

**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 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 SUBLEASED 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	_____
NAME	_____	AGE	_____	RELATIONSHIP	_____
NAME	_____	AGE	_____	RELATIONSHIP	_____
NAME	_____	AGE	_____	RELATIONSHIP	_____

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

NAME	_____	PHONE	_____
CITY	_____	STATE	_____
	_____	ZIP	_____
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 _____

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

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 _____

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: _____

INSTRUCTIONS:

- 1 -All applicants are processed as separate investigations.
- 2 -Print legibly or type all information. Account and telephone numbers and complete addresses are required.
- 3 -If any question is not answered or left blank, this application may be returned, not processed or not approved.
- 4 -Missing information will cause delays in processing your application.
- 5 -Any misrepresentation, falsification or omission of information may result in your disqualification.
- 6- Only the applicants are authorized to sign all forms on page 2.

APPLICATION FOR OCCUPANCY/APPROVAL

PRINT OR TYPE (Use Black Ink)

Purchase _____ or Lease _____ (How long)

Apt. No. _____ Bldg No. _____ Special Address or Unit _____

Date _____ 20 _____ Desired date of occupancy _____

Name (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)Spouse (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)[] Sngl. [] Married [] Widow(er) [] Sep. _____ [] Div. _____ Maiden Name _____
(How long) (How long)

Number of people who will occupy. Adults (over age 18) _____ Children (over 18) _____ Children (under 18) _____

Names & ages of children who will occupy: _____

Description of Pets (Breed, Size, Color, Weight, Etc.) _____

In case of emergency notify: _____

Name

Address

Telephone

PRINT OR TYPE (Use Black Ink)**RESIDENCE HISTORY**A. Present Address _____ Phone (____) _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____

B. Previous Address _____ Your Apt No. _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____

C. Prior Address _____ Your Apt No. _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo _____ Phone (____) _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone (____) _____

Address _____ Mtg. No. _____

PRINT OR TYPE (Use Black Ink)**EMPLOYMENT & BANK REFERENCES**A. Employed By (Business Name) _____ Phone (____) _____
(or retired from)

How long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip _____

B. Spouse's Employment (Business Name) _____ Phone (____) _____
(or retired from)

How long _____ Dept. or Position _____ Mo. Income _____

Address _____ Zip _____

C. Bank Reference _____ Phone (____) _____

How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____

Address _____ Zip _____

D. Bank Reference _____ Phone (____) _____

How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____

Address _____ Zip _____

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 RECORDING, YOU ARE TO
DELIVER A CERTIFIED COPY TO THE MANAGER'S OFFICE AT CHARLOTTE SQUARE CONDOMINIUMS, 2296
AARON STREET, PORT CHARLOTTE, FLORIDA 33952