

ORMOND OCEANSIDE HOMEOWNERS ASSOCIATION, INC.  
(A Condominium)

PURCHASE APPLICATION FORM

**INSTRUCTIONS:** This application must be submitted to the Condo Association for approval by its Board of Directors. Return the completed application to: Atlantic Community Association Management & Accounting, Inc., 507-C Herbert Street, Port Orange, FL 32129. Allow a minimum of ten (10) days for processing of this application from the time it is RECEIVED by "Atlantic" before a sale closing or occupancy of the unit. A copy of the Bi-Lateral Sales Contract is required. This application must be completed in its entirety before it can be accepted. A separate application is needed from each non-related person when that is applicable.  
**PLEASE NOTE:** A BACKGROUND SCREENING FEE OF \$40.00 SINGLE OR \$60.00 MARRIED and AN ADMINISTRATIVE PROCESSING FEE OF \$100.00 MUST ACCOMPANY THIS APPLICATION. PAYABLE TO "ATLANTIC COMM ASSOC MGMT & ACCTNG, INC.". No application will be processed until all the above have been delivered to Atlantic"

PLEASE PRINT or TYPE

DESIRED DATE OF CLOSING: \_\_\_\_/\_\_\_\_/\_\_\_\_

UNIT NO.: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ ( ) Single ( ) Married ( ) Divorced

NAMES OF ALL OTHER RELATED PURCHASERS: (Please have all non-related purchasers submit a separate application form.)

CURRENT ADDRESS:

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

APPLICANT'S CURRENT PHONE NO.: \_\_\_\_/\_\_\_\_-\_\_\_\_ (H) \_\_\_\_/\_\_\_\_-\_\_\_\_ (C) \_\_\_\_/\_\_\_\_-\_\_\_\_ (W)

WHOM DO WE CONTACT IN AN EMERGENCY? \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_-\_\_\_\_

WILL THIS BE USED AS: \_\_\_\_\_ PERMANENT RESIDENCE \_\_\_\_\_ 2<sup>ND</sup> HOME \_\_\_\_\_ RENTAL

RESIDENCE HISTORY

(As applicable provide residence addresses and Manager's Names and Phone Numbers for previous five (5) years.)

A. Previous address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_ Own \_\_\_\_\_ Rent Manager's Name: \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_-\_\_\_\_

B. Previous address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_ Own \_\_\_\_\_ Rent Manager's Name: \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_-\_\_\_\_

C. Previous address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_ Own \_\_\_\_\_ Rent Manager's Name: \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_-\_\_\_\_

EMPLOYMENT HISTORY

A. EMPLOYED BY: \_\_\_\_\_ HOW LONG: \_\_\_\_\_  
ADDRESS: : \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_/\_\_\_\_-\_\_\_\_

B. SPOUSE EMPLOYED BY: \_\_\_\_\_ HOW LONG: \_\_\_\_\_  
ADDRESS: : \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
SUPERVISOR'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_/\_\_\_\_-\_\_\_\_

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VEHICLES AND PARKING – NO COMMERCIAL VEHICLES OF ANY TYPE

(Please note that there is only one (1) parking space per unit. Guest spaces are for guests only!)

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_  
REGISTRATION #: \_\_\_\_\_ STATE: \_\_\_\_\_

CHARACTER REFERENCES

(Use only names and etc. of persons unrelated to you and preferably those who have known you for several years. Use persons that can be reached by telephone during the hours of 9 am – 5 pm weekdays. DO NOT use a Realtor, Clergy, or Relatives.)

NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_/\_\_\_\_-\_\_\_\_ KNOWN HOW LONG? \_\_\_\_\_ YRS  
NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_/\_\_\_\_-\_\_\_\_ KNOWN HOW LONG? \_\_\_\_\_ YRS  
NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_/\_\_\_\_-\_\_\_\_ KNOWN HOW LONG? \_\_\_\_\_ YRS

*I hereby authorize the Board of Directors or its Agent to verify the information that appears above. I am aware that any information supplied above that turns out to be false will automatically disqualify me from being approved. I fully realize that my being approved to be an owner/resident of the Condominium is contingent on my observing the Association Rules and all of its covenants which I have been furnished, have read and will comply with. (All correspondence should be mailed to "Atlantic.")*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Deliver or Mail to: Atlantic Community Association Management & Accounting, Inc.  
507-C Herbert Street  
Port Orange, FL 32129  
386/760-7365

Fax to: 386/756-3454

Email to: atlanticcama@gmail.com

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ADDENDUM TO APPLICATION

I am the buyer of Unit # \_\_\_\_\_. I have read and understand the Declaration of Covenants (Condominium), Articles of Incorporation and By-Laws of Ormond Oceanside Homeowner's Association, Inc. and agree to abide by them.

\_\_\_\_\_  
(Buyer's Signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Buyer's Signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness Signature)

\_\_\_\_\_  
(Witness Signature)

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**REAL ID**  
INCORPORATED

	Applicant's Name (Last, First)	Social Security Number	Date of Birth	Driver's License # & State
PERSONAL				
	Spouse's full name			
	Additional Occupants:		1	3
			2	4

RESIDENCE HISTORY	<b>Current address (check one) :</b> <input type="checkbox"/> Own/Mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Other - Details:				
	Address		City	State	Zip code
					Move in date
	Landlord/Community		Monthly Payment	Apt #	Move out date
					Landlord Phone
	<b>Previous address (check one) :</b> <input type="checkbox"/> Own/Mortgage <input type="checkbox"/> Rent <input type="checkbox"/> Other - Details:				
Address		City	State	Zip code	
				Move in date	
Landlord/Community		Monthly Payment	Apt #	Move out date	
				Landlord Phone	

**Miscellaneous:**

**For Office Use Only:**

Have you ever been EVICTED from any residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of a FELONY offense? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the applicant or any occupant listed above have any pending criminal charges? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit # _____ Term Of Lease _____ Rent \$ _____ Move In Date _____ Security Deposit \$ _____ Application Fee \$ _____
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Upon signing, the applicant(s) recognize that an investigative report may be prepared whereby information is obtained through interview, credit report, and criminal check. This includes information as to your character, general reputation, credit, and mode of living. This application may be declined as a result of any misrepresentation or insufficient information or as a result of an incomplete application. The applicant(s) appearing below hereby authorize the holder of the application to investigate the above mentioned, and authorizes the release of any and all requested information that the owner or agents deem necessary in determining the status of this application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_



This management office does not discriminate against any person based on race, color, religion, sexual orientation, national origin, familial status, or disability.

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INFORMATION RELEASE AUTHORIZATION

To Whom It May Concern:

The undersigned has applied to purchase an apartment at "Ormond Oceanside Homeowner's Association, Inc.

Please release all information requested pertaining to me / us as a purchaser to the following entity, "Atlantic Community Association Management & Accounting, Inc." It is my understanding that "Atlantic," is, hereby, authorized to release the information requested and subsequently provided to the Board of Directors of the above named property only.

Thank You.

Sincerely,

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Ormond Oceanside Condominium Association, Inc.**

**Pet Policy**

The governing documents of Ormond Oceanside Condominium do not allow pets of any kind. The Board in the past has chosen to allow pets anyway resulting in a need for a pet policy for owners, renters and their guests.

The maximum number of pets per unit is limited to two. This includes all pets and is not limited to just cats and dogs.

The combination of pets is not to exceed 80lbs total.

The breed of the pet is not to be one that is considered vicious such as a Rottweiler, Pit Bull, or Doberman Pincher, nor can the dog have a documented history of violent behavior.

All pets must be on a leash and walked off property. County ordinance requires that pets are to be picked up after.

No exotic animals are permitted. Examples include but are not limited to parrots, monkeys, reptiles, & amphibians. The Board reserves the right to determine if a pet is considered exotic.

No pets may be kept bred or maintained for commercial purposes.

No pet determined to be an annoyance or nuisance to neighbors shall be allowed to remain in the condo.

Any repeat violations of these rules may give the board cause to require the pet to be permanently removed from the condo property at the pet owners expense.

Pets currently residing in the unit shall be grandfathered under prior rules. Those pets must be declared through a "Pet Approval / Declaration".

Any new pets fitting within our established pet policy must submit a "Pet Approval / Declaration" within 14 Days.

The above is intended to be adopted by the Board and at a later date approved by the Owners of Ormond Oceanside Condominium and included in our amendments to the Bylaws.

Pet Approval / Declaration

Unit Owner: \_\_\_\_\_

Renter / Applicant Name: \_\_\_\_\_

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

\_\_\_\_\_

Unit #: \_\_\_\_\_

List pets with weights, and names as well as attach full body photos of your pets to this form:

\_\_\_\_\_  
\_\_\_\_\_

Please attach proof of current rabies vaccination for each pet.

I have received the pet policy and agree to abide by the said document.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR AN ACKNOWLEDGEMENT IN AN INDIVIDUAL CAPACITY:**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_, 20\_\_, by

\_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

Association Approval: \_\_\_\_\_

ORMOND OCEANSIDE HOMEOWNERS ASSOCIATION, INC  
( a condominium )

RULES and REGULATIONS  
Revised August 2015

1. Units are for residential use only.
2. Residents shall exercise extreme care about making noises or playing music which may disturb other residents.
3. Two pets per unit are allowed. Maximum combined weight of pets is 80lbs. No breed of dog that is considered to be vicious such as a Rotweiler, Pit Bull or Doberman Pinscher are allowed. Pets are to be on a leash and walked off property and picked up after in accordance with city rules. Pets are not to be kept for any commercial purpose or become a nuisance or annoyance to neighbors. Repeated violations may give the Board cause to require the pet to be permanently removed from the Condo property. Please refer to the " Pet Policy."
4. Hanging, cleaning, or beating garments, rug, etc., from or on the windows, terraces, or facades of the building is prohibited.
5. Trash must be put INSIDE the dumpster.
6. No electrical or phone wiring, or television antenna, air conditioning units, or anything that protrudes through the walls or the roof of the building except as authorized by the Board of Directors.
7. Nothing is to be left out on walkways such as a chair when not in use.
8. No cooking grills are to be used on balconies or on walkways.
9. Residents are required to park in their assigned parking space only. Only one (1) parking space per unit. If a resident obtains a written approval to use another residents parking space, it must be turned in to "Atlantic" immediately. The space # and dates of use must be included. Guest parking spots are for guests only!

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## Occupant Checklist

1. Important Numbers / Repairs

- If you are renting, please notify owner (or rental agent) ASAP for any repairs needed.
- Owner's phone #: \_\_\_\_\_
- Building after hours Emergency #: 386/527-9744
- Atlantic Community Association Management & Accounting, Inc  
386/760-7365

\*\*\* Please notify any Board member of repairs needed in the common areas. \*\*\*  
\*\* They are in Units 103, 204 & 206 \*\*

2. Parking

- Owners or renters are required to park in their assigned parking space.
- Owners or renters may obtain written authorization to use another owners assigned parking space. A copy of written authorization must be on file with the Association prior to use of said space.
- Guest Parking is for guests or workers only.
- Loading space is to be used to load or unload then move your vehicle to your assigned parking space.

3. Trash

- Trash is picked up on Monday and Thursday in a community trash receptacle behind the building.
- All items must be placed inside the receptacle. The trash company will not pick up anything outside of the receptacle.
- All boxes must be broken down before placing them in the receptacle.
- Please wait and place large items in the receptacle the night before the trash is picked up.

4. Exterminator

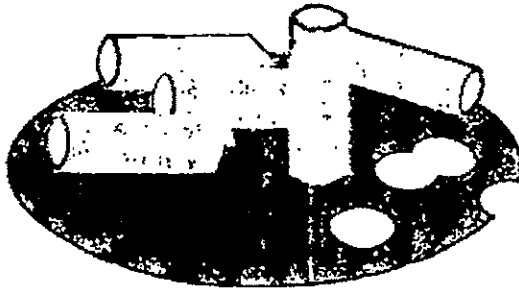
- Exterminator schedule is posted on the community bulletin board near the mailboxes. Mainly he comes on the 4<sup>th</sup> Friday of each month between 9-9:30am. If you will not be home the Condo board member is authorized to access the premises for this sole purpose.

## ORMOND OCEANSIDE HOMEOWNERS ASSOCIATION, INC

cont'd

5.     Pets
  - All pets must be on a leash and walked off the property. County Ordinance requires that pets are to be picked up after. Pets are not to use common areas as a litter box.
  - Any additional questions about pets, please refer to the Pet Policy. (See the President if you need a copy.)
  
6.     Common Areas
  - All walkways must be free of personal items such as shoes, chairs, Beach items, etc. Beach items must be removed from all common areas upon return from the beach.
  - Patio is for our community use.
  - Grill is for everyone to use. The key can be found hanging on a hook above the light switch in the laundry room. Please return the grill the way you found it. No personal BBQ grills on balcony.
  
7.     Prior to leaving for several days or extended time
  - Remove all items off balcony and pull shutters if you have them.
  - Please shut off water and put the breaker (in the electrical panel) for water heater to off position.

# Laundry Room Information



- 1. Quarters are now available from Cheri. (Unit 206)**
- 2. ME detergent is required for this washer to work at optimum level.**
- 3. Your detergent can not be left in the laundry room.**
- 4. Please clean the lint trap out after every load.**
- 5. The dryer sheets (in case you forget), garbage bags, and paper towels are here for use in laundry room or to clean up the common areas.**
- 6. After 9/1/15 you will be able to open the new window while doing laundry. Please be sure to close when you are done.**