHONE# _____ FAX# _____

EMAIL _____

CO-APPLICANT

Name: _____

SS#: _____ DOB: _____

Address: _____ Apt.# _____

City: _____ St: _____ Zip: _____

Other Cities/States Lived In: _____

Maiden Name: _____

Driver's Lic# _____ St: _____

Home PH.#: _____

Landlord's Name: _____

Landlord's PH.#: _____

Lease started: _____ Rent Amt. _____

LIST PREVIOUS ADDRESS

Prior Landlord's Name: _____

Prior Landlord's PH.#: _____

Your Prior Address: _____ Apt.: _____

City: _____ St.: _____ Zip.: _____

Leased: (from) _____ (to) _____

CURRENT EMPLOYMENT

Employer: _____

Phone # _____

Supervisor: _____

How long on job: _____ Salary: Mo. _____ Year _____

AUTHORIZATION FOR VERIFICATION OF INFORMATION

I agree to hold harmless, App Verification Services, Inc. (AVS), Equifax, and all other providers of information on the prospective purchaser(s) stated above. In the event that the information provided by me (us) is found to be misleading or false, my acceptance for this purchase, whether determination is made before or after my date of occupancy, may be affected. AVS shall not be liable in any manner whatsoever for any loss or injury resulting from the obtaining or furnishing of such information and shall not be deemed to have guaranteed the accuracy of such information being based, however, upon reports obtained from sources considered by AVS to be reliable.

I do hereby authorize with my (our) signature, the release of public records, credit reports, criminal records, rental, lease, and purchase information and employment verification, and any other records whether fax, verbal, email, photocopy or original signature to AVS, and all its members and sources now and in the future and acknowledge that it may be viewed by other partners or Property Management Companies.

DATE: _____

APPLICANT SIGNATURE: X

DATE: _____

CO-APPLICANT SIGNATURE: X

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HOUSING FOR OLDER PERSONS COMPLIANCE VERIFICATION

DATE: _____

NAME _____

NAME _____

ADDRESS _____

PHONE # _____

"TREGATE EAST CONDOMINIUM ASSOCIATION" UNIT # _____

DATE OF BIRTH _____

DATE OF BIRTH _____

PROOF SOURCE _____

Get a copy of birth certificate, driver's license or passport and attach for each occupant to each unit.

TREGATE EAST CONDOMINIUM ASSOCIATION, INC.

**OWNER INFORMATION FORM
(Your information will not be shared.)**

Owner's name(s):

Tregate East address:

Local telephone no. _____ **Alt telephone no.** _____

Alt telephone no. _____

Alternate address:

What months are you here? _____

E-mail address: _____

Who has a key to your unit in your absence? _____

Name & telephone no. of your "House Checker" when you are not here.

In case of a personal emergency, we should contact:

Please mail the completed form to: Tregate East Condo Association, c/o Allure Property Management, Inc., 9040 Town Center Parkway, Lakewood Ranch, FL 34202.

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**TREGATE EAST CONDOMINIUM ASSOCIATION, INC.
MACEACHEN BLVD
SARASOTA, FL 34233**

**GUEST STAYING OVER 30 DAYS
REGISTRATION FORM**

UNIT # _____ ADDRESS _____

NAME OF OWNER _____

GUEST NAME _____ DATE OF BIRTH _____

REGULAR ADDR _____ PHONE _____

ANTICIPATED LENGTH OF STAY _____

RELATIONSHIP TO OWNER _____

MAKE OF VEHICLE _____ YEAR _____ PLATE # _____

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