

**REQUEST FOR APPROVAL OF TRANSFER/RENTAL OF UNIT
AT WOODBRIDGE ESTATES, A CONDOMINIUM**

Pursuant to Section 14 of the Declaration of Condominium, within thirty (30) days after receipt of such fully completed notice and information, and the holding of a personal interview, whichever date last occurs, the Association must either approve or disapprove the proposed transaction.

This application form should be completed by the seller, buyer, or their agent, and must be signed by the current owner(s) and the proposed buyer(s). A copy of the executed Purchase and Sale Agreement must be attached with no redacting of information.

Unit Information

Unit Number _____ Is this a Sale or Lease?

_____ Unit Address

Seller Information

Name of Current Owner(s) _____

Mailing Address for Association response

Phone number if questions _____ Email address _____

Buyer (Applicant) Information

Name of Applicant(s) _____

Date of Birth for each applicant _____

Driver's License No. for each applicant _____

Mailing address for Association response _____

Phone number if questions _____ Email address _____

Current address _____

Name, address and phone numbers for two personal references. If possible, please include the name of a representative from a homeowner or condominium association that may be in charge of the community in which you currently reside, if applicable, and if not, the name of a landlord as applicable.

Name of Reference #1 _____

Address for Reference #1

Phone Number for Reference #1 _____ Email address for Reference #1 _____

Name for Reference #2 _____

Address for Reference #2

Phone Number for Reference #2 _____ Email address for Reference #2 _____

If it is your intent to maintain a pet at Woodbridge Estates, please review Section 13(u) of the Declaration and indicate the type and breed of your pet: _____

Please provide the name of the manufacturer, model description, and license number, including state of issuance, for every motor vehicle to be kept at Woodbridge Estates. Review Section 13(t) of the Declaration and note that commercial vehicles, trucks, boats, campers, trailers and similar vehicles may not be parked overnight at Woodbridge Estates unless in a closed garage:

Woodbridge Estates is restricted to owner-occupancy situations and long term rentals. Please review Section 13(s) of the Declaration. Please check here _____ to confirm that you understand this restriction and either intend to reside in the unit as a personal residence or rent only for periods of six months or more.

Please review Section 13(a) of the Declaration which requires that a unit only be used for single-family residential use and indicate the names and relationships of all persons who will occupy the unit _____ after _____ purchase:

_____ Check here to confirm that a non-refundable check for \$100.00 payable to Woodbridge Estates Association, Inc. is attached representing the transfer review fee required under the Declaration.

The applicant(s) understand the Association may, pursuant to the Fair Credit Reporting Act, obtain a consumer credit report on the applicant(s) signing this application, and criminal history information from the Florida Department of Law Enforcement and/or a similar criminal history report from the police agency with jurisdiction over the locale of the Purchasers last residence(s). By signing this application, the applicant(s) I Hereby allow TENANT CHECK LLC and or the property owner / manager to inquire into my / our credit file, criminal, and rental history as well as any other personal record, to obtain information for use in processing of this application. I / we understand that on my / our credit file it will appear the TENANT CHECK LLC has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK LLC now or in the future. It is understood that every effort shall be made by the Association to maintain the confidentiality of these reports; however, by signing the application, the applicant(s) hereby waive and hold the Association harmless of any claim, action or suit regarding the consumer credit report or the criminal history information.

Please return the fully completed application, with copy of applicant's drivers license, purchase and sale agreement and check to the management company for the Association:

Maureen Schoening
Communiqué
5824 Bee Ridge Rd #413, Sarasota, FL 34233
Maureen@communiquemgmt.com
941-706-0920

I understand that upon the receipt of a totally completed and executed application, including the transfer review fee, the Association has 30 days within which to accept or reject the application.

Applicant(s) signature Date: _____

Date: _____

Please indicate below if we have your permission to publish in the Woodbridge Estates Directory your

Name	(yes)	(no)	Address	(yes)	(no)	Email	(yes)	(no)
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The undersigned owner(s) of said unit join in the application to request the Association to review the same, and to verify that to the best of their knowledge all information contained in the application is current and accurate.

Owner(s) signature Date: _____

Owner(s) signature Date: _____