

[ASSOCIATION NAME]

APPLICATION FOR APPROVAL OF PURCHASE OR TRANSFER OF A UNIT

RETURN TO: [SUBMISSION ADDRESS]

BY EMAIL TO: [SUBMISSION EMAIL]

QUESTIONS: [CONTACT NAME], [CONTACT PHONE]

FORM VERSION: [VERSION DATE]

The association reviews this application only when it is complete. An incomplete application is returned, and the review period begins again when the missing item arrives.

This application does not create a contract, does not obligate the association to approve the transaction, and does not extend any deadline in your purchase contract. Build the association's review period into your closing date.

I. What to Submit

- () This application, completed in full and signed by every purchaser
- () A separate background screening authorization signed by each occupant age 18 or older
- () A copy of a government-issued photo ID for each occupant age 18 or older
- () A copy of the fully executed purchase contract, including all addenda
- () The fees shown below
- () [ADDITIONAL REQUIRED ITEM, OR "NONE"]

Submit these as well if they apply to you:

- () Pet registration and current rabies certificate, if an animal will live in or regularly visit the unit
- () Trust, corporate, or company documents naming the beneficial owners and the occupants, if title will be held by an entity
- () Letters of administration or a certified death certificate, if the transfer is by inheritance

II. Timing

Complete applications received by [SUBMISSION CUTOFF] are reviewed at the [MEETING CADENCE] meeting of the [APPROVAL BODY]. The association issues a written decision within [DECISION DAYS] days of a complete application.

Orientation for new owners: [ORIENTATION REQUIREMENT FOR NEW OWNERS, OR "NONE"]

III. Fees

Charge	Amount	Payable to	When
Transfer approval fee, per applicant	[TRANSFER FEE AMOUNT]	[FEE PAYEE]	With this application
Background screening, per adult occupant	[SCREENING FEE]	[SCREENING PAYEE]	With this application

Charge	Amount	Payable to	When
Parking decal or access device, each	[DECAL FEE, OR "NONE"]	[FEE PAYEE]	With this application

Spouses count as one applicant. A parent or parents and any dependent children count as one applicant. Other co-purchasers each count as one applicant.

Number of applicants: _____ Transfer approval fee due: _____

Number of adult occupants to be screened: _____ Screening fee due: _____

An estoppel certificate is a separate document with a separate fee, paid by the party who requests it. Request it from [ESTOPPEL DESIGNEE NAME], [ESTOPPEL DESIGNEE ADDRESS].

IV. Unit and Transaction

Unit number: _____ Building: _____

Property address: _____

Parking space or garage number: _____ Storage unit number: _____

Date of purchase contract: _____ Estimated closing date: _____

Type of transfer: () sale () gift () inheritance () transfer to a trust () transfer to a company () mortgage or refinance only () other: _____

Use of the unit after closing: () occupied by the purchaser () leased () kept vacant

V. Seller

Seller name or names, as titled: _____

Current mailing address: _____

Forwarding address after closing: _____

Phone: _____ Email: _____

VI. Closing and Representation

Title company or closing agent: _____

Closing agent phone: _____ Closing agent email: _____

Listing brokerage: _____

Listing agent, phone, email: _____

Buyer's brokerage: _____

Buyer's agent, phone, email: _____

[ASSOCIATION NAME]

APPLICANT INFORMATION

Complete one copy of this page for each purchaser and each occupant age 18 or older.

Unit number: _____ Page _____ of _____

VII. Applicant Identity

Full legal name: _____

Any other name used in the last seven years: _____

Date of birth: _____ Photo ID type and number: _____

Current address: _____

Mailing address after closing, if different: _____

Mobile phone: _____ Alternate phone: _____

Email: _____

Relationship to the other applicants: _____

Will you occupy the unit as your primary residence? () yes () no

If title will be held by a trust or a company, complete this block as well. If title will be held in your own name, write "not applicable" on the first line and skip the rest.

Exact name of the titleholding entity: _____

Type of entity and state of formation: _____

Trustee, manager, or authorized officer: _____

Every beneficial owner or beneficiary: _____

Every person who will occupy the unit: _____

Person designated to receive association notices: _____

Person designated to cast the vote for this unit: _____

VIII. Residence History

Provide the last [RESIDENCE HISTORY YEARS] years of residence history for each adult applicant. Attach a further page if needed.

Field	Most recent	Previous
Address	_____	_____
Dates, from and to	_____	_____
Owned or rented	_____	_____
Landlord or mortgage holder	_____	_____
Landlord or mortgage holder phone	_____	_____

Field	Most recent	Previous
Reason for leaving	_____	_____

Have you previously owned or lived in a unit in this association? () yes () no

If yes, unit and dates: _____

[ASSOCIATION NAME]

**APPLICATION FOR APPROVAL OF PURCHASE OR
TRANSFER, CONTINUED**

Unit number: _____

IX. Everyone Who Will Live in the Unit

List every person who will reside in the unit, including every child.

Full name	Age	Relationship to applicant	Move-in date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total number of occupants: _____ The occupancy limit for this unit is [OCCUPANCY LIMIT].

Tell the association in writing within [ROSTER UPDATE DAYS] days when someone permanently joins or leaves this household.

X. Vehicles

Register every vehicle that will be parked on the property, including motorcycles.

Year	Make	Model	Color	Plate	State	Space
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Will you keep a boat, trailer, recreational vehicle, or commercial vehicle on the property? () yes () no

If yes, describe: _____

Number of parking decals or access devices requested: _____

XI. Pets and Animals

Pet rules for this association: [PET RULES SUMMARY, OR "NO PET RESTRICTIONS APPLY"]

Where those rules appear: [DOCUMENT AND SECTION WHERE THE PET RULES APPEAR, OR "NOT APPLICABLE"]

☐ No animal will live in or regularly visit the unit.

☐ The following animals will live in or regularly visit the unit:

Animal 1: type _____ breed _____ name _____
Age _____ Weight at maturity _____ Color _____
Rabies tag number and expiry: _____

Animal 2: type _____ breed _____ name _____
Age _____ Weight at maturity _____ Color _____
Rabies tag number and expiry: _____

Attach a current rabies certificate, a current municipal license if one is required, and a photograph for each animal.

An assistance animal is not a pet and is not subject to the pet rules. Do not list an assistance animal above. Check the line below instead and the association will send you a reasonable accommodation request form within [ACCOMMODATION FORM DAYS] business days. Approval of this application does not depend on the outcome of that request.

☐ I intend to request a reasonable accommodation for an assistance animal.

XII. Emergency Contact and Access

Emergency contact name: _____
Relationship: _____ Phone: _____
Alternate phone: _____ Email: _____
Address: _____

Will you leave a key or access code with the association or its manager? ☐ yes ☐ no

If the unit will be vacant for long periods, the person authorized to enter it is: _____

Storm preparation required of owners: [STORM PREPARATION REQUIREMENTS, OR "NONE"]

XIII. Governing Documents

I have received, or have been given access to, current copies of the following, and I have had the opportunity to read them before signing:

- ☐ Declaration of condominium and all recorded amendments
- ☐ Articles of incorporation and all amendments
- ☐ Bylaws and all amendments
- ☐ Current rules and regulations
- ☐ Most recent annual financial statement
- ☐ Current annual budget
- ☐ Frequently asked questions and answers document
- ☐ Division governance form
- ☐ Milestone inspection report summary, if the association is required to have one
- ☐ Most recent structural integrity reserve study, or a statement that one has not been completed
- ☐ Turnover inspection report, if one was performed

I understand that these documents bind me, my household, my guests, and my tenants from the date I take title.

Applicant signature: _____ Date: _____

XIV. Rental Restrictions

Current rental restrictions: [RENTAL RESTRICTIONS, OR "NONE"]

Adopted or last amended on: [RENTAL RESTRICTION ADOPTION DATE, OR "NOT APPLICABLE"]

Located at: [DOCUMENT AND SECTION WHERE THE RENTAL RESTRICTIONS APPEAR, OR "NOT APPLICABLE"]

Applicant initials confirming receipt of the rental restrictions: _____

XV. Applicant Certification

I certify that:

1. Every statement in this application is true, complete, and accurate.
2. I have disclosed every person who will live in the unit.
3. A material misstatement or omission is grounds for revoking any approval issued in reliance on it, whether it is discovered before or after closing.
4. I authorize the association and its managing agent to verify anything stated here, including contacting the landlords and mortgage holders I have listed.
5. Approval of this application is not a statement by the association about the condition of the unit, the condition of the common elements, or the accuracy of anything said by the seller or a broker.
6. The association's review period runs from the date it receives a complete application.

Applicant signature: _____ Printed name: _____ Date: _____

Co-applicant signature: _____ Printed name: _____ Date: _____

XVI. Seller Acknowledgement

To be completed by the current owner of record.

I am the owner of record of unit _____. I certify that:

1. I have provided the purchaser, at my expense, with the documents a selling owner must provide under Florida law.
2. I have disclosed to the purchaser every open violation notice, unpaid assessment, unpaid fine, and pending special assessment affecting this unit that is known to me.
3. I understand that the purchaser is jointly and severally liable with me for unpaid assessments that came due up to the time title transfers, and that the amount owed to the association must be paid within 30 days after title transfers.
4. I authorize the association to give the purchaser, the purchaser's lender, and the closing agent the assessment status, violation history, and approval history of this unit.

Amounts I believe are currently owed on this unit: _____

Open violations I am aware of: _____

Seller signature: _____ Printed name: _____ Date:

[ASSOCIATION NAME]

BACKGROUND SCREENING AUTHORIZATION

Print and sign one copy of this page for each occupant age 18 or older. Do not combine two adults on one page.

XVII. Background Screening Authorization

Unit number: _____

Applicant name: _____

Date of birth: _____

Current address: _____

I authorize [ASSOCIATION NAME] and its screening company, [SCREENING COMPANY], to obtain and review the following in connection with my application:

- ☐ Credit report
- ☐ Criminal history records, within the limits stated below
- ☐ Eviction and civil judgment records
- ☐ Verification of the residence history I provided
- ☐ [ADDITIONAL CHECK, OR "NONE"]

I understand that the report will be used only to evaluate this application, that it will be kept confidential, and that I may request a copy of any report on which a denial is based.

Signature: _____ Printed name: _____ Date: _____

Limits on the criminal history review:

- Only convictions are considered. An arrest that did not result in a conviction is not considered.
- Only convictions within the last [CRIMINAL LOOKBACK YEARS] years are considered.
- Only offenses bearing on the safety of residents or the security of property are considered. The categories reviewed are: [OFFENSE CATEGORIES].
- A record within these limits is not an automatic denial. The association considers the nature and severity of the offense, the time that has passed, evidence of rehabilitation, and the applicant's history since.
- An applicant whose application is affected by a criminal history record is told so in writing and given a chance to respond before a final decision.

[ASSOCIATION NAME]
FOR ASSOCIATION USE ONLY

Unit number: _____ Applicant name: _____

XVIII. Review Record

Event	Date	Recorded by
Application received	_____	_____
Determined complete	_____	_____
Missing items requested	_____	_____
Missing items received	_____	_____
Screening report received	_____	_____
Reviewed by [APPROVAL BODY]	_____	_____
Decision sent to applicant	_____	_____
Certificate of approval delivered	_____	_____

XIX. Fee Check

Check	Result
Approval authority in the governing documents at	_____
Fee authority in the governing documents at	_____
Applicant count	_____
Fee charged	_____
Fee charged is at or under the current published ceiling	() yes
This is the renewal of a lease with the same lessee, so no fee may be charged	() not applicable () yes

XX. Decision

- () Approved, with no conditions.
() Approved with conditions, stated below. Conditions take effect on closing.
() Tabled. What is needed to decide, and by when, is stated below.
() Denied.

Conditions, if approved with conditions:

Condition 1: _____

Condition 2: _____

Condition 3: _____

Authority in the governing documents for each condition: _____

If tabled:

Information required: _____

Required by: _____ Application will be reconsidered on: _____

If denied, complete both:

Provision of the declaration, articles, bylaws, or rules relied on: _____

The specific facts about this application that fail to satisfy that provision:

Written notice of the denial and these reasons sent on: _____

Sent by: () email () certified mail () hand delivery Tracking or confirmation: _____

Decided by: _____ Title: _____

Vote: for _____ against _____ abstain _____

Signature: _____ Date: _____

XXI. Estoppel Certificate Routing

An estoppel certificate is a separate document with its own deadline, its own fee, and its own contents. It is not part of this application and it is not covered by the transfer approval fee. Complete this record so that the approval file and the estoppel certificate for the same closing agree with each other. If the certificate is not delivered by the tenth business day after the request, no fee may be charged for it.

Estoppel request received on: _____

Received from: _____

Business day 10 falls on: _____

Expedited request: () no () yes, the third business day falls on _____

Delinquent amounts owed on the unit: () no () yes, amount _____

Fee charged: _____

Certificate issued and delivered on: _____

Delivery method: () hand delivery () regular mail () email

Effective period ends: _____

Amended certificate issued: () no () yes, on _____

Answers carried from this application into the estoppel certificate:

Transfer approval answer at item 8.h.: () approval required, approved () approval required, not approved () approval not required

Right of first refusal answer at item 8.i.: () none exists () exists, not exercised () exists, exercised

Recorded by: _____ Date: _____

[ASSOCIATION NAME]

CERTIFICATE OF APPROVAL OF TRANSFER

CERTIFICATE DATE: _____

[ASSOCIATION NAME] certifies that the transfer of the unit described below has been reviewed under the association's governing documents and is approved.

Unit and address: _____

Parking or garage space: _____

Seller of record: _____

Approved purchaser or purchasers: _____

Approved occupants: _____

Date of approval: _____

Conditions of approval: () none () as stated below

Right of first refusal: () none exists () exists and was waived on _____ () exists and was exercised on _____

Conditions, if any: _____

This certificate expires on _____ if the transfer has not closed by that date. If the transaction changes in any material way, including a change of purchaser, a change of occupants, or a change in how title will be held, this certificate is void and a new application is required.

This certificate covers the association's approval of the transfer only. It is not an estoppel certificate, it does not state the amounts owed on the unit, and it may not be relied on for the assessment status of the unit. An estoppel certificate must be requested separately.

Authorized signature: _____

Printed name and title: _____

Delivered to:

() Title company or closing agent, on _____ by _____

() Buyer's agent, on _____ by _____

() Listing agent, on _____ by _____

() Purchaser, on _____ by _____

() Seller, on _____ by _____

Optional additions

The document above is complete as it stands. Use nothing on this page unless the situation described applies to your association.

If your declaration includes a right of first refusal

Complete this page for each transaction and keep it with the application file. The certificate of approval already carries the answer line; this page is the record behind that answer.

Right of first refusal appears at: _____

Held by: () the association () the members () other: _____

Date the association received notice of the proposed sale: _____

Purchase price and material terms as presented: _____

Election period expires: _____

Notice circulated to members on: _____

Decision: () waived () exercised Date of the decision: _____

Vote or authority for the decision: _____

Written waiver or exercise delivered to the seller and closing agent on: _____

Recorded by: _____ Date: _____

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