



The Sail Condominium Association  
'Application for Residency'

Thank you for your interest in residency at **The Sail Condominium Association**. Please complete the application for purchase or lease in its entirety, and return it to The Sail Condominium Association, Inc. at your earliest convenience. Please enter N/A if a question or line item is not applicable and print legibly. Asset Recovery Group, LLC. is responsible for obtaining credit, criminal, and eviction background checks. Asset Recovery Group, LLC. does not assist in the completion of the application package.

The Screening Interview is intended (1) to assure that the applicant(s) is/are aware of the Rules and Regulations, (2) to review and verify the information submitted in the Screening Application Package and (3) to ask and have responses any additional questions that might arise before or during the Screening Interview.

The completed application for residency **must** be received by our office not less than thirty (30) days prior to the anticipated move in date. Submission of your application in a timely manner will give our office the requisite amount of time to effectively process your application.

Please be advised that your application for residency will be processed in the same manner in which every application is processed through our office; a process that cannot be expedited. Each and every applicant is treated equally.

Once your completed application has been duly processed, you may be contacted by a member of the Board of Directors or a representative of the Associations' screening committee, on behalf of the Board of Directors, to schedule a Screening Interview **prior** to the issuance of the necessary "**Certificate of Approval**" and **prior** to the moving in to your prospective residence.

We sincerely appreciate your understanding and cooperation in this regard and look forward to the opportunity to issue your Certificate of Approval.

The Sail Condominium Association, Inc.  
Board of Directors,

Asset Recovery Group, LLC, Property Manager

### GENERAL INFORMATION

Applicant: \_\_\_\_\_  
Last Name First Name Middle Name Social Security # Birth Date

Phone numbers: \_\_\_\_\_  
Home Cell Work Fax email address

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**NOTE:** If applicant and co-applicant are not married, then 2 separate applications are required and must be completed.

Additional total number of occupant(s) \_\_\_\_\_ children/relatives that will reside in the Association:  
(Please note that any child or relative above eighteen (18) years of age must be screened)

\_\_\_\_\_  
Last Name First Name Middle Name Birth Date Relationship Gender

\_\_\_\_\_  
Last Name First Name Middle Name Birth Date Relationship Gender

\_\_\_\_\_  
Last Name First Name Middle Name Birth Date Relationship Gender

Present address: \_\_\_\_\_  
Home # Street Apt. # City State Zip

Length of Residence: \_\_\_\_\_, \_\_\_\_\_, \$ \_\_\_\_\_  
Years Months Mortgage/Rent Mortgage Company/Landlord Phone number # of late/missed payments

Previous address: \_\_\_\_\_  
Home # Street Apt. # City State Zip

Previous Residence: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Years Months Mortgage/Rent Mortgage Company / Landlord Phone number # of late/missed payments

Have you ever seasonally resided in Florida? \_\_\_\_\_ Was this seasonal residence listed above? \_\_\_\_\_ Which one? \_\_\_\_\_ 1<sup>st</sup> or 2<sup>nd</sup>

Do you plan to seasonally reside at this residence? \_\_\_\_\_ For how many months per year? \_\_\_\_\_

Please provide your alternative residence information: \_\_\_\_\_  
Address City State Zip

If you have an alternative seasonal address, do you wish your association's communications to go to the alternative address? \_\_\_\_\_

### REAL ESTATE AGENCY / AGENT INFORMATION

\_\_\_\_\_  
Real Estate Agency Address City State Zip

\_\_\_\_\_  
Phone number 2<sup>nd</sup> Phone Number Fax number E-mail address

\_\_\_\_\_  
Real Estate Agent License number Rank Expiration Date Status

\_\_\_\_\_  
Work Phone number Cell Phone Number Fax number E-mail address

### EMPLOYMENT INFORMATION

Present Employer (Applicant)	Address	City	State	Zip	Phone number
Position	Years	Months	Annual Income	Supervisor	Work number
					Cell number
Previous Employer	Address	City	State	Zip	Phone number
Position	Years	Months	Annual Income	Supervisor	Work number
					Alternative number

### BANK AND CREDIT INFORMATION

Bank Name	Address	City	State	Zip	Checking Acct #	Phone number
Bank Name	Address	City	State	Zip	Loan Account #	Phone number
Card Name	Address	City	State	Zip	Card Account #	Phone number
Card Name	Address	City	State	Zip	Card Account #	Phone number

### AUTOMOBILE INFORMATION

Make	Model	Color	Tag#	Expiration date	State	Drivers License #	State
Make	Model	Color	Tag#	Expiration date	State	Drivers License #	State
Make	Model	Color	Tag#	Expiration date	State	Drivers License #	State

### PERSONAL REFERENCES (Do Not List Relatives)

Name	Relationship	Address	City	State	Zip	Phone number	2 <sup>nd</sup> number
Name	Relationship	Address	City	State	Zip	Phone number	2 <sup>nd</sup> number
Name	Relationship	Address	City	State	Zip	Phone number	2 <sup>nd</sup> number

### PET INFORMATION (Please submit color photos for identification purposes)

Type(dog/cat)	Breed(retriever/siamese)	Weight (lbs.)	Age (years)	Color(s)	Name	vaccination date
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### EMERGENCY CONTACT INFORMATION

Name	Relationship	Address	City	State	Home number	Work number	Cell Number
Name	Relationship	Address	City	State	Home number	Work number	Cell Number

I (We) warrant that the information contained in this screening application package is true and correct to the best of my (our) knowledge and authorize the investigation and verification of same by reasonable means.

I (We) understand the acknowledge that should any information contained in this application be incorrect or misrepresented, the Board of Directors reserves the right to reject the application, deny the Certificate of Approval and keep the \$100.00 application fee.

I (We) understand that the acceptance of the \$100.00 screening application package fee does not in any way constitute the approval of the Application or transaction between the parties.

I (We) issue authority and permission, while holding harmless the credit bureau, the Association and its membership to which I (We) have applied for occupancy, to **Asset Recovery Group, LLC**, and its owners, officers and employees, releasing the from any losses, expenses or damages sustained, directly or indirectly, by myself or others, from information disclosed in their investigative report, whether made orally or in writing.

I (We) understand and acknowledge that I (We) cannot occupy the premises without authorization from the Board of Directors.

I (We) understand the acknowledge that in the event of an unauthorized occupancy, this screening application package may be rejected in its entirety therefore allowing the Board of Directors to reserve the right to reject the screening application package, deny the Certificate of Approval and keep the \$100.00 screening application package fee; or to not accept the screening application package for consideration until the occupant vacates the unit completely.

I (We) understand the acknowledge that the processing and verification for this application may take up to thirty (30) days to complete.

I (We) understand that it is the responsibility of the current owner to provide the purchaser / tenant with a complete set of the Associations' governing documents.

I (We) understand that the maximum occupancy regulations are not more than 2 occupants per bedroom.

I (We) understand the acknowledge that no transient occupancy is allowed and that a copy of each and every lease, renewal or agreement must be provided to the Association for approval.

I (We) understand that monthly assessments are due on the first of each month and considered delinquent after a ten (10) day grace period.

I (We) understand that I (We) must notify the management company for the Association of the competed transaction, with a copy of the Warranty Deed, settlement statement or a copy of the signed lease by both parties, so the records of the Association may be updated.

I (We) understand and acknowledge that should I (We) wish to lease my/our unit, that every lessee must be screened by the Association, that a copy of the lease be presented to the Association for approval, that no lease be for less than thirty (30) days and that a tenant renewal be approved by the Association on an annual basis.

I (We), the undersigned applicant(s) have received, read, understand and agree to abide by the Associations' governing documents including the Rules and Regulations promulgated by the Board of Directors.

_____	_____	_____, 20____
Applicants Printed Name	Applicants Signature	Month Day
_____	_____	_____, 20____
Applicants Printed Name	Applicants Signature	Month Day