



DOCUMENTATION REQUIRED FOR A PURCHASE AT CRTE

All applicable documentation on this checklist must be provided to the Coral Ridge Towers East management office for review.

An incomplete package will not be processed.

- You may drop the completed package off at the management office
- E-mail all documents to: asstmgr.crte@gmail.com
- Mail it to:
Coral Ridge Towers East
3300 N.E. 36th Street, Ft.Laud, FL 33308
- Fax # 954-537-9105

Once the background screening and documentation review is completed. We will contact you to schedule an in-person orientation appointment. They are conducted on the first and third Wednesday of every month at Coral Ridge Towers East.



Your Check List

For the Background Search: Only U.S. Check or money orders are accepted.

- **U.S.** - a \$100 check payable to CRTE for each applicant
\$100 if married

- A valid legal government issued picture I.D. for each applicant
- Application for Purchase (2 pages)
- Application for Occupancy (2 pages)
- Marriage Certificate (if applicable-different last names)
- Disclosure & Authorization for Consume Reports (credit/background)
- Request for Verification of Income (1page)
- Submit a copy of your last 2 years completed tax returns

- All supporting financial documents:
 - Last 3 months- most recent consecutive bank statements (all pages)
 - Rental agreements and leases if applicable
 - Proof of Income from all sources (W-2, Social Security, Rental Income, Real Estate Income and Interest, Disability)
 - IRA's, 401-K (all investment account documentation)
 - Proof of Funds Letter from a Financial Institution and other financial documents that will substantiate financial stability.

- Contact/Emergency Information Form
- Acknowledgment/Affirmation of No Pets Rule/Rules We Live By and CRTE Parking Rules



APPLICATION FOR PURCHASE

This application and the Application for Occupancy must be completed by the proposed Purchaser(s). All applicants must be present for a personal interview by the Board of Directors prior to purchase. Children under the age (18) are not permitted as permanent occupants. No pets are permitted on premises.

For U.S. Applicants- Please attach a processing fee of \$100.00 for each applicant or \$100.00 for a married couple

PLEASE PRINT LEGIBLY

CRTE Apt.# _____ Anticipated Closing Date _____

SELLER NAME(S) _____ Telephone No. _____

PURCHASER NAME(S) _____

Name(s) (as it will appear on Stock Certificate)

Current
Address _____ City _____ State _____ Zip _____

Phone _____ Cell Phone: _____ Email
Address _____

1. Purpose for purchase of apartment: Permanent Residence _____ Seasonal Residence _____
2. A copy of the Sales Contract: is attached _____
3. I have received a copy of the "Rules We Live By" Yes _____ No _____
4. I hereby agree for myself and in behalf of all persons who may use the apartment that I will abide by the By-Laws and Rules and Regulations as they now exist or may hereafter be amended.



5. If I have or should subsequently have more than one automobile, I will park the second automobile outside of the premises or will obtain written permission to rent an assigned space in accordance with CRTE established procedures.
6. I understand that I will be advised by a member of the Board of Directors within two (2) days from the date of the interview of either acceptance or rejection of my application.
7. When my purchase is closed, I will provide a copy of the Closing Statement to the CRTE Office.
8. The undersigned applicant(s) authorize the Board of Directors or their agent to make whatever investigation they deem necessary in processing this application.
9. I warrant the truth and accuracy of all the inserted information.

Signature of Applicant

Date

Signature of Applicant

Date

APPLICATION FOR OCCUPANCY

(PLEASE PRINT)

Apartment # _____ Bldg # _____ Purchase _____
Date _____ Desired date of occupancy _____
Name _____ Check one () Married () Divorced () Separated () Single () Partnered
Date of Birth _____ Social Security # _____
Spouse's name _____ Maiden name if married less than 2 years: _____
(Show former spouse if divorced or separated)
Date of Birth _____ Social Security # _____
Number of people will occupy: Adults (over age 18) _____
In case of emergency, notify: _____
Name Address Telephone

Part 1 – RESIDENCE HISTORY

(PLEASE PRINT)

A. Present Address _____ Phone _____ How Long _____
(Include apt. # if applicable)
Name of Landlord or Mortgagee _____ Phone _____
Address _____ Mtg. # _____
Apt. or Condo Name _____ (if applicable)
B. Previous Address _____ How Long _____
(Include apt. # if applicable)
Name of Landlord or Mortgagee _____ Phone _____
Address _____ Mtg. No. _____
Apt. or Condo Name _____ (if applicable)

Part II – EMPLOYMENT AND BANK REFERENCES

(PLEASE PRINT)

A. Employed by _____ Phone _____ How Long _____
Address _____ Dept. /position _____ Approx. Mo. Income _____
B. Spouse's employment _____ Phone _____ How Long _____
Address _____ Dept. /position _____ Approx. Mo. Income _____
C. Bank Reference _____ Phone _____ How Long _____
Address _____ Acct. # _____
(Indicate checking or savings)
D. Bank Reference _____ Phone _____ How Long _____
Address _____ Acct. # _____
(Indicate checking or savings)

Part III – CHARACTER REFERENCES

(PLEASE PRINT)

CHARACTER REFERENCES:

1. _____ Res Phone _____ Ofc Phone _____

Address _____

2. _____ Res Phone _____ Ofc Phone _____

Address _____

3. _____ Res Phone _____ Ofc Phone _____

Address _____

NUMBER OF CARS (Inc. co. cars) _____ Driver's License # _____ State _____

Make _____ Year _____ License _____

Make _____ Year _____ License _____

By signing, the applicant recognizes that the Association
or agent may investigate the information supplied by the
applicant and a full disclosure of pertinent facts may be made
to the association.

Signature _____

APPLICANT

Signature _____

APPLICANT

AUTHORIZATION FOR FILE DISCLOSURE

PLEASE ATTACH DRIVER'S LICENSE OR PHOTO ID TO THIS FORM

APPLICANT/TENANT CONSENT

I hereby consent to allow Verify Screening Solutions, Inc., through its designated agent/employee, to obtain and verify my consumer reports, including but not limited to, my credit report, criminal information, and eviction information for the purpose of determining my eligibility to lease/purchase an apartment. I further understand if I lease/purchase an apartment, I consent to allow Verify Screening Solution, Inc. and its designated agent/employee, for the duration of my lease, to review the following list of information to assess risk, for analytics, for process improvement, and other uses: my consumer reports, including but not limited to my credit report, criminal information, eviction information, my rental payment history, and occupancy history, and other information. The facts set forth in my application for residency are true and complete. False, fraudulent or misleading information on an application may be grounds for denial of residency or subsequent eviction.

X

Signature

Date

Full Name - First, Middle, and Last Name (Please Print)

Home Address (Unit # if applicable)

CITY

STATE

ZIP

Social Security Number

Date of Birth

Driver's License Number and **State Issued**

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus that gather and sell information about your creditworthiness to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, which are summarized below. You may have additional rights under state law. For more information, go to www.ftc.gov/credit, or write to: Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

You must be told if information in your file has been used against you. Anyone who uses information from a consumer reporting agency to deny your application for credit, insurance, or employment – or take another adverse action against you – must tell you and give you the name, address, and phone number of the agency that provided the information.

You can find out what is in your file. At any time, you may request and obtain your report from a consumer reporting agency. You will be asked to provide proper identification, which may include your Social Security number. In many cases the report will be free. You are entitled to free reports if a person has taken adverse action against you because of information in a report; if you are the victim of identity theft; if you are the victim of fraud; if you are on public assistance; or if you are unemployed but expect to apply for employment within 60 days. In addition, you are entitled to one free report every twelve months from each of the nationwide credit bureaus and from some specialized consumer reporting agencies. See www.ftc.gov/credit for details about how to obtain your free report.

You have a right to know your credit score. Credit scores are numerical summaries of a consumer's creditworthiness based on information from consumer reports. For a fee, you may get your credit score. For more information, click on www.ftc.gov/credit. In some mortgage transactions, you will get credit score information without charge.

You can dispute inaccurate information with the consumer reporting agency. If you tell a consumer reporting agency that your file has inaccurate information, the agency must take certain steps to investigate unless your dispute is frivolous. For an explanation of dispute procedures, go to www.ftc.gov/credit.

Inaccurate information must be corrected or deleted. A consumer reporting agency or furnisher must remove or correct information verified as inaccurate, usually within 30 days after you dispute it. However, a consumer reporting agency may continue to report negative data that it verifies as being accurate.

Outdated negative information may not be reported. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need as determined by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers. A consumer reporting agency may not give out information about you to your employer, or potential employer, without your written consent. Blanket consent may be given at the time of employment or later.

You may choose to remove your name from consumer reporting agency lists for unsolicited credit and insurance offers. These offers must include a toll-free phone number you can call if you choose to take your name and address off lists in the future. You may opt-out at the major credit bureaus by calling 1-800-XXXXXXX.

You may seek damages from violators. If a consumer reporting agency, a user of consumer reports, or, in some cases, a furnisher of information to a consumer reporting agency violates the FCRA, you may sue them in state or federal court.

Identity theft victims and active duty military personnel have additional rights. Victims of identity theft have new rights under the FCRA. Active-duty military personnel who are away from their regular duty station may file "active duty" alerts to help prevent identity theft. For more information, visit www.ftc.gov/credit.

The FCRA gives several federal agencies authority to enforce the FCRA:

TO COMPLAIN AND FOR INFORMATION:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

Shore Drive Apartments, Inc.

3300 NE 36th Street

Fort Lauderdale, FL 33308

1st Applicant

Name: _____

Date: _____

2nd Applicant

Name: _____

Date: _____

Base Pay (if working)

\$ _____

\$ _____

Income from Pension

\$ _____

\$ _____

Income from Social Security

\$ _____

\$ _____

Interest on Savings accounts

\$ _____

\$ _____

Income from:

- a. Stocks \$ _____
- b. IRA'S \$ _____
- c. Annuities \$ _____
- d. Income from Rentals \$ _____

\$ _____
\$ _____
\$ _____
\$ _____

Total Annual Income \$ _____

\$ _____

Please provide supporting documents to verify each income item. All information is reviewed by Shore Drive staff and Board of Directors and is kept in strict confidence.

1st Applicant Signature

2nd Applicant Signature

CONTACT/EMERGENCY INFORMATION FORM

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN TO OUR OFFICE ASAP.

DATE _____ NAME _____ APT# _____

PRIMARY PHONE _____ CELL/ALTERNATE PHONE _____

MAILING ADDRESS WHEN NOT IN RESIDENCE

ADDRESS _____ ZIP _____

PHONE _____ ALT. PHONE _____

Email Address _____

PERSON TO CONTACT IN EMERGENCY

NAME _____ RELATIONSHIP _____

ADDRESS _____ ZIP _____

PHONE _____ ALT. PHONE _____ Email Address _____

RELATIVES AND RELATIONSHIP

NAME _____ RELATIONSHIP _____

ADDRESS _____ ZIP _____

PHONE _____ ALT. PHONE _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ ZIP _____

PHONE _____ ALT. PHONE _____

THOSE WHO HAVE KEYS TO APARTMENT

NAME _____ RELATIONSHIP _____

ADDRESS _____ ZIP _____

PHONE _____ ALT. PHONE _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ ZIP _____

PHONE _____ ALT. PHONE _____

OTHER IMPORTANT INFORMATION

DOCTOR _____ PHONE _____

HOSPITAL _____

ATTORNEY OR EXECUTOR _____ PHONE _____

VEHICLE _____ PLATE # _____

VEHICLE _____ PLATE # _____

ACKNOWLEDGMENT

The undersigned applicants for membership at Coral Ridge Towers East have read the Articles of Incorporation, By-Laws, and "Rules We Live By" in connection with the Rules and Regulations regarding the use of the apartment and property. The undersigned acknowledges that they fully understand said rules, and agree to comply with said Rules, By-Laws, and Regulation as set forth herein.

_____Initial _____Initial

AFFIRMATION OF NO PETS RULE

Pursuant to Rule 2 of "The Rules We Live By", we do hereby confirm that we do not have, or will have a dog, cat, bird, or any other kind of animal or pet.

We further confirm that we will comply with Rule 2 and that we will not allow guests to bring any kind of pet or animal into the building during the term of our occupancy of the apartment, or keep or maintain any such animals or pets of any kind in the Apartment, or anyplace in the Shore Drive Apartments complex.

_____Initial _____Initial

CRTE PARKING RULES

The Corporation assigns you one parking space per apartment. If you have more than one vehicle, it is your responsibility to locate a parking space for the additional vehicle. The "Rules We Live By" do not allow Shareholders to park in the Guest Parking area.

I understand the Parking Rules and will make arrangements for any additional vehicles in accordance with all CRTE rules and regulations.

_____Initial _____Initial

Dated this _____ of _____, 20_____.

Witness

Applicant

Witness

Applicant