Boca Reef

Association Inc.
3051 South Ocean Boulevard
Boca Raton, FL 33432

Apt. _____

APPLICATION OF SALE, GIFT, DEVISE OR INHERITANCE APPROVAL

To: The Board of Directors
Boca Reef Association, Inc.

I hereby apply for approval to SELL Apartment _____ and numbered parking space _____

to _____,
who submit the following information for your consideration.

Enclosed is the sum of $100 from Purchaser, to cover the fee for processing this application.

Signature of **OWNER**_____ Date _____

Name of proposed PURCHASER _____ Age _____

Name of SPOUSE_____ Age _____

Name in which title will be taken _____

Present home address _____

_____ Zip code_____

Phone _____

Present Florida address _____ Phone_____

Name & ages of others who will occupy apartment as per pages 6, 7 and 8 of the Rules & Regulations

_____

_____

We plan: Permanent Use _____ Part-time Use (explain)

_____

_____

_____

Nature of Business or Profession

_____

Employed by _____ For _____ years
Address

_____

Position held _____ Active _____ Retired _____

Business and/or Bank references

_____

_____

PERSONAL References ** (with complete address where they may be reached presently & length of time known)

1. _____

2. _____

I represent that the above statements are true and correct. The Association may verify the information, and I hereby authorize such verification and investigation. (Two letters of reference required)

I have been furnished a copy of the Rules & Regulations of the Boca Reef Association, Inc., as well as the Declaration of Condominium and related Documents and am aware of the contents. I hereby agree to abide by such, or any revisions thereof, if this application is approved.

Signed _____ Date _____
Proposed PURCHASER

Signed _____ Date _____
Proposed PURCHASER

Approved _____ Date _____
For and By the BOARD OF DIRECTORS

If approved, date of occupancy intended _____

Interviewed by _____

<u>NOTE: Two letters of reference and a bank reference are required</u>**

Credit and Background Check

You are hereby authorized to release to Lexis Nexis/Resident Data any information requested regarding my banking, credit, employment, residence and possible criminal background. Lexis Nexis is also authorized to obtain a consumer credit report.

I waive all rights and privileges concerning the release of said information and reports to Lexis Nexis/Resident Data.

Name of Applicant _____

Social Security # _____ **Date of Birth** _____

Driver's License # _____ **State** _____

Current Address _____

Signature _____

Name of Applicant _____

Social Security # _____ **Date of Birth** _____

Driver's License # _____ **State** _____

Current Address _____

Signature _____

Name of Applicant _____

Social Security # _____ **Date of Birth** _____

Driver's License # _____ **State** _____

Current Address _____

Signature _____

Applicant Authorization

Lexis Nexis Resident Data, Inc.

In connection with my/our application for residence at
I hereby authorize any consumer credit agency, current and previous employer, current and any former landlord, law enforcement agency, any check authorization agency, and state employment security agency to release all information any of them may have about me to Lexis Nexis Resident Data, Inc. I hereby release all of these parties from any liability in connection with release of such information.

A facsimile or other copy of this authorization shall be shall be sufficient for release by the aforesaid parties.

I have submitted a non-refundable fee to process my application for residence. I understand that this sum is not a rental payment or deposit and will not be refunded even if my application is denied or cancelled by me after submission.

This authorization is for this transaction only and continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.

Signature	Signature
Printed Name	Printed Name
Date	Date