

STRATFORD GREEN **PURCHASE APPLICATION**

PLEASE READ CAREFULLY

- **THE ENCLOSED APPLICATION MUST BE COMPLETELY FILLED OUT IN ORDER FOR IT TO BE PROCESSED.**
- **THE ENTIRE PACKAGE WILL BE RETURNED IF ANY INFORMATION IS MISSING WHICH WILL RESULT IN A DELAY IN APPROVAL.**
- **IF AN ENTITY IS A PURCHASER, THEN THE PERMANENT OCCUPANTS OF THE UNIT, WHO MUST HAVE AN INTEREST IN SUCH ENTITY, MUST ALSO SUBMIT DOCUMENTS REQUIRED OF A PURCHASER / OWNER HEREIN.**

**MAHOGANY SERVICES INC.
21 SE FIFTH STREET
Suite 200
BOCA RATON, FLORIDA 33432
TELEPHONE: (561) 997-6453**

THE BOARD OF DIRECTORS OF STRATFORD GREEN HOA INC. IS RESPONSIBLE FOR THE APPROVAL OR DISAPPROVAL OF AN APPLICATION. AS THE ASSOCIATION'S AGENT, MAHOGANY SERVICES INC. IS RESPONSIBLE FOR PROCESSING THIS APPLICATION.

PLEASE INCLUDE THE FOLLOWING ITEMS IN YOUR APPROVAL PACKAGE FOR PURCHASE OF A UNIT IN STRATFORD GREEN HOA, INC.

1. A COPY OF DRIVERS LICENSE OR GOVERNMENT ISSUED PHOTO ID FOR ALL NEW OWNERS
2. AN APPLICATION FEE MUST BE PAID BY CHECK MADE PAYABLE TO STRATFORD GREEN HOA INC. IN THE AMOUNT OF \$1500 TO COVER APPLICATION COSTS
3. \$175.00 PROCESSING FEE PAYABLE TO MAHOGANY SERVICES INC.
4. A CHECK MADE PAYABLE TO STRATFORD GREEN HOA INC. IN THE AMOUNT OF TWO QUARTERS WORTH OF MAINTENANCE DUES ARE REQUIRED FOR THE CAPITAL IMPROVEMENT FUND. THIS WILL BE PAID AT CLOSING.
5. A LEGIBLE COPY OF YOUR PURCHASE AGREEMENT.
6. ANY MISREPRESENTATION OR FALSIFICATION OF INFORMATION ON THESE FORMS WILL RESULT IN AN AUTOMATIC DENIAL OF THIS APPLICATION.
7. THE COMPLETED APPLICATION SHOULD BE RETURNED TO MAHOGANY SERVICES INC. A MINIMUM OF THIRTY (30) DAYS PRIOR TO THE PURCHASE DATE.
8. AN APPLICATION FOR OCCUPANCY MUST BE ALSO BE COMPLETED. IF THERE ARE TWO OR MORE UNRELATED PEOPLE APPLYING, THEN EACH PERSON MUST COMPLETE AN APPLICATION FOR OCCUPANCY AND BOTH MUST SIGN WHERE REQUIRED.
9. COMMON RULES OF STRATFORD GREEN HOA INC. ARE:
 - a. No commercial vehicles, trucks, boats, motor homes, RV's, motorcycles, mopeds, go carts, service vehicles, pick-up trucks, etc. are permitted to be parked on premises except in enclosed garages.
 - b. All trash must be kept in a solid rigid container and place at curbside no earlier than dusk the evening before pick-up and brought back inside by dusk of pick-up day.
 - c. No sub-leasing of the property at any time; leasing is permitted subject to

restrictions; leasing with an “option to purchase” is not permitted.

- d. Household pets are limited to two. No waivers will be permitted after closing.
- e. Parking on sidewalks anytime and overnight street parking within Stratford Green between 2:00 AM and 5:00 AM are not permitted.
- f. The parking area at the pool is not for parking of extra vehicles from a residence. It is guest parking and on a first come, first serve basis.
- g. Any exterior modifications (landscaping or structure) may require local Design Review Board approval.

SIGN BELOW THAT YOU ARE IN AGREEANCE AND WILL FOLLOW THE RULES OF THE ASSOCIATION THAT ARE ENFORCED BY THE BOARD OF DIRECTORS OF STRATFORD GREEN

SIGNATURE

DATE: _____

SIGNATURE

DATE: _____

PLEASE RETURN COMPLETED APPLICATION TO:

**MAHOGANY SERVICES INC.
21 SE FIFTH STREET SUITE 200
BOCA RATON FL 33432**

(561) 997-6453

**IT IS THE BUYER'S RESPONSIBILITY TO SUPPLY THE
ASSOCIATION'S PROPERTY MANAGEMENT COMPANY A COPY
OF THE RECORDED DEED AND CLOSING DOCUMENTS AFTER
CLOSING**

**I HEREBY AGREE FOR MYSELF AND ON BEHALF OF ALL PERSONS WHO
MAY USE THIS DWELLING, WHICH I SEEK TO BUY:**

1. I WILL ABIDE BY ALL OF THE CONDITIONS CONTAINED IN THE BY-LAWS, RULES AND REGULATIONS AND RESTRICTIONS, WHICH ARE OR MAY IN THE FUTURE BE IMPOSED.
2. I UNDERSTAND THAT THE ACCEPTANCE FOR BUYER IS CONDITIONED UPON THE TRUTH AND ACCURACY OF THIS APPLICATION AND UPON APPROVAL OF THE BOARD OF DIRECTORS. OCCUPANCY PRIOR TO APPROVAL IS PROHIBITED. ANY MISREPRESENTATION OR FALSIFICATION OF INFORMATION ON THESE FORMS WILL RESULT IN AUTOMATIC REJECTION OF THIS APPLICATION.
3. I UNDERSTAND THAT THE BOARD OF DIRECTORS MAY CAUSE TO BE INSTITUTED SUCH AN INVESTIGATION OF MY BACKGROUND AS THE BOARD MAY DEEM NECESSARY. ACCORDINGLY, I SPECIFICALLY AGREE TO AUTHORIZE MAHOGANY SERVICES INC. TO MAKE SUCH INVESTIGATION AND AGREE THAT THE INFORMATION CONTAINED IN THE ATTACHED APPLICATION MAY BE USED IN SUCH INVESTIGATION AND THAT THE BOARD OF DIRECTORS AND MANAGEMENT COMPANY 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.
4. BUYER IS AWARE THAT THEY ARE RESPONSIBLE FOR TIMELY PAYMENTS OF ALL ASSESSMENTS. AT PRESENT ASSESSMENT ARE DUE THE 1ST DAY OF EACH QUARTER, JAN. 1, APR. 1, JULY 1, AND OCT.1 AND ARE PAYABLE AT THAT TIME. ANY PAYMENTS RECEIVED AFTER THE 10TH DAY OF QUARTER DUE WILL BE ASSESSED A LATE FEE.

THE BUYER WILL RECEIVE FROM the PROPERTY MANAGEMENT COMPANY AN ELECTRONIC COPY OF ALL THE PRESENT STRATFORD GREEN DOCUMENTS.

IN MAKING THE FOREGOING APPLICATION, I AM AWARE THAT THE DECISION OF
THE BOARD OF DIRECTORS WILL BE FINAL. I AGREE TO BE GOVERNED BY THE
DETERMINATION OF THE BOARD OF DIRECTORS.

SIGNATURE: _____ **Date:** _____ **Cell#** _____

SIGNATURE: _____ **Date:** _____ **Cell #** _____

SALE/RENTAL UNIT ADDRESS:

NAME OF CURRENT OWNER: _____

ADDITIONAL REQUIRED INFORMATION

PLEASE LIST ALL OTHER OCCUPANT(S), WHO WOULD RESIDE AT THE RESIDENCE IF PURCHASE APPROVED:

NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOUSESITTER OR MANANGEMENT COMPANY:

NAME: _____ PHONE # _____

SOCIAL REFERENCES: (LIST TWO (2) WITH COMPLETE ADDRESSES AND CONTACT PHONE NUMBERS).

(1) _____ (_____) _____

(2) _____ (_____) _____

EMPLOYMENT HISTORY:

APPLICANT: _____

PRESENT EMPLOYER AND THEIR ADDRESS

YEARS EMPLOYED AT THIS EMPLOYER: _____

CO-APPLICANT: _____

PRESENT EMPLOYER AND THEIR ADDRESS:

YEARS EMPLOYED AT THIS EMPLOYER: _____

READ FIRST: Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014

**** THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! ****

APPLICATION FOR OCCUPANCY

Association Name: _____

Circle one: Purchase - Lease - Occupant - Unit.# _____ Bldg.# _____ Address applied for: _____

Applicant _____ Date of Birth _____ Social Security # _____

Circle One: Single - Married - Separated - Divorced - How Long? _____ Other legal or maiden name _____

Have you ever been convicted of a crime? _____ Date (s) _____ County/State Convicted in _____

Charge (s) _____

Applicant's Cell Number(s) _____ Applicant's Email Address _____

Spouse _____ Date of Birth _____ Social Security # _____

Other legal or maiden name _____ Have you ever been convicted of a crime? _____ Date (s) _____

County/State Convicted in _____ Charge (s) _____

Spouse's Cell Number(s) _____ Spouse's Email Address _____

No. of people who will occupy unit – Adults (over age 18) _____ Description of Pets _____

Names and ages of others who will occupy unit _____

In case of emergency notify _____ Address _____ Phone _____

RESIDENCE HISTORY (Seven Years History Required)

A. Present address _____ Phone _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Dates of Residency: From _____ to _____

B. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Dates of Residency: From _____ to _____

C. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Dates of Residency: From _____ to _____

Are you using a realtor? Yes _____ No _____ If yes: Realtor's name _____

Email Address _____ Cellular Phone _____

Driver's License Number (Primary Applicant). _____ State Issued _____

Driver's License Number (Secondary Applicant) _____ State Issued _____

Make _____ Type _____ Year _____ License Plate No. _____

Make _____ Type _____ Year _____ License Plate No. _____

If this application is not legible or is not completely and accurately filled out, Associated Credit (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.

By signing the applicant recognizes that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____

ASSOCIATED CREDIT REPORTING, INC.

Established 1985

4690 NW 103rd Avenue, Sunrise, Florida 33351

www.associatedcreditreporting.com

*****AUTHORIZATION FORM*****

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my credit history and criminal record history.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY. If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

(Applicant's Signature)

(Spouse's Signature)

(Applicant's Name Printed)

(Spouse's Name Printed)

(Date Signed)

(Date Signed)