

WEKIVA SPRINGS OFFICE PARK OWNERS ASSOCIATION, INC
APPLICANT APPROVAL PROCESS - SALES

The Board of Directors has established the following guidelines for prospective buyers.

- 1) Management to receive
 - a) Notice of Intent to Sell
 - b) Completed application
 - c) Seller to provide Association Rules and Regulations. If not furnished a copy can be acquired at www.homewisedocs.com .
New Owner to review and be made aware of the strict Enforcement of the Rules and Regulations. Non-compliance of Rules and Regulations can result in fining action initiated by the Association.
 - d) Copy of sale contract
 - e) Zoning Approval letter from City of Altamonte Springs

- 2) Approval processing: Approval of a majority of the membership is required. Once all the paperwork is received a mail out will be sent to all unit owners. Once we have received back 25 approvals by mail, email or fax then the property can close. Ordering of an estoppel is mandatory. Note processing will not begin until **all** items listed above are received. Allow a minimum of thirty (30) business days for approval processing.

Failure to complete the application requirements as listed above will delay or suspend the approval process.

HMI
760 Florida Central Parkway- Suite 200
Longwood, FL 32750
Phone: 407-628-1086

**NOTICE OF INTENT TO SELL
WEKIVA SPRINGS OFFICE PARK OWNERS ASSOCIATION, INC.**

Date: _____

Address of Unit: _____

Name of Current Unit Owner: _____

This Notice of Intent to sell must be returned to the Association c/o HMI, at 760 Florida Central Parkway-Suite 200, Longwood, FL 32750

NOTE: Approval must be granted before new owners can take occupancy. If you are planning to lease your property please be advised there is a lease approval process in addition to filling out the section below. **Leases of fewer than 12 months are prohibited. Use of the unit is limited refer to Rules and Regulation.**

THIS SECTION TO BE COMPLETED BY LESSOR (OWNER)

In compliance with the Declaration of Covenants and Restrictions of the Association named above, I (we) hereby serve notice that as owner(s) or Agent of the above referenced unit, I (we) intend to offer said unit for lease. I (we) intend to offer said unit for lease in accordance with the attached lease agreement. I (we) certify that I (we) have appraised the prospective lessee of all deed restrictions, regulations, covenants and restrictions as governed in the Associations Declaration, By-Laws and Rules and Regulations.

Unit to be leased for a period of: _____

The amount of rent per month during that period of time will be: _____

I (we) understand and hereby agree that I (we) am fully responsible for insuring that my (our) Lessee(s) and their guests abide by the Association's Declaration of Covenants and Restrictions and Rules and Regulations. I (we) further agree to provide said Lessee(s) with copies of same.

Owner(s) Signatures: _____

Owner(s) Names: _____

Owners Mailing Address: _____

Owners Phone Number: _____

_____ I the owner will be managing the property myself.

_____ I have a management company that will be handling my rental.

Management Company Name: _____

Contact: _____

Telephone #: _____ Fax#: _____

E-mail Address: _____

Mailing Address: _____

**THE APPLICATION MUST BE COMPLETELY FILLED OUT
THE BOARD WILL NOT ACCEPT PARTIALLY COMPLETED FORMS**

I (we) consent that you may make further inquires concerning this application, particularly of the references given below.

Name of Owner (1): _____ SS #: _____

Date of Birth: _____ Occupation: _____

Drivers Licenses # _____ State _____

Phone: Home _____ Work _____ Cell _____

Present Employer: _____ Employers Phone #: _____

How Long at Present Employer: _____ (If less than 2 years provide previous employer)

Previous Employer: _____ Phone #: _____

Email Address (1): _____

Nature of the business: _____

Name of Owner (2): _____ SS #: _____

Date of Birth: _____ Occupation: _____

Drivers Licenses # _____ State _____

Phone: Home _____ Work _____ Cell _____

Present Landlord: _____ Employers Phone #: _____

How Long at Present location: _____ (If less than 2 years provide previous landlord/location)

Previous Employer: _____ Phone #: _____

Email Address (2): _____

List two (2) personal references:

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

The following persons, in addition to the Owner(s), will have access to the unit:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Authorization of Release of Information: Applicant(s) represents that all of the above information on the application for sale are true and complete, and hereby authorizes an investigative consumer report including, but not limited to, residential history, employment history, criminal history records, court records and credit reports. This application must be signed before it can be processed by management. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy, and may constitute a criminal offense under the laws of this State.

Name of New Owner: _____ Date: _____

Signature of New Owner: _____ Date: _____

Name of New Owner: _____ Date: _____

Signature of New Owner: _____ Date: _____

THIS SECTION FOR ASSOCIATION USE ONLY

Approved: _____ Denied: _____

Reason for Denial: _____

Signature of Board Member or Managing Agent: _____