

RESALE APPLICATION

Applicant must provide original application forms in completed package

RESALE APPLICATION INSTRUCTIONS & RESTRICTIONS

- 1) Please type or print legibly. If application is not legible, it may result in it not being accepted and being returned for re-submission: Applications **MUST** be received at least **30 days** prior to the "closing" date.
- 2) Apartments purchased in Saxony A, B, C, D, E, F, G, H, & J cannot be rented during the first two (2) years of ownership. Saxony N does not have this restriction.
- 3) In Saxony A, B, C, D, E, F, H, J & N, prior to any renovation or modifications the unit owner must submit a \$500.00 renovation deposit along with the documentation, as needed, prior to any work being started. This does not apply to Saxony G.
- 4) An owner must get written permission from the Director of said condo and an Officer of the Association in order to have a guest reside in said unit. All guests, after obtaining approval may visit owner for a period of thirty (30) Days.
- 5) If anyone is found to be illegally occupying a unit, without prior written Association approval, the matter will be turned over to the Association attorney for legal action to have that occupant evicted. All costs for the legal action will be borne by the owner of the unit.
- 6) A copy of the **SALE CONTRACT MUST** accompany this application.
- 7) The non-refundable \$100.00 application fee **charged per applicant unless applicants are married** **MUST** be made payable to **JMD Properties, Inc.** Applicants must be aware of the Fair Housing Act of 1988.
- 8) Buyer(s) **MUST** sign the application where designated.
- 9) **At least one applicant for occupancy MUST be 55 or older. All applicants MUST supply a copy of photographic ID that includes date of birth, for proof of age, with the Application. All occupants must be listed on the AGE VERIFICATION Form, which must also accompany the Application**
- 10) **If any applicant is less than 55 years of age, the attached "Age Requirement Letter" must also be submitted.**
- 11) **PLEASE NOTE:** If the complete application package, including the fee, is not received at the same time, the entire package may be returned.
- 12) ID Cards & vehicle stickers – For information, please call 561-499-3335. **Resident ID card(s) & vehicle stickers, if any had been issued, must be turned in to the Kings Point ID office by the current owner. If they have not been turned in, the new owners must submit a notarized letter from the previous owner to that effect and pay a fee to Kings Point Recreation Corp., Inc. before new cards will be issued.**
- 13) All assessment payments **MUST** be paid through the month of "closing". The buyer must acquire current coupon book from seller.
- 14) Should questions arise relating to this application, please contact the J.M.D. office. (561) 265-3272
- 15) Compliance with the above instructions will help in the timely processing of your application and prevent unnecessary delays

Date: _____ **Signature:** _____
Applicant(s) Signature(s)

Compliance with the above instructions will help in the timely processing of your application and prevent unnecessary delays.

SUBMIT ORIGINAL APPLICATION

APPLICATION TO: RENT () PURCHASE () RENT RENEWAL () TITLE TRANSFER ()

RENTAL APPLICATON: FROM _____ TO _____ RESALE CLOSING DATE: _____

BUILDING ___ UNIT # _____ NAME OF CURRENT OWNER (S) _____

LEGAL ADDRESS OF CURRENT OWNER _____

CITY, STATE, ZIP CODE _____ PHONE # _____

NAME OF APPLICANT _____ SS # _____

NAME OF SPOUSE / CO-APPLICANT _____ SS # _____

APPLICANT'S ADDRESS _____ PHONE # _____

CITY, STATE, ZIP CODE _____ Email: _____

FOLLOWING CLOSING APPLICANTS LEGAL ADDRESS WILL BE: (Address for all future Association Mail.)

APPLICANT'S ADDRESS _____ PHONE # _____

CITY, STATE, ZIP CODE _____ Email: _____

LIST ALL OCCUPANT (S) WHO WILL RESIDE IN THE UNIT, IF APPROVED:

NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH
_____	_____	_____
_____	_____	_____

Age of Oldest Occupant _____ Age of Youngest Occupant _____ Do You Have A Car? _____ How Many? _____

IN CASE OF EMERGENCY, PLEASE NOTIFY: _____

ADDRESS: _____ PHONE # _____

OWNER MUST PROVIDE THE BUYER/LESSEE WITH A COMPLETE SET OF CONDO DOCUMENTS.

Application fee and all related forms must accompany application before the processing can begin

SUBLEASING IS NOT ALLOWED, LEASING WITH "OPTION TO PURCHASE" IS NOT PERMITTED, LEASE RENEWALS MUST RECEIVE ASSOCIATION APPROVAL PRIOR TO RENWAL DATE

BUYER BECOMES RESPONSIBLE FOR ANY AND ALL OUTSTANDING BALANCES AFTER THE CLOSING.

WE ACKNOWLEDGE RECEIPT OF A COPY OF THE RULES AND REGULATIONS AND AGREE TO ADHERE TO THEM

SIGNATURE (s) Date

Approved by _____ Date _____ DISAPPROVED _____

Approved by _____ Date _____ DISAPPROVED _____

SAXONY CONDOMINIUM ASSOCIATION, INC

AGE VERIFICATION QUESTIONNAIRE

1. Building ____ Unit# _____

2. TITLE HOLDER(S):

List all current owners, if this is a lease, or exactly how it will be recorded on the deed if this is a resale

3. List every person who is, or will be a permanent occupant of the Unit and complete all required information. Please supply independent photographic evidence indicating date of birth (such as driver licenses or current passport) for each occupant:

OCCUPANT NAME	AGE	TYPE OF PHOTOGRAPHIC EVIDENCE	DATE OF BIRTH	FAMILIAL OR OTHER RELATIONSHIP

Date: _____

APPLICANT (S)

SIGNATURE

PRINT NAME

SIGNATURE

PRINT NAME

SAXONY CONDOMINIUM ASSOCIATION, INC.

c/o J.M.D. Properties, Inc.
904 S.E. 5th Avenue
Delray Beach Fl, 33483
Tel: 561-265-3272- Fax: 561-265-3660
www.jmdproperties.com

AGE REQUIREMENT LETTER

Only required if one of the Applicants is less than 55 years of age.

We are applying for approval as prospective occupants of the unit located at #_____ Saxony within the Saxony Condominium Association.

By our signatures below, we agree and acknowledge that at least one (1) person 55 years of age or older, will at all times occupy the subject property, whenever the less than 55 person is in occupancy, pursuant to the Association's governing document restrictions regarding Saxony Condominium Association's status as a 55 and older community as well as pursuant to both Florida and Federal Fair Housing laws regarding housing for older persons.

It is further agreed and understood that any violation of this agreement will be cause for the underage occupant to immediately vacate the unit and that failure to do so will be grounds for legal action by the Association to enforce it.

Date: _____

Signature

Print Name

Signature

Print Name



Kings Point Rental and Resale Information

ID Office

561-499-3335 Ext. 112 & 117

Monday – Friday 9:00 AM – 4:00 PM

Saturday & Sunday 10:00 AM – 3:00 PM (November - May)

Closed Saturday & Sunday (June – October)

Fees (Subject to Change)

- ****Effective 09/01/2018**** - Processing Fee (New Owners Only) \$1,000.00 – Includes 1 Resident ID Card and 1 Barcode**
- Prices remaining the same:
- Resident ID \$60.00
- Single Resident ID \$60.00
- Lessee ID \$60.00
- Guest ID \$10.00 (*See procedural guide for further details*)
- Health Aide ID \$50.00 (Three months)
- Barcode \$10.00 – Now available to Owners and Lessees
- Saxony Remote \$50.00

Vesta Property Services Requirements:

Before issuing **Resident ID cards**, we must receive the following:

- A copy of the Certificate of Approval from the association's management company approved by an association officer with the association seal and,
- The previous owner's ID card(s) must be turned in to Kings Point's ID office. If the ID card(s) cannot be located, a \$60 fee for each outstanding ID card must be paid before new ID cards will be issued. **Checks payable to Kings Point Recreation Corp., Inc.**
- **Note:** Maximum of two resident ID cards per unit. The first ID card purchased for a resident/lessee must be issued to an individual fifty five years of age or older.

Before we can issue **Lessee ID cards**, the ID office must receive the following:

- A copy of the Certificate of Approval from the association's management company approved by an association officer with the association seal, along with a lease and,
- Any outstanding ID cards issued for that unit must be turned in.
- As of August 6, 2015, any unit that is SOLD, if there is an existing lease on the unit AND the lessee turns in their ID cards, ID Cards can be purchased by the new owner, even if the lease has not expired.
- Any Owner or Tenant that breaks the lease the existing rule below still follows:

Resident ID card(s) will not be issued or another Lessee ID card(s) will not be issued until the expiration of the current lease. No Exceptions!

Kings Point Recreation Area Amenities

The Recreation facilities consists of 3 clubhouses, swimming pools, Natatorium, golf courses, tennis, shuffleboard, pickleball, bocce ball, racquetball and basketball courts, canals, entry gates and roads of the community and other common facilities. Kings Point is a "NO PET" community. The recreation Area does not include condominium property and its parking areas or common grounds. Our residents also have use of the Kings Point buses. The buses serve the community, the immediate surrounding areas and shopping centers. To assure that residents and their guests have exclusive access to all recreation facilities, a Kings Point ID is necessary. The ID cards are issued in the ID Office located in the Administration Building.

PLEASE READ CAREFULLY BEFORE SIGNING!!!!

*Signature: _____ *Signature: _____

Seller/Owner

Buyer/Tenant

7000 West Atlantic Avenue, Delray Beach, FL. 33446-1699, Telephone 561-499-3335

*****Effective 09/01/2018*****

As a reminder, any new purchaser must pay the processing fee before any ID's are issued. That includes purchases for the purpose of renting the unit. Processing fee must be paid before a tenant can receive their ID's.

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 _____

(Continued on Back)

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.

Signature Applicant Signature Applicant's Spouse

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

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(s).

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

Rules & Regulations
For
SAXONY CONDOMINIUM ASSOCIATION, INC.

The following Rules & Regulations shall be binding upon all unit owners, their guests, invitees and lessees and shall remain in force until amended:

1. Every condominium has a schematic of its parking area and every resident has been assigned to a parking spot. Residents MUST park in their designated spot. Should a resident have two (2) cars, one must be parked in their designated spot and the second car must be parked at the short end of their condo. All violators of this ruling subject to having their car(s) towed at the expense of the resident.

No vehicle repairs or oil replacement/changes may be made on condo property.

2. Resident must control the noise level within his/her unit (TV, radio, and conversation) so as not to disturb other residents.
3. No mats, plants, or other obstructions may be placed outside of a unit or on common elements.
4. No laundry, sheets, blankets, etc. are to be hung within a patio. All such items should be hung inside of your unit.
5. Bicycles must be kept in a designated area in a bicycle rack. No items may be placed in chase ways or between buildings.
6. All personal property placed in the Storage Room must be clearly marked with a unit number and owner's name. Unidentified items will be discarded. No flammable items such as empty cartons, bicycles, mattresses, and furniture of any size may be placed in Storage Room.
7. No rugs, mats, clothing, etc. may be shaken or draped over the balcony.
8. No cooking or barbecuing shall be done on the patio.
9. No pets are permitted in any unit.
10. No Planting on condo or common element property is permitted.
11. Mail Room is to be kept free from unwanted mail. Please take your mail into your unit and discard anything unwanted. Don't throw it on the floor.
12. All garbage must be placed in a plastic bag and tied securely. Please be sure to sort your recyclables – newspapers in the yellow bin, can, glass, and juice containers in the blue bin and garbage in the large bins.
13. All bulk items – furniture, rugs, appliances, mattresses etc. may not be placed in the dumpster. When new appliances, rugs, etc. are purchased, make sure vendor removes the old item from our property. Should you have anything that you need to get rid of, please call your management company and inform them to make arrangements to have the

article(s) removed. Then the day before the article to be removed, and only then, may you put article out near dumpster.

14. All residents leaving their units for one week or more should notify a Director to have their water shut off by our maintenance man. Should an owner/lessee be gone for more than two weeks, they MUST hire a responsible person to check their unit for water and/or roof leaks. All damage created by the negligence of a unit owner, will be the owner's responsibility.
15. All residents using a condo lift should return the cab to the ground level after each use to avoid seal breakage and possible oil leaks. Please be sure to leave your lift key in the "on" position and keep your finger on the direction button until the cab comes to a full stop, at which time you may then remove your finger from the button, remove your key and open the door. If you do not do as stated, the cab will stop before it is supposed to and a service man may have to be called in to start it up again.
16. All renovations to units require a pre-approved Property Improvement Form and all owners MUST contract for proper noise-proof underlayment to be put on the floor before tile or laminate flooring is installed.
17. Any unit owner doing renovation, such as installing/removing tile, must make sure that their contractor is licensed and insured and that our walks are as clean when they leave as when they arrived to do the work. Should the contractor not leave our walks clean, we shall hold the unit owner responsible for restoring the walk to its original conditions.

Application Checklist

Verify that all of the required items are included with your application so that it can be processed.

1. Resale Application Cover page: It must be dated and signed by **all applicants**.
2. The next two pages MUST be totally completed and signed, as required.
3. Association Application form: Completed legibly with all information filled in.
4. Age Verification Questionnaire: Indicate Building Letter and Unit Number. Under Title Holder, enter the name(s) of the NEW Unit Owner(s) as they will be listed on the deed. List every person who will be a permanent occupant of the unit along with the other information requested. Enter the date and have each of the applicants sign and print their name.
5. Provide a legible copy of picture ID, showing DOB, for each applicant.
6. If any of the applicants is less than 55 years of age, you must submit the "Age Requirement Letter" that is included in this package.
7. A legible copy of the Contract for Sale must be submitted.
8. Include the application fee, made payable to JMD Properties, Inc.

The application will not be processed unless all of the required documentation is submitted and is legible and complete.

Updated 08/01/17 ml