



*Soleil Property Management*

**P.O. Box 5965**

**Lake Worth, FL 33466**

**Office: (561) 225-1524**

**[www.soleilpropertymanagement.net](http://www.soleilpropertymanagement.net)**

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### **PROCEDURE TO OBTAIN REQUIRED ASSOCIATION SALE APPROVAL**

The Association's relationship is with the owner of record. When the owner sells his/her home and closing date has been set, the owner is to notify us. To obtain the required approval (which must be at the closing, signed by the buyer and recorded with the deed by the closing agent after closing) please send us:

1. A copy of the "Contract for Sale" or its equivalent.
2. This application, an application for approval, and authorization forms must be completed in detail by each proposed adult occupant of the home, other than the purchasers spouse, parent, or dependent child. If any information is left blank, the application will be returned to the agent not processed and unapproved.
3. A non-refundable check or money order for each applicant in the amount of \$100.00 per applicant must be made payable to Waburton Village Homeowner's Association Inc. and attached to the application. Acceptance of processing fee does not in any way constitute acceptance of the conveyance.
4. **The completed application along with the application processing fee of \$100 and a background screening fee of \$25 for each adult 18 or older must be made payable to Soleil Property Management and must be received by Soleil Property Management at least 30 days prior to the proposed closing date. If not you MUST reschedule your closing.**
5. All applicants and proposed residents must make themselves available for a personal interview and orientation that is conducted at the Villa Olympia. Please be advised that the interview scheduling process may take up to 10 days to facilitate.
6. Any violations on the property to be purchased must be corrected before the interview/orientation will be scheduled.
7. Tell us where you want the approval sent. (a reliable source is recommended)
8. The homeowner documents require that the owner take these steps in a timely manner. Should the owner choose to delegate this responsibility he or she needs to understand that the ultimate obligation rests with him/her.
9. The seller is obligated to provide the buyer, prior to closing, a full set of homeowner documents as the buyer will sign on our approval that he had received same and agrees to abide by them.
10. In order to assist us please send the completed application, contract and where to send the approval, at one time together to the address at the top of this form.

#### **IMPORTANT NOTICE**

Most mortgages/banks require that they be provided with a "Certificate of Insurance" from our insurance agent **BEFORE THEY WILL CLOSE THE SALE**. Please note that you or the bank must contact the agent to obtain this certificate.

The insurance agent is **Gateway Insurance and their number is 561.964.9190.**



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**Purchaser Information**

Purchasers name as will appear on the title:\_\_\_\_\_

Additional name on title as it will appear:\_\_\_\_\_

Current Address:\_\_\_\_\_

City, State, Zip:\_\_\_\_\_

Home phone:\_\_\_\_\_ Cell:\_\_\_\_\_ Work:\_\_\_\_\_

<b>Applicants Drivers License</b>	<b>Secondary Applicants Drivers License</b>

<b>Name all persons who will occupy the residence</b>		
<b>Name</b>	<b>Relationship</b>	<b>Age</b>

Has the applicant or any person who will occupy the residence been convicted of any crimes? Yes\_\_\_\_\_ No\_\_\_\_\_

If the answer to the question above is yes, please attach a separate sheet explaining in detail the nature and disposition of the conviction.

Applicant is purchasing home for: Personal Residence **OR** Investment Property

### Property/Ownership Information

Physical address of home: \_\_\_\_\_

Approximate closing date: \_\_\_\_\_

Current Owner's name: \_\_\_\_\_

Current Owner's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Current Owner's Phone Number: \_\_\_\_\_

### Purchasers Realtor Information

<b>Name of Agency</b>	
<b>Name of Agent</b>	
<b>Agency Phone Number</b>	
<b>Agency Fax Number</b>	
<b>Agent's Cell Number</b>	

### Mortgage Information

<b>Name of Lender</b>	
<b>Address of Lender</b>	
<b>City, State, Zip</b>	
<b>Lender Phone Number</b>	
<b>Lender Fax Number</b>	
<b>Lenders Agent or Contact Person</b>	

**Residential History (5 year minimum)**

<b>Present Address</b>	
<b>City, State, Zip</b>	
<b>Landlord or Mortgage Company Name</b>	
<b>Contact Person</b>	
<b>Contact Persons Phone Number</b>	
<b>Dates of Residency (Begin/End)</b>	

<b>Previous Address</b>	
<b>City, State, Zip</b>	
<b>Landlord or Mortgage Company Name</b>	
<b>Contact Person</b>	
<b>Contact Persons Phone Number</b>	
<b>Dates of Residency (Begin/End)</b>	

<b>Previous Address</b>	
<b>City, State, Zip</b>	
<b>Landlord or Mortgage Company Name</b>	
<b>Contact Person</b>	
<b>Contact Persons Phone Number</b>	
<b>Dates of Residency (Begin/End)</b>	

### Applicants Employment

<b>Present Employer</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Contact Person</b>	
<b>Contact Persons Phone Number</b>	
<b>How long have you worked there?</b>	
<b>What is your approximate monthly income?</b>	

### Spouses Employment

<b>Present Employer</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Contact Person</b>	
<b>Contact Persons Phone Number</b>	
<b>How long have you worked there?</b>	
<b>What is your approximate monthly income?</b>	

### Bank Reference

<b>Name of Bank</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Contact Person</b>	
<b>Contact Persons Phone Number</b>	
<b>How long have you had the account?</b>	

### Character References (List Three)

<b>Name</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Contact Person</b>	
<b>Contact Persons Phone Number</b>	
<b>How long have you known this person?</b>	
<b>What is your relationship to this person?</b>	
<b>Name</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Contact Person</b>	
<b>Contact Persons Phone Number</b>	
<b>How long have you known this person?</b>	
<b>What is your relationship to this person?</b>	
<b>Name</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Contact Person</b>	
<b>Contact Persons Phone Number</b>	
<b>How long have you known this person?</b>	
<b>What is your relationship to this person?</b>	

### Vehicle Information

	Vehicle Make	Vehicle Model	Year	Tag Number	State of Registration
Vehicle 1					
Vehicle 2					
Vehicle 3					
Vehicle 4					
Vehicle 5					

### **Consent to Background Investigation and Release of Liability**

I (we) understand that the Board of Directors of the Waburton Village Homeowner's Association, Inc. may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I (we) specifically authorize the Board of Directors or Soleil Property Management to make such an investigation and agree that the information contained in this and the attached application may be used in such an investigation and that the Board of Directors, Officers, and Soleil Property Management shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors or its authorized agents.

In making the foregoing application, I (we) am (are) aware that the decision of Waburton Village Homeowner's Association, Inc. will be final and no reason will be given for action taken by the Board of Directors. I (we) agree to be governed by the determination of the Board of Directors.

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Applicant Signature and Date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Applicant Signature and Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_ who (is) (are) personally known to me or  
who have produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public State of Florida at Large

\_\_\_\_\_  
Printed Name of Notary Public

My Commission Expires:





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**DISCLOSURE SUMMARY  
FOR  
WABURTON VILLAGE HOMEOWNER'S ASSOCIATION**

1. AS A PURCHASER OF PROPERTY IN THIS COMMUNITY, YOU WILL BE OBLIGATED TO BE A MEMBER OF A HOMEOWNERS' ASSOCIATION.
2. THERE HAVE BEEN OR WILL BE RECORDED RESTRICTIVE COVENANTS GOVERNING THE USE AND OCCUPANCY OF PROPERTIES IN THIS COMMUNITY.
3. YOU WILL BE OBLIGATED TO PAY ASSESSMENTS TO THE ASSOCIATION. ASSESSMENTS MAY BE SUBJECT TO PERIODIC CHANGE. IF APPLICABLE, THE CURRENT AMOUNT IS \$155 PER QUARTER. YOU WILL ALSO BE OBLIGATED TO PAY ANY SPECIAL ASSESSMENTS IMPOSED BY THE ASSOCIATION. SUCH SPECIAL ASSESSMENTS MAY BE SUBJECT TO CHANGE.
4. YOU MAY BE OBLIGATED TO PAY SPECIAL ASSESSMENTS TO THE RESPECTIVE MUNICIPALITY, COUNTY, OR SPECIAL DISTRICT. ALL ASSESSMENTS ARE SUBJECT TO PERIODIC CHANGE.
5. YOUR FAILURE TO PAY SPECIAL ASSESSMENTS OR ASSESSMENTS LEVIED BY A MANDATORY HOMEOWNERS' ASSOCIATION COULD RESULT IN A LIEN ON YOUR PROPERTY.
6. THERE MAY BE AN OBLIGATION TO PAY RENT OR LAND USE FEES FOR RECREATIONAL OR OTHER COMMONLY USED FACILITIES AS AN OBLIGATION OF MEMBERSHIP IN THE HOMEOWNERS' ASSOCIATION.
7. THE DEVELOPER MAY HAVE THE RIGHT TO AMEND THE RESTRICTIVE COVENANTS WITHOUT THE APPROVAL OF THE ASSOCIATION MEMBERSHIP OR THE APPROVAL OF THE PARCEL OWNERS.
8. THE STATEMENTS CONTAINED IN THIS DISCLOSURE FORM ARE ONLY SUMMARY IN NATURE, AND, AS A PROSPECTIVE PURCHASER, YOU SHOULD REFER TO THE COVENANTS AND THE ASSOCIATION GOVERNING DOCUMENTS BEFORE PURCHASING PROPERTY.
9. THESE DOCUMENTS ARE EITHER MATTERS OF PUBLIC RECORD AND CAN BE OBTAINED FROM THE RECORD OFFICE IN THE COUNTY WHERE THE PROPERTY IS LOCATED, OR ARE NOT RECORDED AND CAN BE OBTAINED FROM THE DEVELOPER.

\_\_\_\_\_  
PURCHASER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PURCHASER

\_\_\_\_\_  
DATE