

NOTICE OF INTENT TO SELL

ACCOUNT NO _____

ASSOCIATION NAME _____, 20_____
DATE _____

UNIT NUMBER/ADDRESS _____ PROPERTY OWNER NAME _____

This Notice of Intent to Sell and a fully executed copy of the related sales contract must be accompanied by a check in the amount of \$_____ made payable to the Association and returned to the Association's Board of Directors or the community association manager. If uncertain, please contact the Resales Department at 1-800-932-6636 ext 42501 or 407-788-6700 ext 42501.

THIS SECTION TO BE COMPLETED BY SELLER

In compliance with the Declaration of Covenants and Restrictions of the Association named above, I (we) hereby serve notice that as Owner(s) or Agent of the above referenced unit, I (we) intend to offer said unit for sale in accordance with the attached Contract for Sale.

Unless I am notified to the contrary within _____ days from the receipt of this completed notice and attachment, I will advise Purchaser that the proposed sale has been approved.

OWNER'S SIGNATURE _____ OWNER'S SIGNATURE _____

PLEASE PRINT NAME _____ PLEASE PRINT NAME _____

PHONE NUMBER(S) (_____) _____ - _____ H (_____) _____ - _____ O

MAILING ADDRESS _____

THIS SECTION TO BE COMPLETED BY PURCHASER THE BOARD WILL NOT ACCEPT PARTIALLY COMPLETED FORMS

I (We) intend to purchase unit number/address _____.

I (We) are aware that any falsification or misrepresentation of the information contained herein will result in an automatic rejection of this application.

I (We) acknowledge and understand that the property offered for sale is governed by deed restrictions and Rules and Regulations, which are applicable to both the Unit and Common Property, and which may be amended from time to time by the Association named above. I (We) agree to abide by such deed restrictions and rules and regulations.

I (We) are purchasing this property with the intent to: (Check one)

- Reside as owners on a full-time basis
- Reside as owners on a part-time basis
- Lease the property

I (We) acknowledge that a credit check and/or background check may be performed as part of the application process.

I (We) consent that you make further inquiry concerning this application, particularly of the references given below.

PURCHASER (1) _____

OCCUPATION _____ HOW LONG? _____

EMPLOYER _____ PHONE NO (_____) _____ - _____

PURCHASER (2) _____

OCCUPATION _____ HOW LONG? _____

EMPLOYER _____ PHONE NO (_____) _____ - _____

CURRENT HOME ADDRESS _____

PHONE NO(_____) _____ - _____ HOW LONG? _____

NAME AND ADDRESS OF PRESENT LANDLORD OR MORTGAGE COMPANY _____

PHONE NO(_____) _____ - _____

MONTHLY MORTGAGE OR RENTAL PAYMENT \$ _____

UNITS ARE FOR SINGLE-FAMILY RESIDENCE USE ONLY. THE FOLLOWING PERSON(S), IN ADDITION TO PURCHASER, WILL OCCUPY THE UNIT

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

THE FOLLOWING PET(S) WILL OCCUPY THE UNIT

TYPE _____ BREED _____ WEIGHT _____

TYPE _____ BREED _____ WEIGHT _____

LIST TWO (2) PERSONAL REFERENCES (LOCAL, IF POSSIBLE)

NAME _____ ADDRESS _____ PH(_____) _____ - _____

NAME _____ ADDRESS _____ PH(_____) _____ - _____

BANK REFERENCES

BRANCH NAME/ ADDRESS _____ PH(_____) _____ - _____

BRANCH NAME/ ADDRESS _____ PH(_____) _____ - _____

AUTOMOBILE/VEHICLE INFORMATION

MAKE _____ MODEL _____ YEAR _____ TAG NO _____

MAKE _____ MODEL _____ YEAR _____ TAG NO _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME _____ ADDRESS _____ PH(_____) _____ - _____

CLOSING INFORMATION:

SCHEDULED DATE OF CLOSING _____ / _____ / _____

NAME OF CLOSING AGENT _____ PH(_____) _____ - _____

NAME OF REAL ESTATE AGENT _____ PH(_____) _____ - _____

Dated this _____ day of _____, 20_____.

SIGNED _____

PURCHASER

SIGNED _____

PURCHASER

THIS SECTION FOR ASSOCIATION USE ONLY

PROCESSING FEE RECEIVED \$ _____

Sales Contract Attached: YES NO

APPROVED _____ / _____ / _____ DISAPPROVED _____ / _____ / _____ DATE _____, 20_____

BY _____ TITLE _____

NOTES _____



AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize, _____ herein referred to as **Association** and/or its assigns to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for occupancy. Said report may contain information about me from consumer reporting agencies including but not limited to indebtedness, mode of living, present and previous employers and/or employment contracts, driving record/license, validity of social security number, personal references, criminal records, credit history through a consumer credit report, and any information that I have disclosed on my applications and/or any attachments, exhibits.

I authorize the **Association** may contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by the **Association** to furnish the above mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and/or resumes are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed affect my application.

This authorization and consent shall be valid in original, fax or photocopy form.

I authorize the ongoing procurement of the above-mentioned information/reports by the **Association** at any time during my occupancy with the **Association**.

The nature and scope of the consumer report and/or investigative consumer report along with the name, address and telephone number of the agency providing the report will be disclosed to you upon timely written request, and within 5 days of the request.

A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your Rights Under FCRA along with the name, address and telephone number of the agency furnishing the information will be provided before any adverse action is taken by the **Association** based on information contained in the report.

Upon proper identification and payment permissible by law, you have the right to request from the **Association** a copy of any information in its file on you at the time of your request.

By signing below, I acknowledge understanding of the purpose of this Authorization Form and its intended use.

Applicant Information

Print Name: _____ Social Security Number: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Driver License Number: _____ Driver's License State _____

IMPORTANT: The following information will be used by United Screening Services Corporation for identification purposes only to perform a background check. This information will not be used as part of the decision process of your prospective Association.

Maiden, Other and/or Former Name(s) _____

Date of Birth: _____

Signature: _____ Date: _____

**Authorization for the Social Security Administration (SSA)
To Release Social Security Number (SSN) Verification**

Printed Name:	Date of Birth:	Social Security Number:
---------------	----------------	-------------------------

I want this information released because I am conducting the following business transaction:

Reason (s) for using CBSV: (Please select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Mortgage Service | <input type="checkbox"/> Banking Service |
| <input type="checkbox"/> Background Check | <input type="checkbox"/> License Requirement |
| <input type="checkbox"/> Credit Check | <input type="checkbox"/> Other |

with the following company ("the Company"):

Company Name: United Screening Services Corporation

Company Address: 10300 SW 72nd ST STE 101 Miami, FL 33173

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

SARMA, 555 E Ramsey, San Antonio, TX 78216

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. _____ (Please initial.)

Signature:	Date Signed:
------------	--------------

Relationship (if not the individual to whom the SSN was issued): _____

Contact information of individual signing authorization:

Address: _____

City/State/ZIP: _____

Phone Number: _____

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent.

We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. ***Send to this address only comments relating to our time estimate, not the completed form.***

-----TEAR OFF-----

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>.