APPLICATION FOR PURCHASE

Vista Gardens Association, Inc.
20-A Vista Gardens Trail, Vero Beach, FL 32962
(772) 562-0401 ■ FAX (772) 562-4405
vistagardens@keyirc.com

APPLICATION REQUIREMENTS

- ❒ **$100.00 non-refundable Processing Fee** *(Check or Money Order, US Funds only)*
  Additional $50.00 for Other Occupant(s)
- ❒ ***COLOR*** **copy of DRIVERS LICENSE(s) showing date of birth.**
- ❒ **Copy of the SALES CONTRACT- to include the Condo Comprehensive Rider**
- ❒ **Copy of VEHICLE REGISTRATION.**

➢➢ **PLEASE ALLOW 30-DAYS FOR APPLICATION PROCESSING** ➣➣

* Non-US applicants are subject to additional paperwork completion and identification, which can add to application processing time.

DATE: _____ **BLDG:** _____ **UNIT:** _____

SELLER/CURRENT OWNER(S): _____

PHONE: _____ EMAIL: _____

BUYER #1: _____ DOB: _____ AGE: _____

PHONE (Cell? Yes ❒ No ❒): _____ EMAIL: _____

BUYER #2: _____ DOB: _____ AGE: _____

PHONE (Cell? Yes ❒ No ❒): _____ EMAIL: _____

CURRENT ADDRESS: _____
STREET CITY STATE ZIP

RENT ❑ OWN ❑ - FOR HOW LONG? _____ IF LESS THAN 2-YEARS, PLEASE LIST PREVIOUS ADDRESS BELOW:

_____

♦ **OTHER OCCUPANT**, *if applicable*: _____ DOB: _____ AGE: _____

RELATIONSHIP TO BUYER(S): _____ **WILL OTHER OCCUPANT RESIDE IN UNIT?** Yes ❑ No ❑

PHONE (Cell? Yes ❒ No ❒): _____ EMAIL: _____

BUYER(S) - VEHICLE INFORMATION to be Parked in the Condominium Parking Lot.

NOT PERMITTED ➢ ***Pick-up Trucks/Trucks (or any vehicle exceeding overall length of 216"), Campers/RV's, Motorcycles, Boats & Trailers*** ➣

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____ TAG #: _____ STATE: _____

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____ TAG #: _____ STATE: _____

➢➢ **BOTH THE BUYER AND SELLER MUST SIGN BEFORE SUBMITTING APPLICATION** ➣➣

Signature - **BUYER #1**: _____ *Signature* - **SELLER #1**: _____

Signature - **BUYER #2**: _____ *Signature* - **SELLER #2**: _____

Signature - **OTHER OCCUPANT**, *if applicable*: _____

========== **OFFICE USE ONLY** ==========

INTERVIEWED BY: _____ DATE: _____

➢ **BLDG:** _____ **UNIT:** _____

1.	**You understand that it may take up to 30-days to process this application.** *** Non-US applicants are subject to additional paperwork completion and identification, which can add to application processing time.**	Yes ❑ No ❑
2.	You agree to submit the following items as part of the application process: • $100 non-refundable processing fee • **COLOR COPY** of all Buyer(s)/Occupant **Driver's Licenses** and • Copy of purchase contract.	Yes ❑ No ❑
3.	You understand that Vista Gardens and its designated agents/representatives will conduct a comprehensive consumer credit and investigative report on you for residency purposes.	Yes ❑ No ❑
4.	You understand that once the application is complete, *a* ***telephone or in-person interview will be scheduled.***	Yes ❑ No ❑
5.	Have you received the Associations Declaration of Condominium, Articles of Incorporation, Bylaws and Amendments? ➢ **Should be provided by current owner**	Yes ❑ No ❑
6.	Have you received a copy of Vista Gardens Rules and Regulations? ➢ **Should be provided by current owner** a. Have you read and understand them? b. Do you agree to advise any Family Members and Guests/Visitors that they must also abide by these Rules and Regulations?	Yes ❑ No ❑ Yes ❑ No ❑ Yes ❑ No ❑
7.	Are you aware ONLY Cars, *approved* Vans and SUVs are permitted and shall be **parked *forward facing*** in assigned parking space ➢ **(PROHIBITED: Pick-up Trucks/Trucks *(or ANY vehicle exceeding overall length of 216", Campers & RV's, Motorcycles, Boats & Trailers).***	Yes ❑ No ❑
8.	You understand *Commercial Vehicles* showing ANY form of advertisement are prohibited to park overnight at any time. ➢ **i.e. Door Magnets, Window Lettering or Wraps**	Yes ❑ No ❑
9.	Are you aware we are a **NO PET** community and agree to abide it?	Yes ❑ No ❑
10.	Are you aware that children under 13 may NOT live with you, but may visit for a total of 30-days in a calendar year; and if using recreational facilities, must be accompanied by an adult?	Yes ❑ No ❑
11.	Are you aware that you **must own your unit for one (1) year BEFORE** it can be leased and can only be leased 3-times in a calendar year?	Yes ❑ No ❑
12.	Do you understand that at least one (1) person occupying the unit must be at least 55 or older?	Yes ❑ No ❑
13.	Do agree to comply - that any construction modifications (i.e., windows, flooring, shutters or door replacement) to your unit, requires Architectural Modification Application & Approval, **BEFORE** contracted work can begin? ➢ ***A separate application must be completed and requires Board approval*** ➢	Yes ❑ No ❑
14.	I/we understand that Vista Gardens uses a key fob system to gain access to recreational facilities. ➢ **Should be provided by current owner** ***I/we also understand that if lost OR if the current owner does not provide fobs, replacement fob(s) can be purchased for $25.00 each.***	Yes ❑ No ❑
15.	Do you understand - Vista Gardens is a 55+ Independent Living Community and **Not a Resort - or - Assisted Living Environment**; and you understand that the Association has an on-site Property Manager and Staff who **maintain the "Common Areas"** of the Vista Gardens property and **DO NOT** perform any personal maintenance or services for individual residents or inside units.	Yes ❑ No ❑
16.	**IMPORTANT – PLEASE READ:** As Buyer(s)/Occupant, *if applicable,* "**YOU AGREE TO ABIDE"** by the Restrictions as set forth in the Declaration of Condominiums, Articles of Incorporation, Amendments and Bylaws and "**YOU AGREE TO COMPLY**" with the Rules and Regulations of the Vista Gardens Association.	Yes ❑ No ❑
17.	I/We understand that Visa Gardens requires a minimum of 10% down for all purchases, per our declaration.	Yes ❑ No ❑

Signature - **BUYER #1**: _____ **Date**: _____

Signature - **BUYER #2**: _____ **Date**: _____

Signature - **OTHER OCCUPANT** *if applicable*: _____ **Date**: _____

➢ **BLDG:** _____ **UNIT:** _____

NAME(S) TO APPEAR ON WARRANTY DEED:

_____

_____

I (We) understand that I/we may NOT, individually, jointly, corporately or in Trust have ownership interest in <u>more</u> than three (3) units at a time. YES ❑ NO ❑

I (We) understand that I/we <u>cannot</u> Lease - Annually or Seasonally for a period of one (1)-year from date of purchase. YES ❑ NO ❑

DO YOU PLAN TO RESIDE IN THE UNIT…

❑ FULL-TIME ❑ PART-TIME

❑ PART-TIME/SEASONALLY LEASE – REQUIRES ANNUAL APPLICATION/LEASE AGREEMENT & BOARD APPROVAL

❑ FULL-TIME LEASE – REQUIRES ANNUAL"RENEWAL" APPLICATION/LEASE AGREEMENT & BOARD APPROVAL

- OR - is it the intent to have the property occupied as a long-term living arrangement for an immediate family member (***<u>Other Occupant</u>*** = Parent, Sibling, In-Law) ❑

➢➢ **PLEASE ALLOW 30-DAYS FOR APPLICATION PROCESSING** ➢➢

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APPROXIMATE CLOSING DATE (must be stated):_____

<u>Specific instruction is REQUIRED on where/whom to send approval to:</u>

(check one)

❑ **OWNER**

❑ **TITLE COMPANY:** _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

❑ **ATTORNEY FIRM NAME:** _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

NAME OF REALTOR(S): _____ **PHONE NUMBER:** _____

NAME OF FIRM: _____ **E-MAIL:** _____

VISTA GARDENS ASSOCIATION, INC

Authorization/Release Form for Residency

- PLEASE PRINT –

BACKGROUND CHECKS ARE ONLY VALID FOR 90-DAYS

*** Non-US applicants are subject to additional paperwork completion and identification, which can add to application processing time.**

➢ **BLDG**: _____ **UNIT:** _____

BUYER #1: _____
(FIRST) (MIDDLE) (LAST) ***MAIDEN, if applicable***

Full Social Security or * SIN #: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

BUYER #2: _____
(FIRST) (MIDDLE) (LAST) ***MAIDEN, if applicable***

Full Social Security or * SIN #: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

➢ **CURRENT ADDRESS**: _____
STREET CITY STATE ZIP

IF LESS THAN 2 YEARS, LIST PREVIOUS ADDRESS _____

OTHER OCCUPANT, *if applicable*: _____
(FIRST) (MIDDLE) (LAST) ***MAIDEN,** if applicable*

Full Social Security or * SIN #: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

I hereby authorize Vista Gardens Association and its designated agents and representative to conduct a comprehensive review of my background causing a consumer report and/or investigative consumer report to be generated for residency purposes.

Signature - **BUYER #1**: _____ Date: _____

Signature - **BUYER #2**: _____ Date: _____

Signature - **OTHER *OCCUPANT***: _____ Date: _____

AGE VERIFICATION – In ***Accordance with the Fair Housing Act of the United States Congress***, the Act requires that at (1) one occupant of any unit, whether Owner, Lessee or Other Occupant shall be at least 55 years of age. **Therefore, it is mandatory under the Fair Housing Act and Housing for Older Persons Act (HOPA),** that Vista Gardens Condominium Association retain "verifiable records" regarding the age of each Owner, Lessee, or Other Occupant of each unit.

Each Owner, Lessee, or Other Occupant is REQUIRED to furnish the Association with 1 (one) form of Non-Expired Age Verification Identification, which must a legible COLOR photocopy.

❖ This information must be updated every 2 years. ❖

ACCEPTABLE FORMS OF ID – *(expired identification will not be accepted)*.

♦ **Driver's License** ♦ **Passport** ♦ **State ID Card** ♦ **Military ID**

Print Name(s)	ID Type	ID Expiration	DOB	Age

All the person(s) listed above, please sign below attesting the information provided is true and correct:

_____ _____
Signature *Date*

_____ _____
Signature *Date*

_____ _____
Signature *Date*

_____ _____
Signature *Date*

➢ **Building:** _____ **Unit:** _____

Purchase ❒ or Lease - Annually ❒ Seasonally ❒