



READ FIRST: Complete all questions and fill in all the blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, the order can be canceled but your fee will not be refunded. Rev. 2024

PURCHASE APPLICATION FOR OCCUPANCY

Building Name: _____ Unit # _____

Move-in / Close Date: _____

Applicant Information

First Name: _____ Middle: _____ Last Name: _____

Circle One: Single - Married - Separated - Divorced - How Long? _____

Other legal or maiden name: _____

Social Security #: _____ Date of Birth (_____ / _____ / _____)
Month Day Year

Driver's License #: _____ State Issued: _____

Passport # (for non-US citizen): _____ Country: _____

Have you ever been convicted of a crime? _____ Date (s) _____

County/State Convicted in _____

Charge(s) _____

Cell Number (s) _____ Email Address _____

Co-Applicant Information

First Name: _____ Middle: _____ Last Name: _____

Circle One: Single - Married - Separated - Divorced - How Long? _____

Other legal or maiden name: _____

Social Security #: _____ Date of Birth (_____ / _____ / _____)
Month Day Year

Driver's License #: _____ State Issued: _____

Passport # (for non-US citizen): _____ Country: _____

Have you ever been convicted of a crime? _____ Date (s) _____

County/State Convicted in _____

Charge(s) _____

Cell Number (s) _____ Email Address _____

RESIDENCE HISTORY
(Seven Years History Required)

Current Address: _____

City: _____ State/ Zip: _____ Phone: _____

Apt. or Condo Name: _____ Dates of Residency: From _____ to _____

Previous Address: _____

City: _____ State/ Zip: _____ Phone: _____

Apt. or Condo Name: _____ Dates of Residency: From _____ to _____

Previous Address: _____

City: _____ State/ Zip: _____ Phone: _____

Apt. or Condo Name: _____ Dates of Residency: From _____ to _____

Are you using a realtor? Yes _____ No _____ If yes: Realtor's name: _____

Email Address: _____ Cellular Phone: _____

Vehicle Information

Applicant

Make: _____ Model: _____ Color: _____

Year: _____ License Plate # _____ State: _____

Co-Applicant

Make: _____ Model: _____ Color: _____

Year: _____ License Plate # _____ State: _____

If this application is not legible or is not completely and accurately filled out, Associated Credit (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 and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, police arrest record, and mode of living as applicable. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature: _____ **Date:** _____

Co-Applicant's Signature: _____ **Date:** _____

APPLICATION FOR PURCHASE, GIFT, DEVISE, OR INHERITANCE APPROVAL

Note: All assessment payments must be current before action is taken on this application.

1. This application and the attached application for occupancy and authorization forms must be completed in detail by the proposed purchaser.
2. If any question is not answered or left blank, this application will be returned, not processed, and not approved.
3. Please attach a copy of the sales contract to this application.
4. Please attach a non-refundable processing fee of \$150.00 to this application, made payable to the Pompano Aegean. Acceptance of the \$150.00 processing fee does not in any way constitute approval of this transaction.
5. The completed application must be submitted to the Association Office at least 30 days prior to the expected closing date.
6. All applicants must make themselves available for an in-person interview prior to final Board of Directors approval. Occupancy prior to Board approval is **prohibited**.
7. **No Pets** allowed at any time.
8. Use of this apartment is for single-family residence only. Maximum six (6) persons per apartment.
9. **Apartments may not be rented or leased for a period of two (2) years after purchase.**
10. No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, motorcycles, mopeds, etc... permitted to park on the premises overnight.
11. Only one (1) assigned parking space is available per apartment.
12. The seller (current owner) must provide the purchaser with a copy of all Condominium Documents, Rules, and Regulations, 2 key fobs, and a mailbox key.
13. The purchaser must notify the Association Office of the exact date of their closing.
14. Moving furniture in or out of any apartment is not permitted on Saturdays, Sundays, or Holidays. Hours for moving are 8:00 AM to 4:30 PM, Monday through Friday.
15. Residents must obtain licenses and certificates of insurance from the company they will hire for moving furniture, delivery of furniture, renovations, etc...
16. For complete rules refer to the **Aegean House Manual**.

Additional building fees that are required to those in which are applicable:

- Key Fob \$100.00
- Vehicle Tag Master \$25.00
- Mailbox Key \$35.00

Applicant's Signature: _____ **Date:** _____

Co- Applicant's Signature: _____ **Date:** _____

POMPANO AEGEAN

YOU MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Owner's Name _____ Unit No. _____

Mailing Address: _____

Name of the prospective purchaser (s) (as Title will appear)

Other persons who will occupy the apartment with you:

NAME	AGE	RELATIONSHIP/OCCUPATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you or anyone in your household in need of special medical attention or have restricted mobility, which would require additional assistance in the event of an emergency?

YES _____

NO _____

Please explain special needs (i.e., oxygen, wheelchair, blind, deaf, etc.):



TRANSMITTAL FORM FOR APPLICATION TO PURCHASE

Please complete it in full and accurately!

Application to Sell Unit No. _____

To the Board of Directors

In accordance with the provision of Article XI of the Declaration of the Pompano Aegean, I/We hereby serve notice that owner(s) _____ desire to accept a bona fide offer made to me/us by _____ to purchase Unit No. _____.

The owner(s) agrees to provide the purchaser a copy of the Pompano Aegean Condominium Declaration, By- laws, Articles of Incorporation, and Rules and Regulations prior to the first occupancy of the unit by the purchaser.

The owner (s) will be bound by the Declaration of Condominium By-Laws, Articles of Incorporation, and Rules and Regulations of the Condominium Association.

In order for you to facilitate consideration of application for the sale of the above-designated unit, the owner(s) requires the proposed purchaser to complete the attached application. The owner(s) are aware that any falsification or misrepresentation of the facts in the attached application will result in the automatic rejection of the application to sell. Also attached is a check payable to the Pompano Aegean Condominium Association, Inc. in the amount of \$100.00 to cover investigation and other costs.

Unless you notify me to the contrary within 10 days from the date of receipt of application to sell, the attached application by the proposed Purchaser and the interview of the Purchase, I will advise the Purchaser that this Purchase has been approved.

Please complete the following:

Sale Price of Real Estate (the apartment): \$ _____

Sale Price of Personal Property (furnishings): \$ _____

Total Price: \$ _____

Dated, This _____ Day of _____ 20__

Signed: _____ (Seller)

Signed: _____ (Seller)

1. In making the foregoing application, I represent to the Board of Directors that the purpose for the purchase of an apartment at the Pompano Aegean Condominium Association is as follows:

Permanent Residence: _____ **Seasonal Residence:** _____

2. I hereby agree for myself and on behalf of all persons who may use the apartment that I seek to purchase that I will abide by all the restrictions contained in the by-laws, Rules and Regulations, Condominium Documents, and restrictions which are or may in the future be imposed by the Pompano Aegean
3. I have received a copy of all Condominium Documents **Yes** _____ **No** _____
4. I have received a copy of the Condominium Rules and Regulations **Yes** _____ **No** _____
5. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application.
6. If this sale application is accepted, I will provide a copy of the Closing Statement and a copy of the recorded Deed within 30 days after closing.
7. I understand that there is a restriction on pets and that I may not bring a pet, nor may any guest, visitor, or tenant bring a pet into the Pompano Aegean Condominium Association nor acquire one, either temporarily or permanently after occupancy.
8. I agree not to lease this apartment unit more than twice during any twelve **(12)** month period. Further said the lease and/or rental shall not be less than sixty **(60)** days period no longer than one **(1)** year and all leases and/or rentals are subject to the approval of the Board of Directors of the Condominium Association. Sub-leasing of apartments is **not** permitted.
9. I understand the acceptance for purchase of an apartment at the Pompano Aegean Condominium Association is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of the information on these forms will result in the automatic rejection of this application. Occupancy prior to the Board of Directors' approval is **prohibited**.
10. I understand that the Board of Directors of the Pompano Aegean Condominium Association may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors or Associated Credit Reporting Inc., to make such investigation and agree that the information contained in this and the attached application may be used in such investigation and that the Board of Directors and Officers of the Pompano Aegean Condominium Association itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

In making the forgoing application, I am aware that the decision of the Pompano Aegean Condominium Association will be final, and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

Applicant 1. _____ **Applicant 2.** _____

For the Complete Rules, refer to the Pompano Aegean House Manual



OWNER(S) FAMILY TREE/INFORMATION FORM

UNIT No. _____

OWNER'S NAME(S) ON WARRANTY DEED: _____

PARKING SPACE NUMBER: _____

OWNER(S) HOME ADDRESS IF OTHER THAN THE AEGEAN:

LOCAL PHONE #: _____ OUT OF STATE PHONE #: _____

AUTO TAG# _____ STATE _____ YEAR/MAKE/COLOR _____

PRIMARY EMAIL: _____ OTHER EMAIL: _____

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE #: _____

LIST **IMMEDIATE** FAMILY MEMBERS AUTHORIZED TO VISIT OR USE YOUR UNIT OVERNIGHT IN THE OWNER'S ABSENCE WHO PRESENT VALID IDENTIFICATION UPON ARRIVAL.

NAME: _____ RELATION: _____ AGE: _____

SPOUSE: _____ RELATION: _____ AGE: _____

ADDRESS: _____ PHONE #: _____

NAME: _____ RELATION: _____ AGE: _____

SPOUSE: _____ RELATION: _____ AGE: _____

ADDRESS: _____ PHONE #: _____

NAME: _____ RELATION: _____ AGE: _____

SPOUSE: _____ RELATION: _____ AGE: _____

ADDRESS: _____ PHONE #: _____

NAME: _____ RELATION: _____ AGE: _____

SPOUSE: _____ RELATION: _____ AGE: _____

ADDRESS: _____ PHONE #: _____

NAME: _____ RELATION: _____ AGE: _____

SPOUSE: _____ RELATION: _____ AGE: _____

ADDRESS: _____ PHONE #: _____

THE SECURITY OFFICE HAS MY PERMISSION TO ACCEPT UPS OR OTHER DELIVERIES: YES _____ NO _____

RESIDENT SIGNATURE: _____ DATE: _____

RESIDENT SIGNATURE: _____ DATE: _____

CERTIFICATE OF APPOINTMENT OF VOTING REPRESENTATIVE

To the Secretary of Pompano Aegean Condominium Association Inc., (the “Association”)

THIS IS TO CERTIFY that the undersigned, constituting all the record owners of Unit No. _____ in Pompano Aegean Condominium, have designated.

(NAME OF VOTING REPRESENTATIVE)

As the representative to cast all votes and to express all approvals that such owners may be entitled to the cast or express at all meetings of the membership of the Association and for all other purposes provided by the Declaration, the Articles and Bylaws of the Association.

The following examples illustrate the proper use of this Certificate:

- I. Unit owned by John Doe and his brother, Jim Doe. A voting Certificate is required designating either John or Jim as the Voting Representative **(NOT A THIRD PERSON)**.
- II. Unit owned by Overseas/ Inc., a corporation. A voting Certificate must be filed designating an officer or employee entitled to vote, signed by the President or Vice-president of the Corporation, and attested by the Secretary or Assistant Secretary of the Corporation.
- III. Unit owned by John Jones. No Voting Certificate is required.
- IV. Unit owned by Bill and Mary Rose, husband, and wife. A voting Certificate is required designating either Bill or Mary as the voting representative. **(NOT A THIRD PERSON)**.

This Certificate is made pursuant to the Declaration and the By-Laws and shall revoke all prior Certificates and be valid until revoked by a subsequent Certificate.

Owner: _____

Date: _____

Owner: _____

Date: _____

NOTE: This form is not a proxy and should not be used as such. Please be sure to designate one of the joint owners of the unit as the Voting Representative, not a third person. Please be advised that if you previously filed a Certificate of Voting Representative with the Secretary of the Association, you do not need to file another Certificate unless you want to change the designation of your Voting Representative.



1010 South Ocean Blvd
Pompano Beach, FL 33062
P: 954-782-2600
F: 954-782-2814

GENERAL ABRIDGED RULES AND INFORMATION MUST BE READ AND SIGNED

PLEASE MAKE ALL VISITORS/RENTERS AND FAMILY MEMBERS AWARE OF THE RULES AND REGULATIONS.

- Key fobs are required for entrance to the building and for beach access. The Management Office and Security force cannot and will not supply a key from the emergency key file or take possession.
- Access to the Pool, Jacuzzi, or Beach is best served by using elevators at the East end of the building. Read the rules at the Pool and Jacuzzi. There are no lifeguards. Children under the age of 16 years old must have adult supervision. No one under the age of 16 is allowed in the Jacuzzi. It is Florida Law that you **must** shower before entering the Pool or Jacuzzi. There are showers located near the Pool Area and when returning to the building. Showers are also located on the lower level for both men and women, including the bathrooms (also for persons using the Pool) and Saunas; a key fob is required. We now have chairs and lounges at the beach area for your use, but they must be returned to the palm tree area. There are no exceptions.
- You **must** wear cover-ups, shirts, and footwear at all times in the building.
- There is **NO FOOD** to be consumed in the Pool or Jacuzzi area. There is ample space in the BBQ area where grills are located for your convenience.
- **Cooking on balconies is strictly forbidden.** NOTHING may be hung over the railings on balconies. Violation of these rules will result in fines being assessed to the Owner.
- Located in the second-floor lounge is a Pool Table and Table Tennis (Ping Pong). All equipment can be obtained from the Security Office with a \$5.00 security deposit, which is refunded when the equipment is returned. No children under the age of 16 without adult supervision.
- The lounge area has a library with books, puzzles, games, etc. Please return all items when finished.
- The Kitchen facilities may be used, and permission must be obtained from the Office. Rules are extensive and a deposit is required.
- Bathrooms are located on the second floor past the library.
- Luggage carts are available at Security to assist you in loading or unloading personal belongings or food to your temporary apartments. A returnable deposit of \$5.00 is required.
- Trash, garbage, etc. must be in tied plastic bags and put down in the trash chute in the room located next to the West elevators. Please keep aluminum cans, glass, and plastic separate and deposit them in recycle bins.

I ACKNOWLEDGE RECEIVING A COPY OF THE AEGEAN ABRIDGED RULES AND INFORMATION.

Date: _____

Guest/Tenant Name _____ Guest/Tenant Phone No. _____

Guest/Tenant Name _____ Guest/ Tenant Phone No. _____

Owner Name _____ Owner Name _____

Relation to Owner _____ Owner's Phone No. _____

**** PLEASE COMPLETE, SIGN AND RETURN BY EMAIL TO ADMIN@POMPANO-AEGEAN.COM OR BY FAX TO 954-782-2814 CC: SECURITY OFFICE****