

**ADVANTAGE PROPERTY MANAGEMENT
1111 SE FEDERAL HWY SUITE 100
STUART FLORIDA 34994
T- 772 337-8900 F-772-288-0175**

CAMELOT GARDENS SALE APPLICATION

Realtors/ Title Officers- To avoid delays in processing, all applications must be completed filled in. Allow thirty (30) days for processing or to check on the status of the application. Closing dates for sales should be planned accordingly. A representative from Camelot Gardens will contact the buyer(s) directly for the interview process.

Be advised: A sale is not approved until the Certificate of Approval has been issued. Please read the 11/15/2017 " Amendments to The Amended and Restated Declaration of Condominium of Camelot Gardens" particularly, 11.3.C.1-9. **Agents, please notify Camelot Gardens when the closing has been completed**

- The Sale Application to be completed in full
- A Copy of Buyer(s) Driver License(s)
- A copy of the fully executed Sales/Purchase Contract or other documentation evidencing the transfer of ownership.
- A non-refundable **processing fee of \$100.00** made payable to Advantage Property Management LLC.
- A **\$50.00 per person Background Check fee**, payable to Advantage Property Management LLC, is required for each proposed occupant over the age of 18. If applicant is not a U.S. Citizen, please contact APM for the amount of the processing fee.

Completed applications and fees must be **hand delivered or mailed to:**

**Camelot Gardens Condominium HOA, Inc.
c/o Advantage Property Management LLC.
1111 SE Federal Hwy Suite 100
Stuart Florida 34994**

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REALTOR INFORMATION - Please Print

Date: _____

Property Address: _____

Proposed Closing Date: _____

Realtor Information:

Agent Name: _____

Agency Business Name: _____

Address: _____

Contact phone #: _____

Email: _____

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APPLICANT INFORMATION: Please Print

CURRENT OWNER (SELLER)

Name of Owner: _____

Address of Owner: _____

Owner Phone Number: _____ Email: _____

NEW OWNER (BUYERS)

Applicant Name: _____

Applicant Present Phone Number: H: _____ C: _____

Applicant Present Address: _____

Applicant Email Address: _____

Co-Applicant Name: (Listed on Sales Contract) _____

Co-Applicant Phone Number: H _____ C _____

Co-Applicant Address: _____

Co-Applicant Email Address: _____

Occupants other than owners:(Maximum of four (4) total residents permitted)

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

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■ **VEHICLE INFORMATION -Please Print**

DISCRIPTION

Vehicle #1	Vehicle#2
Make: _____	Make: _____
Model: _____	Model: _____
Year: _____ Color: _____	Year: _____ Color: _____
Plate # _____ St: _____	Plate #: _____ St: _____

Vehicle # 1 registered to: _____

Vehicle #2 registered to: _____

By signing below, I(we) acknowledge and agree to abide by the following:

All vehicles must be parked in their assigned spaces. No on-street parking or parking in guest spots.
Maximum of two (2) vehicles allowed per unit.

No trucks, motorcycles, trailers, camper type or recreational vehicles, boats, commercial, **unregistered** or **inoperable vehicles**, may be parked on the condominium property.

Refer to Section 10.7 of the Declaration of Condominium and General Rule 13 in the Rules & Regulations to see the detailed rules pertaining to Parking & Prohibited Vehicles.

Signature(s): _____

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PET INFORMATION - Please Print**

By signing below, I(we) acknowledge and agree to abide by the following:

Pets must be confined to the pet owner's unit and must not be allowed to roam free or be tethered on the common element.

No pet shall be allowed to become a nuisance or disturbance to others.

Pets must be leashed; feces must be picked up by the pet owner or person walking the pet and disposed of in the dumpsters.

No pet is allowed with ten (10) feet of any patio fence.

Maximum of two(2) pets allowed per unit.

PET(S). YES ____ NO ____ # of pets _____

Name: _____ Weight _____ Breed _____

Name: _____ Weight _____ Breed _____

Signature(s): _____

NOTICE: City of Port St. Lucie Animal Control 772-871-5042

<http://www.cityofpsl.com/animal-control/animal-citations.html>

Licensing — 92.40

All domestic pets over the age of six (6) months old must have a City of Port St. Lucie animal license displayed on their collar. The cost for a license is \$5 for an altered animal (spray or neutered), or \$15 for an unaltered animal. Proof of Current rabies vaccination from a licensed veterinarian is required, and licenses may be obtained from most Port St. Lucie veterinarian, and at the Animal Control Department 1133 S.W. Macedo Blvd., or by mail.

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NOTICE OF ACKNOWLEDGEMENT

By signing below, I/we fully authorize:

The investigation of all answers and information outlined in this application,

I/we hereby agree to abide by all Governing Documents and the Rules and Regulations of Camelot Gardens HOA Condominium, **copies of which I/we have received from the seller.** (All governing documents are located on our website at: www.camelotpsl.org.),

Buyer(s) and Seller(s) agree to the terms of the attached application for sale of the listed unit in Camelot Gardens HOA Condominium Inc.

Buyer: _____ Date: _____

Buyer: _____ Date: _____

Seller: _____ Date: _____

Seller: _____ Date: _____

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BOARD APPROVAL OF APPLICANTS FORM

MUST BE FILLED OUT BUYER(S)

A representative from Camelot Gardens will contact you directly for an appointment for your interview. **Be advised: A sale is not approved until the Certificate of Approval has been issued**

Property Address: _____

Buyer: _____ Phone # _____

Co-Buyer: _____ Phone # _____

Please circle YES or NO to the following questions:

1. YES NO Have you received a copy of the Documents and Rules & Regulations for Camelot Gardens?
2. YES NO Do you agree to live by the Documents and other Rules & Regulations that govern the area?
3. YES NO Have you received a clubhouse and pool key from the previous owner or lessor?
4. YES NO Are there any additional occupants that you have not disclosed to us? If so, please list names:

5. YES NO Have you ever lived in a condominium/homeowner's association? If yes,
Name of Association _____

REFERENCES: Please list two (2)

Name: _____ Phone: _____

Name: _____ Phone: _____

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BOARD APPROVAL OF APPLICANTS FORM (pg2)

PRIOR LANDLORDS:

Name: _____ Phone: _____

Address: _____

Reason for leaving: _____

Name: _____ Phone: _____

Address: _____

Reason for leaving: _____

Buyer: _____ Date: _____

Co-Buyer: _____ Date: _____

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EMERGENCY CONTACT AND INFORMATION FORM - Please Print

Owner(s) Name: _____

Camelot Address: _____

Year-round Address of Owner (if different) _____

Email Address: _____

(By providing email you have chosen to opt in to receiving official association information)

Owner Phone H. _____ C. _____

List names and ages of all those living in your unit.

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Contact person with a key to your Unit and/or Vehicles:

Name _____

Phone _____

Camelot Unit # _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

Phone (h) _____ (c) _____

Owner signature: _____ Date: _____

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BACKGROUND CHECK AUTHORIZATION FORM

****(COPY THIS FORM FOR ADDITIONAL RESIDENTS OVER 18 YEARS OF AGE AND ATTACH TO THIS APPLICATION)**

Last Name	First Name	Middle Name	Social Security Number	Date of Birth
Other Name(s) Maiden/Married		Driver's License Number		State
Email Address				
Date of Birth	Telephone			

Last Name	First Name	Middle Name	Social Security Number	Date of Birth
Other Name(s) Maiden/Married		Driver's License Number		State
Email Address				
Date of Birth	Telephone			

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Advantage Property Management ("the Company") may obtain a "consumer report" about you from a consumer reporting agency for employment purposes. A "consumer" report is a background screening report that may contain information regarding your criminal history, driving history, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

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PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK (pg2)

possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

AUTHORIZATION

By signing below, you hereby authorize, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish SentryLink with any and all background information about you, in their possession, to Camelot Gardens and / or their representatives.

READ, ACKNOWLEDGED AND AUTHORIZED

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____