

BARRINGTON WOODS CONDOMINIUM ASSOCIATION, INC.

A Corporation Not-for-Profit
c/o Communiqué Association Management
5824 Bee Ridge Road #413
Sarasota, FL 34233
Office: 941-706-0920

APPLICATION FOR SALE/PURCHASE

A NON-REFUNDABLE \$125.00 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION FORM. The check must be made payable to: Communiqué Association Management.

The seller proposes to sell Lot No _____

Address: _____ to: _____,

The undersigned does hereby apply for approval of this sales agreement, by the at Barrington Woods Condominium Association, Inc. including those listed below.

I understand that any outstanding sums due to Barrington Woods Condominium Association, Inc. will be disclosed on an estoppel form to be provided by the buyer's agent or lender. This application has been designed with the purpose to maintain the Barrington Woods Condominium Association, Inc. fine reputation and integrity.

Please attach a copy of the executed Sales Contract, a copy of each applicant's photo ID/Driver's License, and the required application fee.

Seller: _____ Seller: _____

I hereby, apply for residence at Barrington Woods Condominium Association, Inc. Sarasota, Florida.

1. FOR PROSPECTIVE OWNER(S)

Name of Applicant _____

Name of Applicant _____

Permanent Address: _____

Telephone (include area code): Home _____ Business _____

E-mail Address: _____ Cell ph # _____

Occupation: _____ How long: _____

Name of Company: _____ Position held: _____

Address: _____

2. PERSONAL REFERENCES: (other than relatives):

Name: _____ Address: _____ Telephone # _____.

Name: _____ Address: _____ Telephone # _____.

Name: _____ Address: _____ Telephone # _____.

3. PERSONS WHO WILL OCCUPY HOME:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

4. VEHICLE INFORMATION: (no more than 2 allowed)

Make/Model of Vehicles: _____ YR: _____ Color: _____ Lic# _____ ST _____.

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5. SALES CONTRACT INFORMATION:

A Copy of the Sales Contract Agreement must accompany this application.

Scheduled Closing Date: _____.

6. PURPOSE OF PURCHASE: (Check the one that best applies)

Permanent Residence _____ Part-Time Resident _____ Investment _____

Complete the following if you are a part time resident:

Away Street Address: _____ City: _____ State: _____

Zip Code: _____ Away Telephone Number: (_____) - _____ - _____

7. EMERGENCY INFORMATION:

In case of an emergency notify:

First and Last Name: _____ Telephone 1. ____: _____ 2. ____: _____

Address: _____ City _____ St. _____ Zip: _____

8. PETS

Must be leashed and owner responsible for disposal of all excrement from all areas.

Yes _____ No _____ Type _____ Weight _____

9. WATER AND SEWAGE BILL

Water and sewage (combined) bills are mailed monthly to individual owners/occupants by National Exemption Service (NES). Owners are responsible for paying their own monthly NES bill. If their unit is leased owners are responsible for making sure their tenant(s) pay this monthly NES bill

Signature(s) _____ Date _____

Signature _____ Date _____

10 AGREEMENT INFORMATION:

I/We the undersigned agree to provide any further information that may be reasonably requested by the Board of Directors.

I/We the undersigned have received a COMPLETE copy of the Bylaws, Declaration of Condominium, and Rules and Regulations, and all of the Association exhibits. Furthermore, we have read all said documents and agree to abide with same while owning or residing at Barrington Woods Condominium Association, Inc. including those listed below.

I/We hereby authorize the Association's Agent to request a consumer report from one of the consumer reporting agencies in considering this Application. I/We also understand that any information will be held in strict confidence. Upon applicant(s) request we will inform applicant(s) of the name and address of each consumer reporting agency from which we obtained a consumer report, if any, relating to applicant(s).

I/We the undersigned hereby grant permission to the Board of Directors of at Barrington Woods Condominium Association, Inc. or their delegates to contact any or all of the above references with the understanding that all information will be held in strict confidence.

I HEREBY AGREE THAT IF THIS APPLICATION IS APPROVED THAT I AND ALL PERSONS OCCUPYING THIS UNIT WILL CAREFULLY COMPLY WITH THE RULES AND REGULATIONS OF BARRINGTON WOODS CONDOMINIUM ASSOCIATION, INC.

Under penalty of perjury, the undersigned certifies that the foregoing information is true and correct.

Dated: _____ Purchaser Name: _____ S.S.#: _____ D.O.B. _____

Signature _____

Dated: _____ Purchaser Name: _____ S.S.#: _____ D.O.B. _____

Signature _____

NOTES OR COMMENTS YOU WOULD LIKE TO ADD: _____

DUES FOR Barrington Woods Condominium Association, Inc. ARE PAYABLE ON A MONTHLY BASIS. COUPON BOOKS ARE MAILED IN DECEMBER FOR THE UPCOMING YEAR, NEW OWNERS OR OWNERS WHO CHANGE STATISTICS NEED TO CONTACT COMMUNIQUE ASSOCIATION MANAGEMENT IF THEY HAVE NOT RECEIVED PROPER NOTIFICATION FOR COLLECTION OF DUES.

A NON-REFUNDABLE \$125.00 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION FORM. The check must be made payable to: Communiqué Association Management.

**Please send the entire package to:
Communiqué Association Management, 5824 Bee Ridge Road #413, Sarasota FL 34233**

BOARD OF DIRECTORS AREA OF RESPONSE: LOT #: _____

Application Approved _____ Denied _____ Signature: _____

Title: _____ Date: _____

Revised 5-2019

INTERVIEW FORM FOR NEW RESIDENTS

WELCOME

- Talk a little about the community – 66 units, mixed ages, working people, students, retirees
- Ask the interviewee about themselves – student, school, major, work, where, what, etc.

LIFE AT BARRINGTON WOODS

- Maintenance fee includes grounds, roads, structures, assoc. insurance, trash, pest control
- Contact information
 - Emergency contact name, address and phone
 - Permission to use name, phone and/or email address for association to contact you
- Restrictions
 - Parking - only 2 cars per unit, must register and get parking sticker
 - Carport - 1 per unit, uncovered spaces for additional or visiting parking
 - Pets allowed - 30lbs. limit on dogs
 - Visitors allowed up to 3 weeks in any 6 month period
 - Unit Rental by owner - no less than 3 months, no more than 2 times in calendar year
 - Application form, applicable fees, credit and background checks required for renter
 - Grilling allowed on sidewalk around unit. **NOT ON LANAI OR PORCH**
- Trash Collection
 - All trash, recycling and yard waste is collected on Monday
 - Bins - 2 per unit, yellow one for recycling, green for all other trash
 - Yard waste should be put in separate container or left by side of road
 - Large household items call the City of Sarasota (941- 954-4198) to arrange pick up
- Pool
 - Pool hours are from dawn to dusk
 - Children under 12 must be accompanied by an adult
 - No glass allowed in pool area
 - No diving or jumping into the pool
 - ALWAYS lock the pool gate. Do NOT prop it open - Insurance/Health dept. required

RULES AND REGULATIONS

- Adding another tenant to unit requires application form and fee of \$125.
- No changes to the exterior of the building, no excessive statues or lawn ornaments
- Trash or anything placed in common areas is not permitted
- No bicycles or sports equipment can be left out
- No standing water in outdoor containers
- Planting is allowed in flower beds no more than 12 inches from building
- No excessive noise
- Pets must be on leashes when outside and all pet waste must be picked up by the owner.
- No parking on lawn, only in designated area

Signed _____ Date _____

Interviewer _____ Date _____