

OXFORD HOUSE OF PORT CHARLOTTE, A CONDOMINIUM, INC.  
APPLICATION FOR PURCHASE

**APPLICATION MUST BE SUBMITTED A MINIMUM OF 20 DAYS PRIOR  
TO THE CLOSING TO OBTAIN A CERTIFICATE OF APPROVAL  
(REQUIRED TO COMPLETE SALE)**  
**\*\*\*\*THERE WILL BE NO EXCEPTIONS TO THIS RULE\*\*\*\***

PLEASE SUBMIT THIS COMPLETED APPLICATION WITH **\$100.00 (NONREFUNDABLE) APPLICATION FEE** TO THE ATTENTION OF THE BOARD OF DIRECTORS OF OXFORD HOUSE c/o MANAGER'S OFFICE 6210 SCOTTE STREET #214 PUNTA GORDA, FL 33950. THERE IS A **\$40.00 (NONREFUNDABLE)** FEE FOR THE BACKGROUND CHECK. THIS PAYMENT SHOULD BE MADE TO PALMER PROPERTY MANAGEMENT. IF YOU SCAN THIS COMPLETED APPLICATION TO [PPM@MYPPM.NET](mailto:PPM@MYPPM.NET) PLEASE INCLUDE A COLOR COPY OF YOUR GOVERNMENT ISSUED ID.

DATE APPLICATION SUBMITTED TO MANAGER'S OFFICE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ VERIFIED BY \_\_\_\_ (INITIALS)

I INTEND TO PURCHASE UNIT # \_\_\_\_ OF THE OXFORD HOUSE OF PORT CHARLOTTE A CONDOMINIUM INC. LOCATED AT 21267 GERTRUDE AVENUE, PORT CHARLOTTE, FL, 33952. I REPRESENT THAT THE FOLLOWING INFORMATION IS FACTUAL AND TRUE. I AM AWARE THAT ANY FALSIFICATION OR MISREPRESENTATION OF THE FACTS IN THIS APPLICATION CAN RESULT IN THE REJECTION OF THIS APPLICATION OR CONSTITUTE GROUNDS FOR THE ASSOCIATION TO VOID ANY APPROVAL THAT MAY BE GRANTED.

I ALSO CONSENT AND ACKNOWLEDGE THAT YOU MAY MAKE FURTHER INQUIRY CONCERNING THIS APPLICATION PARTICULARLY OF THE REFERENCES GIVEN BELOW AND CREDIT STANDING. IN THE REGARD PURSUANT TO THE FAIR CREDIT REPORTING ACT 15 U.S.C. SECTION 1681 AT SEC. THE ASSOCIATION MAY OBTAIN A CREDIT REPORT ON THE APPLICANT(S) REFERENCED BELOW. THAT IS BY SIGNING THIS APPLICATION, YOU HEREBY CONSENT TO THE ASSOCIATION OBTAINING A CREDIT REPORT AND CONSIDERING IT IN CONNECTION WITH YOUR APPLICATION. EVERY EFFORT SHALL BE MADE BY THE ASSOCIATION MAINTAIN THE CONFIDENTIALITY OF SUCH REPORT; HOWEVER, BY SIGNING THE APPLICATION, YOU HEREBY WAIVE AND HOLD THE PERTINENT ASSOCIATION HARMLESS OF ANY CLAIM, ACTION OR SUIT REGARDING USE OF CREDIT REPORT.

I UNDERSTAND THAT THE ASSOCIATION MAY, PURSUANT TO SECTION 9439953. FLORIDA STATUTES OBTAIN A CRIMINAL HISTORY INFORMATION OF THE APPLICANT(S) SIGNING THIS APPLICATION. THE APPLICANT(S) HEREBY CONSENT TO THE ASSOCIATION OBTAINING A CRIMINAL HISTORY INFORMATION AND CONSIDERING IT IN CONNECTION WITH THE APPLICATION. EVERY EFFORT SHALL BE MADE BY THE ASSOCIATION TO MAINTAIN THE CONFIDENTIALITY OF THE REPORT, HOWEVER, BY SIGNING THE APPLICATION YOU HEREBY WAIVE AND HOLD THE ASSOCIATION HARMLESS OF ANY CLAIM, ACTION, OR SUIT REGARDING USE OF CRIMINAL HISTORY INFORMATION.

ADDITIONALLY, I HAVE READ AND AGREED TO BE BOUND BY THE DECLARATION, ARTICLES OF INCORPORATION, BY-LAWS AND RULES AND REGULATIONS OF THE ASSOCIATION WHICH GOVERN THE HOUSE IN WHICH THE UNIT TO BE PURCHASED IS LOCATED, COPIES OF WHICH DOCUMENTS HAVE BEEN FURNISHED TO ME BY THE OWNER, IN THIS REGARD I UNDERSTAND:

\*\*NO ANIMALS OR PETS OF ANY KIND SHALL BE ALLOWED IN ANY UNIT OR ON THE PROPERTY OF THE CONDOMINIUM.  
\*\*NO PERSON UNDER THE AGE OF 18 CAN OCCUPY A UNIT FOR MORE THAN (30) THIRTY DAYS.  
\*\*NO CONDOMINIUM UNIT CAN BE RENTED FOR A PERIOD LESS THAN (3) MONTHS AND MUST BE FOR ONE SINGLE FAMILY.  
\*\*NO UNIT CAN BE SUBLICENSED WITHOUT APPROVAL OF THE UNIT OWNER AND THE BOARD OF DIRECTORS.  
\*\*NO UNIT OWNER MAY LEASE HIS OR HER UNIT FOR A PERIOD OF (2) TWO YEARS AFTER TAKING TITLE TO A UNIT. AFTER THE EXPIRATION OF THIS TWO-YEAR PERIOD A UNIT OWNER MAY LEASE THEIR UNIT IN ACCORDANCE WITH PROVISIONS ELSEWHERE. THE TWO-YEAR WAITING PERIOD SHALL NOT APPLY IN SITUATIONS WHERE TITLE TO A UNIT PASSES THROUGH INHERITANCE.  
\*\* ONLY (2) TWO PERMANENT PEOPLE IN A ONE BEDROOM UNIT OR (4) FOUR PERMANENT PEOPLE IN A TWO BEDROOM. OXFORD HOUSE OF PORT CHARLOTTE A CONDOMINIUM, INC. IS A HOUSING FACILITY FOR OLDER PERSONS AND AT LEAST ONE OCCUPANT MUST BE 55 YEARS OF AGE OR OLDER.

FINALLY, I UNDERSTAND THAT CURRENT ILLEGAL ABUSE OR ADDICTION TO A CONTROLLED SUBSTANCE, OR THE CONVICTION OF THE ILLEGAL MANUFACTURE OR DISTRIBUTION OF A CONTROLLED SUBSTANCE (AS "CONTROLLED SUBSTANCE" IS DEFINED IN THE FEDERAL CONTROLLED SUBSTANCE ACT) PROVIDES A CASE TO THE ASSOCIATION TO REJECT THIS APPLICATION OR TO TERMINATE THE OWNERSHIP OF THE UNIT UNDER APPROPRIATE CIRCUMSTANCES. MOREOVER, I UNDERSTAND THAT THE ASSOCIATION IS ENTITLED TO REJECT THIS APPLICATION IN REGARD TO ANY APPLICANT WHOSE RESIDENCE WOULD CONSTITUTE A DIRECT THREAT TO THE HEALTH AND SAFETY OF OTHER RESIDENTS AT CHARLOTTE SQUARE CONDOMINIUMS OR WHOSE RESIDENCE WOULD RESULT IN THE SUBSTANTIAL PHYSICAL DAMAGE TO THE PROPERTY OF THE OTHER RESIDENTS OR THE CHARLOTTE SQUARE CONDOMINIUMS

CURRENT OWNER(S) NAME \_\_\_\_\_

APPLICANT(S) NAME \_\_\_\_\_ AGE \_\_\_\_\_

OCCUPATION OF APPLICANT \_\_\_\_\_ HOW LONG \_\_\_\_\_

FULL NAME OF SPOUSE OR CO-APPLICANT \_\_\_\_\_

OCCUPATION OF CO-APPLICANT \_\_\_\_\_ HOW LONG \_\_\_\_\_

APPLICANT(S) PRESENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

IF PRESENT RESIDENCE, OR ANY PREVIOUS RESIDENCE, IS A CONDOMINIUM, CO-OPERATIVE OR IS SUBJECT TO REGULATIONS BY HOMEOWNER'S ASSOCIATION:

NAME AND ADDRESS OF ASSOCIATION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

IF PRESENT RESIDENCE IS RENTAL:

NAME AND ADDRESS OF CURRENT LANDLORD \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAMES AND ADDRESSES OF APPLICANT(S) EMPLOYER(S) DURING THE THREE YEARS PRIOR TO THE DATE OF THIS APPLICATION AND THE DATES OF EMPLOYMENT. BEGIN WITH PRESENT EMPLOYER.

(0) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

PLEASE STATE THE NAME, AGE, AND RELATIONSHIP OF ALL PERSONS WHO WILL BE PERMANENTLY OCCUPYING THE UNIT.

NAME \_\_\_\_\_ AGE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PLEASE PROVIDE TWO (2) PERSONAL REFERENCES (LOCAL, IF AVAILABLE):

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

IF PURCHASING, I INTEND TO: (CHECK ONE)

PERSONALLY RESIDE FULL-TIME

PERSONALLY RESIDE PART-TIME

LEASE- SEE \*RESTRICTIONS\*

PERSON TO NOTIFY IN AN EMERGENCY

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MANUFACTURER, MODEL, AND YEAR OF AUTOMOBILE(S)

CAR NO. \_\_\_\_\_ STATE/LICENSE NUMBER \_\_\_\_\_

CAR NO. \_\_\_\_\_ STATE/LICENSE NUMBER \_\_\_\_\_

NAME AND PHONE NUMBER OF REAL-ESTATE AGENT HANDLING THIS TRANSACTION

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME AND ADDRESS FOR ACCEPTANCE OR REJECTION OF THIS APPLICATION:  
(TITLE COMPANY OR ATTORNEY HANDLING CLOSING)

NAME OF TITLE COMPANY OR ATTORNEY \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF CLOSING MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

I UNDERSTAND THAT UPON RECEIPT OF A TOTALLY COMPLETED APPLICATION (INCLUDING SALES CONTRACT/LEASE ACCEPTABLE TO THE ASSOCIATION AND OTHER REQUIRED MATERIALS) THE ASSOCIATION HAS TWENTY (20) DAYS WITHIN WHICH TO ACCEPT OR REJECT THE APPLICATION.

I UNDERSTAND THAT ANY VIOLATION OF THE TERMS, PROVISIONS, CONDITIONS, AND COVENANTS OF THE CONDOMINIUM'S DOCUMENTS PROVIDES CAUSE FOR PURSUIT OF REMEDIES THERIN PROVIDED OR TERMINATION OF THE OWNERSHIP OR LEASEHOLD UNDER APPROPRIATE CIRCUMSTANCES. IF APPLICATION FOR SALE IS ACCEPTED, I WILL PROVIDE A COPY OF THE RECORDED DEED WITHIN THIRTY (30) DAYS OF CLOSING.

I UNDERSTAND THAT UNLESS ALL ASSESSMENT PAYMENTS FOR THE UNIT POTENTIALLY TO BE SOLD OR LEASED ARE CURRENT, THIS APPLICATION WILL BE DISAPPROVED BY THE ASSOCIATION.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_.

SIGNATURE OF APPLICANT \_\_\_\_\_

SIGNATURE OF CO-APPLICANT/SPOUSE \_\_\_\_\_

THE INDIVIDUAL OWNER(S) OF SAID UNIT JOIN IN THIS APPLICATION TO REQUEST THE BOARD TO REVIEW SAME AND TO VERIFY THAT TO THE BEST OF THEIR KNOWLEDGE ALL INFORMATION AND ACKNOWLEDGEMENTS CONTAINED HERIN ARE ACCURATE.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

OWNER \_\_\_\_\_ CO-OWNER \_\_\_\_\_

SALE HAS BEEN APPROVED \_\_\_\_\_

SALE HAS BEEN DISAPPROVED \_\_\_\_\_

## **ATTENTION HOMEOWNER**

We need to update our records.  
Please complete this form and return to  
Charlotte Square Condominiums  
C/O Manager's Office  
2296 Aaron Street  
Port Charlotte, FL 33952

**PLEASE MAIL THIS SEPARATE FROM YOUR ANNUAL MEETING INFORMATION. IT CAN BE ENCLOSED WITH YOUR MAINTENANCE FEES OR HAND DELIVERED TO THE OFFICE.**

### **PROPERTY OWNER/RESIDENT INFORMATION**

We would appreciate you providing the Association with the following information. You are assured that this information will be kept in confidence. The purpose of this request is to update the office records and to provide us with the current information needed for mailings, emergencies, etc.

HOUSE NAME \_\_\_\_\_ UNIT# \_\_\_\_\_ DATE \_\_\_\_\_

OWNER(S) NAME \_\_\_\_\_

RESIDENT/LESSEE'S NAME: \_\_\_\_\_

**PLEASE (X) ONE**

CURRENTLY RESIDE FULL TIME

CURRENTLY RESIDE PART TIME

CURRENTLY LEASE UNIT  SEASONAL OR  ANNUAL

PLEASE EXPLAIN SITUATIONS THAT DO NOT APPLY TO ANY OF THE ABOVE ON A SEPARATE SHEET OF PAPER.

(IF YOU ARE AN OWNER, PLEASE BE AWARE OF LEASING RESTRICTIONS THAT MAY APPLY TO YOUR BUILDING.)

**PLEASE INFORM THE OFFICE WHEN YOU LEAVE FOR YOUR AWAY ADDRESS AND WHEN YOU RETURN. OTHERWISE WE DO NOT KNOW WHERE TO SEND YOUR MAIL.**

LOCAL TELEPHONE # If full or part time resident (941) \_\_\_\_\_

CELL PHONE # ( ) \_\_\_\_\_

LESSEE'S TELEPHONE # (941) \_\_\_\_\_ CELL # ( ) \_\_\_\_\_

If you do not live here full time and have another address, please fill in the information requested below:

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

AWAY TELEPHONE # ( ) \_\_\_\_\_

APPROXIMATE DATES AT THE ABOVE AWAY ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY:

NAME \_\_\_\_\_

RELATIONSHIP TO YOU \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

Please add any additional information below or on another sheet of paper and attach to this questionnaire. Thank you for your input.

HOUSING FOR OLDER PERSONS ACT  
AFFIDAVIT OF CERTIFICATION  
OXFORD HOUSE OF PORT CHARLOTTE  
A CONDOMINIUM, INC

Due to recent Federal and State legislation, our community must be cautious in age verification procedures to ensure its qualifications as housing for older persons under the Housing for Older Persons Act. Therefore, please take a moment to fill out and return this affidavit. If the affidavit is not returned, and as a result we cannot determine whether we comply with the exemptions to the fair housing laws, which allows us to keep our status as housing for older persons we may be required to allow children in the community as permanent residents, in addition to completing the following, please attach a photocopy of a government issued ID for each occupant.

I \_\_\_\_\_ (insert name) am (18) eighteen years of age or older and a member of the household at Oxford House 21267 Gertrude Ave unit # \_\_\_\_\_ Port Charlotte, FL located in Oxford House, A condominium, Inc.

I certify that I have personal knowledge of the ages of the occupants of this household, and that at least one occupant of this household is (55) fifty-five years of age or older.

I certify that all the names and dates of birth of all occupants of this household are:

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

OCCUPANT SIGNATURE

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF CHARLOTTE

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

Who is personally known to me ( ) yes ( ) no or has produced \_\_\_\_\_ as identification.

NOTARY STAMP

\_\_\_\_\_

NOTARY SIGNATURE

\_\_\_\_\_

NOTARY PRINTED NAME

PLEASE STATE THE NAME, AGE, AND RELATIONSHIP OF ALL PERSONS WHO WILL BE PERMANENTLY OCCUPYING THE UNIT.

NAME	AGE	RELATIONSHIP

PLEASE PROVIDE TWO (2) PERSONAL REFERENCES (LOCAL, IF AVAILABLE).

NAME	PHONE
ADDRESS	
NAME	PHONE
ADDRESS	

IF PURCHASING, I INTEND TO: (CHECK ONE)

personally reside full-time  
 personally reside part-time  
 lease- see restrictions

PERSON TO NOTIFY IN AN EMERGENCY

PHONE
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MANUFACTURER, MODEL & YEAR OF AUTOMOBILE (S):

CAR NO 1.	LICENSE NUMBER
CAR NO 2.	LICENSE NUMBER

NAME OF REAL ESTATE AGENT HANDLING THIS TRANSACTION:

MAILING ADDRESS FOR NOTICE OF ACCEPTANCE OR REJECTION OF THIS APPLICATION:  
TITLE CO OR ATTORNEY HANDLING CLOSING

NAME OF TITLE COMPANY OR ATTORNEY  
ADDRESS:

PHONE:
--------

DATE OF CLOSING:



**PRINT OR TYPE (Use Black Ink)**

## CHARACTER REFERENCES

1.	Name	Address	Phone (Residential & Office)		
2.	Name	Address	Phone (Residential & Office)		
3.	Name	Address	Phone (Residential & Office)		
Driver's Lic. No. #1		#2	State		
Make	Model	Year	Plate No.	Color	State
Make	Model	Year	Plate No.	Color	State

If this application is NOT legible or is not completely and accurately filled out, Applicant Information (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, Applicant Information may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure Authorization Form is completed as indicated.

**AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND CRIMINAL BACKGROUND INFORMATION**

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my /our application made for residency.

**DESIGNATED PARTY: APPLICANT INFORMATION**

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(ies).

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

(Applicant's Signature)

(Applicant's Name Printed)

(Spouse's Signature)

(Spouse's Name Printed)

DATE

CERTIFICATE OF APPROVAL  
OXFORD HOUSE OF PORT CHARLOTTE, A CONDOMINIUM, INC  
CHARLOTTE SQUARE CONDOMINIUMS, PORT CHARLOTTE, FLORIDA 33952

THIS IS TO CERTIFY THAT \_\_\_\_\_

\_\_\_\_\_ HAVE (HAS) BEEN  
APPROVED BY OXFORD HOUSE OF PORT CHARLOTTE, A CONDOMINIUM, INC AS PURCHASER(S) OF THE  
FOLLOWING DESCRIBED PROPERTY IN CHARLOTTE COUNTY, FL: CONDOMINIUM UNIT# \_\_\_\_\_ OXFORD HOUSE  
A CONDOMINIUM, INC. ACCORDING TO THE DECLARATION OF CONDOMINIUM RECORDED IN OFFICIAL RECORDS  
BOOK \_\_\_\_\_ PAGE \_\_\_\_\_ OF THE PUBLIC RECORDS OF CHARLOTTE COUNTY, FLORIDA.

SUCH APPROVAL IS GIVEN PURSUANT TO THE PROVISIONS OF ARTICLE XIII OF THE DECLARATION OF  
CONDOMINIUM.

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

BY: \_\_\_\_\_, PRESIDENT

ATTEST: \_\_\_\_\_, SECRETARY

STATE OF FLORIDA, COUNTY OF CHARLOTTE

I HEREBY CERTIFY THAT ON THIS DAY BEFORE ME, AN OFFICER DULY QUALIFIED TO TAKE  
ACKNOWLEDGEMENTS, PERSONALLY APPEARED:

\_\_\_\_\_ AND \_\_\_\_\_

TO ME KNOWN TO BE THE PERSONS DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT  
AND ACKNOWLEDGED BEFORE ME THAT THEY EXECUTED THE SAME, WITNESS MY HAND AND OFFICIAL  
SEAL IN THE COUNTY AND STATE LAST AFORESAID THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.  
\_\_\_\_\_

NOTARY PUBLIC

MY COMMISSION EXPIRES \_\_\_\_\_, 20\_\_\_\_\_

SEAL:

NOTE TO PURCHASER: THIS CERTIFICATE OF APPROVAL IS TO BE RECORDED IN THE PUBLIC RECORDS OF  
CHARLOTTE COUNTY, FLORIDA BY YOU AND AT YOUR EXPENSE. AFTER RECORING, YOU ARE TO  
DELIVER A CERTIFIED COPY TO THE MANAGER'S OFFICE AT CHARLOTTE SQUARE CONDOMINIUMS, 2296  
AARON STREET, PORT CHARLOTTE, FLORIDA 33952