

Normandy L Association, Inc
Managed By: Wilson Landscaping & Management Corp.
1300 NW 17th Ave. Suite 270
Delray Beach, FL 33445
(561)637-3402 Office (561)637-3407 Fax

Instructions for Permanent Resident Application – NORMANDY L ASSOCIATION, INC.

- 1) APPLICATION MUST BE SUBMITTED AT LEAST THIRTY (30) DAYS PRIOR TO MOVE-IN DATE.
- 2) **TWO (2) COMPLETE, SEPARATE SETS OF EVERYTHING LISTED BELOW MUST BE SUBMITTED. ONE SET OF THESE MUST BE THE ORIGINAL PAPERWORK.**
- 3) EACH PAGE MUST BE PROPERLY COMPLETED.
- 4) EACH APPLICATION MUST INCLUDE A PHOTO ID (ON 8 ½ X 11 PAPER) SHOWING DATE OF BIRTH OF **EACH** OCCUPANT OR OWNER.
- 5) A \$150.00 NON-REFUNDABLE APPLICATION FEE **PER PERSON OR MARRIED COUPLE** IS REQUIRED ON ALL APPLICATIONS. THE \$150.00 APPLICATION FEE MUST BE MADE PAYABLE TO THE: **NORMANDY L ASSOCIATION, INC.**
- 6) THE VESTA PROPERTY SERVICES INFORMATION PAGE AT THE END OF THIS APPLICATION MUST BE SIGNED.
- 7) ALL THREE PERSONAL REFERENCE SHEETS **MUST BE COMPLETE, SIGNED** AND PART OF THIS APPLICATION.

ALL MATERIALS MUST BE PROPERLY COMPLETED AND SUBMITTED TOGETHER OR THIS APPLICATION PACKET MAY NOT BE PROCESSED. OUR OFFICE WILL DO ITS BEST TO EXPEDITE ALL PAPERWORK IN A TIMELY FASHION. WE WOULD LIKE TO CONVEY TO YOU THAT MOST DELAYS ARE CAUSED BY INCOMPLETE PAPERWORK. PLEASE LOOK OVER THESE INSTRUCTIONS CAREFULLY. PLEASE CALL OUR OFFICE (561) 637-3402 WITH ANY QUESTIONS BEFORE SENDING COMPLETED PACKETS INTO OUR OFFICE.

Are you a service member as defined by s.250.01 Florida Statutes: Yes _____ No _____

The term “service member” is defined by s.250.01, Florida Statute to include any person serving as a member of the United States Armed Forces on active duty and all members of the Florida National Guard and the United States Reserve Forces.

Wilson Landscaping & Management Corp.
1300 NW 17th Ave. Suite 270
Delray Beach, FL. 33445
Telephone (561)637-3402 Fax (561)637-3407

Permanent Resident Information Sheet

ASSOCIATION: _____ **UNIT #:** _____

Name of current Owner's: _____

Current Owner's Address: _____

City/ State/ Zip: _____

Current Owner's Phone Number: _____ Current Owner's Cell Number: _____

Name of Applicant: _____ SS#: _____ Age: _____

Co-Applicant: _____ SS#: _____ Age: _____

Applicant's Address: _____

City/ State / Zip: _____

Applicant's Phone: _____ Applicant's cell phone: _____

E-Mail Address: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____ Plate # _____

Make: _____ Model: _____ Year: _____ Plate # _____

PLEASE LIST ALL OCCUPANT(S) WHO WILL RESIDE AT UNIT IF APPROVED

<i>Name</i>	<i>Relationship to Purchaser</i>	<i>Date of Birth</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE PROVIDE NAME AND ADDRESS OF WHERE TO SEND APPROVED CERTIFICATE OF APPROVAL:

Wilson Landscaping & Management Corp.
1300 NW 17th Ave. Suite 270
Delray Beach, FL 33445
Telephone (561)637-3402 Fax (561)637-3407

Permanent Resident(s) Agreement

In making this application to reside in the unit noted on page one of this application, I/ we understand that acceptance of the application is conditioned on the approval of the Board of Directors.

- Agree that if the application is approved, to abide by all the Rules and Regulations, By-Laws and any and all restrictions of the association and any changes that may be imposed in future.
- Agree that the unit may not be occupied in my absence without the prior knowledge of the Board.
- Permanent Resident(s), acknowledge receipt of a copy of the Condominium Documents and understand that the unit may not be sold or leased with out the approval of the Board. It is the permanent resident's responsibility to obtain Condominium Documents from the current owner. They may be purchased from Wilson Management for \$100.00 if necessary.
- Have enclosed a check in the amount of \$150.00 **PER PERSON OR MARRIED COUPLE** payable to **Normandy L Association** as provided for by Florida Statutes and by the Condominium Documents.
- Understand that if any check paid by the Owner(s), and/or Permanent Resident(s), is returned unpaid, any approval granted will be voided.

Applicant's Signature

Date

Applicant's Signature

Date

Wilson Landscaping & Management Corp.
1300 NW 17th Ave. Suite 270
Delray Beach, FL 33445
Telephone (561)637-3402 Fax (561)637-3407

Age Verification Questionnaire

Association: _____ **Unit:** _____

Please list every person who will be residing at this address. Please supply independent photographic evidence indicating date of birth (such as Driver's License or Passport) of each occupant.

OWNER(S) NAME	AGE	TYPE OF ID	DOB	RELATIONSHIP

Signature(s) of Owner(s)

Date: _____

Signature

Signature

Printed Name

Printed Name

Signature

Signature

Printed Name

Printed Name

Wilson Landscaping & Management Corp.
1300 NW 17th Ave. Suite 270
Delray Beach, FL 33445
Telephone (561)637-3402 Fax (561)637-3407

Request for Personal Reference

Association: _____

Unit: _____

Dear Sir/Madam:

_____ has listed you as a character reference in an application to reside in a unit in the above referenced Condominium Association.

As part of the application process, we respectfully request any information you can give us regarding their character and integrity. Please respond by providing brief comments in the space provided below, as quickly as possible.

Failure to return immediately could result in unnecessary delays to the Applicant's closing and/or move in date. The Association requires a minimum of thirty (30) days to properly review, approve and submit approval prior to the actual move in and/or closing date.

Thank you in advance for your valuable assistance, and we assure you that your reply will be kept confidential.

CHARACTER:

INTEGRITY:

OTHER COMMENTS:

Signature

Date

Printed Name

Phone/Cell Number

Address

City, State, Zip Code

Wilson Landscaping & Management Corp.
1300 NW 17th Ave. Suite 270
Delray Beach, FL. 33445
Telephone (561)637-3402 Fax (561)637-3407

Request for Personal Reference

Association: _____

Unit: _____

Dear Sir/Madam:

_____ has listed you as a character reference in an application to reside in a unit in the above referenced Condominium Association.

As part of the application process, we respectfully request any information you can give us regarding their character and integrity. Please respond by providing brief comments in the space provided below, as quickly as possible.

Failure to return immediately could result in unnecessary delays to the Applicant's closing and/or move in date. The Association requires a minimum of thirty (30) days to properly review, approve and submit approval prior to the actual move in and/or closing date.

Thank you in advance for your valuable assistance, and we assure you that your reply will be kept confidential.

CHARACTER:

INTEGRITY:

OTHER COMMENTS:

Signature

Date

Printed Name

Phone/Cell Number

Address

City, State, Zip Code

Wilson Landscaping & Management Corp.
1300 NW 17th Ave. Suite 270
Delray Beach, FL. 33445
Telephone (561)637-3402 Fax (561)637-3407

Request for Personal Reference

Association: _____

Unit: _____

Dear Sir/Madam:

_____ has listed you as a character reference in an application to reside in an apartment in the above referenced Condominium Association.

As part of the application process, we respectfully request any information you can give us regarding their character and integrity. Please respond by providing brief comments in the space provided below, as quickly as possible.

Failure to return immediately could result in unnecessary delays to the Applicant's closing and/or move in date. The Association requires a minimum of thirty (30) days to properly review, approve and submit approval prior to the actual move in and/or closing date.

Thank you in advance for your valuable assistance, and we assure you that your reply will be kept confidential.

CHARACTER:

INTEGRITY:

OTHER COMMENTS:

Signature

Date

Printed Name

Phone/Cell Number

Address

City, State, Zip Code

Wilson Landscaping & Management Corp.
 1300 NW 17th Ave. Suite 270
 Delray Beach, FL. 33445
 Telephone (561)637-3402 Fax (561)637-3407

Applicant(s) Information Sheet

Applicant's Name: _____

Association: _____ Unit # _____

Email Address: _____

If you are a seasonal applicant, please provide our office with your seasonal address and phone number:

Seasonal Address: _____

Local Phone: _____ Seasonal Phone: _____

PLEASE SPECIFY YOUR MAILING PREFERENCE:

_____ Please send all my mail to my local address at all times.

_____ Please send all my mail to my seasonal address at all times.

Please Note: It is the Unit Owners responsibility to let Wilson Management know of any changes as they occur in regard to the mailing address.

EMERGENCY CONTACT INFORMATION:

Name	Relationship	Phone	Keys: Yes or No

Please use the last column to indicate which of your emergency contact has your key to your home.

Normandy L Association, Inc.

DECLARATION OF LIFT USE RESTRICTIONS

The lift is designed to transport individuals, and their groceries.

It is in no way designed or intended to transport any kind of freight, appliances, plumbing fixtures, etc.

Use of the lift shall be limited to the Owners/Renters, and the family members, tenants, and guests of such Owners/Renters.

Damage caused by users will be the sole responsibility of the Unit Owner/Renter permitting its use.

The lift **SHALL NOT** be used by any Licensee, Contractor or hired delivery.

The lift should not exceed the **750-pound weight limit**. For example: One (1) wheelchair and two (2) people or three (3) people at any one time. **No more than three (3) people permitted.**

Garbage bags should be tightly sealed to deter spillage on the cab floor. This is for everyone's safety as well as to maintain cleanliness.

If a wheelchair is used in the lift, please apply brakes to the wheelchair to avoid movement when on the lift.

I/We have read the above Lift Use Restrictions and agree to abide by said restrictions.

Signature Date: _____

Signature Date: _____

Signature Date: _____

Normandy L Association, Inc.
Wilson Landscaping & Management Corp.
1300 NW 17th Ave. Suite 270
Delray Beach, FL 33445
Office (561)637-3402 Fax (561)637-3407

The Normandy L governing documents state:

14.5 **Pets.** No animals or pets of any kind shall be kept in any unit or on any property of the Condominium. This subsection 14.5 shall not be amended unless approved by the board of directors of a majority of all the condominium associations located at the Kings Point Project.

I/we _____ understand that there are no pets of any kind allowed in the Normandy L Association, Inc.

As purchaser(s)/lessee(s) of unit _____, I/we agree that we will not have any pets of any kind.

Applicant Signature

Date

Applicant Signature

Date

State of _____

County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____. They are personally known to me or have produced _____ as identification.

State of _____

Notary Public Signature

County of _____

Printed Name

(seal)

Certificate Number

My commission expires:

