



## SANDALWOOD CLUB ASSOCIATION, INC.

10800 US Highway 19, North, Pinellas Park, FL 33782  
(P) 727.623.9051 - e-mail: sandalwoodbod@gmail.com

### **SALE / LEASE APPLICATION INFORMATION and PROCESS**

If you need assistance, call or e-mail the Association's office. Phone: (727) 623-9051 – E-mail: [sandalwoodbod@gmail.com](mailto:sandalwoodbod@gmail.com). Normal office hours are scheduled from 9:00 am to 11:00 am on Monday and 9:00 am to 1:00 pm on Tuesday and Wednesday.

**THE BOARD OF DIRECTORS WILL NOT CONSIDER AN APPLICATION FOR SALE OR LEASE UNTIL ALL OF THE REQUIRED FORMS, DOCUMENTS, REQUIRED INFORMATION, AND FEES HAVE BEEN PROVIDED.** After all completed forms, related documents and fees have

been submitted to the On-Site Association Office and the required background and credit checks have been completed, the Purchaser or Renter will be contacted to schedule an interview.

Please allow 15 days after the submission of a complete application package for the background, credit checks, and interview process to be completed.

**REQUESTS FOR ESTOPPEL DOCUMENTS MUST BE IN WRITING** (email is acceptable). Depending on the status of a unit's financial standing, the Estoppel Letter will be issued by the Association or the Association's Attorney. Estoppels, useable for closing, are only issued after the completion of a **face-to-face interview and Board approval for the unit's Sale or Lease**. All other Association related documents, information, and forms are available on the Association's website. (sandalwoodclub.org)

### **THE SANDALWOOD APPLICATION APPROVAL PROCESS**

1. The Sale or Lease application form is submitted to the Association's on-site office according to the instructions provided on this instruction sheet.
2. A background check form (page #s 5 & 6) for any person age of eighteen (18) or over that will be in residence must be submitted with this application.
3. After all required background checks are received and reviewed, the Association will schedule a **Face-to-Face** interview (required) with ALL title holders and identified residents 18 years and older.
4. Upon completion of the interview process, the Association will issue a certificate of Approval or Disapproval (if necessary).
5. After closing, the resident must contact the Association's office during normal office hours to obtain a Parking Permit and an Access Card, and to receive answers to any questions they may have.



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## **SALE – LEASE APPLICATION**

**Processing of this application (Lease or Sale) requires a check or money order made payable to the Sandalwood Club in the amount of \$75.00 for each prospective resident 18 years or older. The board requires 15 days from the receipt of the completed application to carry out the application process.**

**BUYER(S) MUST BE A NATURAL PERSON!**

**DATE RECD**

**This application will not be processed unless it is COMPLETELY filled in, a copy of the lease or sales agreement is attached, and a check in the proper amount payable to the SANDALWOOD CLUB ASSOCIATION, INC. has been received.**

### **SALE** (only)

Unit #: \_\_\_\_\_ Sale Closing Date: \_\_\_\_\_ Present Owner(s) Name: \_\_\_\_\_

Realty Company: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Title Company: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**WILL THE NEW OWNER LIVE IN UNIT  FULL TIME,  PART TIME**

### **SALE or LEASE PERSON #1**

Unit #: \_\_\_\_\_ Owner(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\* Lease Only** – Lease Term Dates: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Name of Purchaser or Lessee: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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



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## **SALE or LEASE PERSON #2**

Name of Purchaser or Lessee: \_\_\_\_\_ Phone: (\_\_\_\_\_)\_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_

Employer (1): \_\_\_\_\_ Phone: \_\_\_\_\_

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

## **AUTOMOBILE**

**All vehicles must be registered with the Association's office and a parking permit obtained.**

Automobile (1): Make: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License # \_\_\_\_\_

Automobile (2): Make: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License # \_\_\_\_\_

## **EMERGENCY INFORMATION: (CONTACT IN CASE OF EMERGENCY)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## **REFERENCES (NON RELATIVES ONLY)**

(1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_



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**NAMES OF OTHER RESIDENTS THAT WILL BE OCCUPYING THIS UNIT**

(if over 18, an additional resident form must be completed)

- 1) \_\_\_\_\_ Sex: \_\_\_\_ Birth Date: \_\_\_\_\_
- 2) \_\_\_\_\_ Sex: \_\_\_\_ Birth Date: \_\_\_\_\_
- 3) \_\_\_\_\_ Sex: \_\_\_\_ Birth Date: \_\_\_\_\_
- 4) \_\_\_\_\_ Sex: \_\_\_\_ Birth Date: \_\_\_\_\_

**ANIMAL INFORMATION**

(Two (2) animals are allowed up to a maximum of 30 pounds of weight at maturity, each)

( # 1 ) Dog/Cat Sex \_\_\_\_ Breed \_\_\_\_\_ Name \_\_\_\_\_ Weight at maturity \_\_\_\_\_

( # 2 ) Dog/Cat Sex \_\_\_\_ Breed \_\_\_\_\_ Name \_\_\_\_\_ Weight at maturity \_\_\_\_\_

**A VETERINARIAN'S CERTIFICATION OF THE ANIMAL'S WEIGHT, INCLUDING EXPECTED WEIGHT AT MATURITY, AND A PICTURE OF THE ANIMAL IS REQUIRED TO BE SUBMITTED WITH THIS APPLICATION.**

**PURCHASER / RENTER**

I/WE represent that the information provided herein is true and correct and hereby consents and authorizes, by my signature, the release of public records, credit report, employment verification, rental or lease information, whether by fax, verbal, photo copy, or original signature, to the Association's Board of Directors or its agent now or in the future.

(1)Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (2)Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**[A background and credit Check authorization form and instructions are attached to this form. The form must be completed for each Buyer and/or Renter (ANY occupant over 18 years of age) and returned to the Association's office along with this application.]**

**INFORMATION REGARDING THE SANDALWOOD CLUB ASSOCIATION AND ITS DOCUMENTS (Articles of Incorporation, Declaration of Condominium, all amendments thereto, and the Association's Rules and Regulations) ARE AVAILABLE FOR REVIEW ON THE ASSOCIATION'S WEBSITE LOCATED AT: sandalwoodclub.org.**



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### **TENANT SCREENING RELEASE FORM NOTICE TO TENANT REGARDING BACKGROUND INVESTIGATION**

Notice is hereby given that SANDALWOOD CLUB ASSOCIATION, INC. ("Requestor") intends to instruct ALLSTAR BACKGROUNDS, a Consumer Reporting Agency, as defined by the Fair Credit Reporting Act ("FCRA"), to obtain information about you in the course of Requestor's consideration of your application for PURCHASE or TENANCY. Thus, you may be the subject of a "consumer report," or possibly an "investigative consumer report," defined by the FCRA as a background report that includes information about one's character, general reputation, personal characteristics, and mode of living, and that might involve personal interviews with sources such as neighbors, friends or associates. Reports may include your Credit Report and may be obtained at any time after receipt of authorization. Reports may also be updated periodically if you remain an owner, as permitted by law. The scope of this notice and authorization is all-encompassing, allowing Requestor and its agent to obtain from any outside organization all types of consumer reports and investigative consumer reports now and throughout the course of your ownership, to the extent permitted by law.

### **APPLICANT'S ACKNOWLEDGMENT AND AUTHORIZATION**

By signing below, I acknowledge receipt of a "NOTICE REGARDING BACKGROUND INVESTIGATION" and "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" and certify that I have read and understand both documents. Furthermore, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports at any time, as long as I remain an employee, volunteer or tenant of Requestor, to the extent permitted by law. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university, information service bureau, employer, drug screening firm, reference, landlord, and/or its record custodian to furnish any and all background information sought by Requestor or by ALLSTAR BACKGROUNDS, acting on Requestor's behalf. I agree that a photocopy or fax of this Authorization shall be as valid as the original.

I understand that I may contact ALLSTAR BACKGROUNDS to request a copy of any Consumer Report about me, if one is obtained by Requestor. I understand that I have the right, upon written request made within a reasonable time, to inquire about the nature and substance of the information about me contained in ALLSTAR BACKGROUNDS's files. I understand that I have the right to inspect those files during regular business hours, having given reasonable notice and provided proper identification, and that I may be accompanied by one other person. I understand that I should direct such a request to ALLSTAR BACKGROUNDS, and that ALLSTAR BACKGROUNDS is required to make available to me someone who can explain the contents of my file.



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By checking this box, \_\_\_\_ I indicate that I would like to receive a copy of any Investigative Consumer Report about me by email, if one is obtained by Requestor.

Your Email Address: \_\_\_\_\_

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

### PLEASE PRINT (below)

\_\_\_\_\_  
First Middle Last  
*(Proper name as it appears on your Driver's License or State/Gov issued ID)*

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY) *(For identification purposes only)*

\_\_\_\_\_  
Maiden Name/AKAs & Social Security Number *If you are from Canada please provide Canadian SIN (Social Insurance Number)*

\_\_\_\_\_  
Canadian 9 digit SIN

Do you have any felony convictions or have ever committed a criminal act?  YES  NO

\_\_\_\_\_  
Current Address City/State Zip Years/Months at this address

\_\_\_\_\_  
Name of Current Landlord Phone/ Fax

\_\_\_\_\_  
Previous Address City/ State Zip Years/Months at this address

\_\_\_\_\_  
Previous Address City/ State Zip Years/Months

### PLEASE PROVIDE CURRENT EMPLOYER INFORMATION

\_\_\_\_\_  
Current Employer Address City/ State Zip  
Start Date \_\_\_\_\_

**I understand this approval for Sale or Rental Lease is subject to the Board's review of criminal background and credit checks, and I grant the Association the right to conduct these investigations and to contact my references.**

Purchaser/Renter Signature (1): \_\_\_\_\_ Date: \_\_\_\_\_

Purchaser/Renter Signature (2): \_\_\_\_\_ Date: \_\_\_\_\_

Purchaser/Renter Signature (3): \_\_\_\_\_ Date: \_\_\_\_\_



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# Release of Information

- FOR SALE USE ONLY -

(TO BE COMPLETED AND SIGNED BY THE SELLING OWNER)

DATE: \_\_\_\_\_

I, \_\_\_\_\_, the **owner** of unit # \_\_\_\_\_, located in the Sandalwood Club Condominium Association, Inc., do hereby give authorization to the Association and its designated representative(s) to give any and all pertinent information about my unit or the Association to \_\_\_\_\_, the agent representing me in the sale of my unit.

I understand that if documents or reports are needed, there may be a charge. If there is a charge, this charge is to be paid to the Association by me or my representative at the time of delivery.

I also understand and acknowledge that all assessments and/or maintenance fees will be current or brought current at the time of closing and that all requests for items and/or forms to be completed shall not be less than ten (10) working days prior to the closing date.

\_\_\_\_\_  
**Owner Signature**