

Avalon 200 Buyer Interview Checklist

Hello, and welcome to the Avalon Interview. This is a list of the documents that will be shared and reviewed with you today.

- _____ \$100.00 Non-Refundable Application Fee made payable to: Avalon # 200
- _____ Buyers/Renters Application
- _____ Proof of Age (Copy of Driver's License, in color)
- _____ Town Shores Master Association, Inc. Approval for a Criminal Background Search
- _____ Avalon 200 Rules*
- _____ Trash Room Rules*
- _____ Termite Inspection Report
- _____ Certificate of Approval (Must go to Title Company or closing Agent after completion)
- _____ Voting Certificate
- _____ Sign Up Sheet for Maintenance Payment Bank Draft

Documents marked with an "*" are to be taken with you after the interview.

As tenant(s), I/we understand that a violation of the bylaws, rules and regulations, at any time can result in a revocation of approval, and I/we will thereupon be required to vacate.

Buyer _____ Date _____

Buyer _____ Date _____

Avalon Representative _____ Date _____

Avalon Representaive _____ Date _____

Note: The Document Blue Book, Guests Tags, Owner Tags, Laundry Key and Mail Box Key should be given to you by the Seller at closing.

Please advise the Avalon Secretary of your unit's phone number once it is connected. Also, if the locks are changed, you must provide the Secretary with a duplicate key (needed for pest control, etc.).

Pest control is 4 times per year, February, May, August and November. A notice will be posted as to actual date, usually the first Thursday of the month.

AVALON 200 APPLICATION TO BUY OR RENT

Application is hereby made for approval to rent or reside in Unit _____ Lease Dates _____ to _____

1st Applicants Legal Name _____ DOB _____

Present Address _____

Email Address _____ Telephone Number(_____) _____

Driver's License Number _____ Social Security Number _____

Automobile Make/Model _____ / _____ License Plate Number _____

PETS: Yes No (Describe what type and lbs., cannot be more than 20 lbs.) _____

Are you a US citizen? Yes No (if no, what country?) _____

Have you lived abroad? Yes No (if yes, where?) _____

How many years? _____ Will you use bike rack? Yes No

Emergency Contact _____ Relationship _____

Address _____

Emergency Phone Number(_____) _____

I represent that the above information is true and consent to further inquiry concerning this information.

Signature _____

2nd Applicants Legal Name _____ DOB _____

Present Address _____

Email Address _____ Telephone Number(_____) _____

Driver's License Number _____ Social Security Number _____

Automobile Make/Model _____ / _____ License Plate Number _____

PETS: Yes No (Describe what type and lbs., cannot be more than 20 lbs.) _____

Are you a US citizen? Yes No (if no, what country?) _____

Have you lived abroad? Yes No (if yes, where?) _____

How many years? _____ Will you use bike rack? Yes No

Emergency Contact _____ Relationship _____

Address _____

Emergency Phone Number(_____) _____

I represent that the above information is true and consent to further inquiry concerning this information.

Signature _____

Application Continued

Estimated Move In Date _____

Is the 2nd applicant a legal spouse? Yes No

Will anyone else be living in this condo? Yes No (If yes, obtain Application packet for them with processing fee)

Realtor's Name and Brokerage _____

Phone _____

E-Mail Address _____

For Renters Only: As tenants, I/we understand that a violation at any time can result in revocation of approval, and I/we will thereupon be required to vacate.

The owner is required to meet his/her financial responsibility to the Association. In the event that the unit becomes delinquent, the Association will collect the rent from the tenant.

A current lease must be on file with the Avalon Secretary, or the renters will be required to vacate.

PERMISSION FOR BACKGROUND SEARCH FOR PROSPECTIVE RESIDENTS:

I/We hereby allow the Avalon 200 Association Manager to inquire into my/our background to obtain information.

I/We cannot claim any invasion of privacy against them now or in the future.

1st Applicants Signature _____

2nd Applicants Signature _____

NOTE: If the information on this application is incorrect or incomplete such that it causes us to repeat the background search, any additional charges will be passed back to the applicant and must be paid before an interview can be scheduled.

Should this Application be accepted, I/we hereby agree to abide by the Blue Book bylaws, Rules and Regulations and any amendments thereto.

1st Applicant's Signature _____

2nd Applicants Signature _____

*****For Avalon Use Only*****

Application received _____

1st Applicant _____ Approved _____ Denied _____ Date _____

2nd Applicant _____ Approved _____ Denied _____ Date _____

Town Shores Master Association, Inc.
3210 59th Street South
Gulfport, FL 33707
Telephone: (727 345-9491)

TO: TENANT SCREENING NOW
FROM: TOWN SHORES AVALON BUILDING

RE: APPROVAL FOR A CRIMINAL BACKGROUND SEARCH

1ST Applicant: I, _____, give my permission to Tenant Screening Now, a company used by Town Shores of Gulfport, to run a criminal background search on me as potential occupant of a condominium in the Avalon Building.

Signed _____ Date _____

*****For Avalon Use Only*****

_____ NATIONAL _____ INTERNATIONAL _____ (COUNTRY)

TO: TENANT SCREENING NOW
FROM: TOWN SHORES AVALON BUILDING

RE: APPROVAL FOR A CRIMINAL BACKGROUND SEARCH

2nd Applicant: I, _____, give my permission to Tenant Screening Now, a company used by Town Shores of Gulfport, to run a criminal background search on me as potential occupant of a condominium in the Avalon Building.

Signed _____ Date _____

*****For Avalon Only Use*****

_____ NATIONAL _____ INTERNATIONAL _____ (COUNTRY)

PROOF OF AGE

TOWN SHORES OF GULFPORT #200

DATE _____

CONDO# _____

Our Declaration of Condominium and By-Laws were amended to meet a requirement for an exemption from the Fair Housing Amendment Act of 1988. The exemption is needed to provide housing for older persons. One of the terms of the exemption requires 80% of the units to have at least ONE permanent resident age 55 or older.

The Avalon Association must verify and keep records on file to prove that the age requirements of this exemption are met on a continuing basis. The purpose of this letter is to provide the proof.

You agree to provide the Avalon Association with a driver's license or birth certificate that states your date of birth.

#1___ Please place an "X" here if there is at least ONE permanent occupant in your condo age 55 or older.

Date _____ Signed _____ (Owner or Lessee)

Date of Birth _____

#2___ Please place an "X" in this box if there is NO permanent occupant in your condo age 55 or older.

Date _____ Signed _____ (Owner or Lessee)

Date of Birth _____

I have been a resident of this Association for _____ years.

If you placed an "X" in box #1, please attach proof of age for a qualifying occupant as indicated by one of the acceptable documents listed below:

A copy of a current driver's license, OR

A copy of a birth certificate

AVALON HOUSE #200 INC.

RULES AND REGULATIONS

Effective December 1, 2012

These rules and regulations are designed for the mutual benefit and comfort of the Avalon House #200 Inc. and to enhance the successful and harmonious operation of the condominium. All unit owners are responsible for the observance of these rules and regulations by their guests, members of their households, lessees and invitees.

These rules and regulations are in addition to those rules stated in Article X, HOUSE RULES of our By-laws (OR 3388, Page 268) as recorded in the public records of Pinellas County.

These rules and regulations supersede all previous Rules and Regulations as of this date.

1. All persons must wear identification tags in areas of the complex apart from the Avalon House, and especially in the Recreation areas.
2. Resident owners or renters assume full responsibility for their guests' compliance with these rules.
3. Normal street attire including shirts and footwear must be worn, except for accepted attire at specific recreational areas.
4. Children under the age of fourteen must be accompanied by an adult and governed by the specific rules of the recreational areas.
5. All garbage must be bagged and tied. Do not throw glass articles down the trash chutes. Any large articles that do not fit in the trash containers are not to be placed in the trash room. Any equipment replaced including rugs must have the old equipment taken away by the installer and not placed in the trash room.
6. UPPER FLOORS – Do not hang clothes, dust rags or any other articles over railing. Please do not throw lighted cigarettes over railings.
7. Please keep radios and TV's low at all times in consideration of your neighbors.
8. All cars must be parked head first into the parking bumper.
9. All damage to the common areas of this condominium caused by moving or transporting articles into an owner or occupant apartment shall be paid for by the owner or occupant in charge of such articles.

10. Owners, lessees and guests are allowed only one (1) dog or one (1) cat under 20 lbs. per condo unit. All other pets will be decided by the Board of Directors. All dogs must be kept on a leash and walked in the "doggie walk area" provided for them.

11. Storage lockers are limited and do not transfer with the sale of a condo. These lockers are the property of the Association. There is a sign up waiting list for these lockers and they are given out according to the next person on the waiting list. All storage locker keys must be turned over to the Association upon vacating a condo. Renters do not qualify for use of a storage locker.

MUTUAL RESPECT AND CONSIDERATION FOR OTHERS IS THE BY WORD. Your cooperation is expected and appreciated.

THE AVALON BOARD OF DIRECTORS

AVALON

TRASH ROOM RULES

The building provides trash cans for normal household rubbish only and it should be bagged and tied prior to putting in the trash cans.

All recyclable items should be placed in appropriately marked containers.

All cardboard boxes must be broken down before placing in the appropriately marked location.

Larger items, such as suitcases, tv's, microwaves, chairs, bed frames, rugs, curtain rods, which do not fit in the trash cans with the lid closed are not to be left in the trash room. You can call the maintenance department at 345-9491 to have your large items picked up for a fee. It is at YOUR expense to get rid of large items, not the building's.

Please notify the Board of Directors if you see anyone leaving large uncontainable items in the rubbish room, otherwise you will be paying part of the expense of the removal out of your pocket because it comes out of association monies.

ITEMS NOT ALLOWED IN TRASH ROOM:

Paint cans

Flammable substances

Remodeling debris, including toilets, sinks and vanities

Thank you for your cooperation,

Avalon Board of Directors

**Town Shores of Gulfport # 200, Inc.
5840 30th Avenue South
Gulfport, FL 33707**

CERTIFICATE OF APPROVAL for sale of Unit # _____

SELLER(S) _____

BUYER(S) _____

_____, President, and _____, Secretary,
do hereby certify that they are the duly elected President and Secretary, respectively of Town Shores of Gulfport # 200, Inc. , hereby referred to as the "Association", and that they have the authority to execute this Certificate of Approval. The Board of Directors of said Association has approved the sale of the above referenced unit, and does hereby waive the right to which the Association may have to purchase said unit.

WITNESS:

TOWN SHORES OF GULFPORT # 200

By: _____
President of the Association

Secretary of the Association

(CORPORATE SEAL)

STATUS OF ASSESSMENT: As of the _____ day of _____, _____, the monthly maintenance assessment of \$ _____ has been paid through _____, or the account is in arrears of the sum of \$ _____.

I hereby certify that the above information is true and correct:

Agent of Town Shores Master Association

**STATE OF FLORIDA
COUNTY OF PINELLAS**

The foregoing document was acknowledged before me this _____ day of _____, _____, by _____ as President and by _____ as Secretary of Town Shores of Gulfport# 200, Inc., a corporation organized and existing under the laws of the State of Florida pursuant to authority conferred upon them by said corporation and that the seal affixed hereto is the true and genuine seal of said corporation and was affixed pursuant to like authority.

MY COMMISSION EXPIRES: _____

Notary Public State of Florida

NOTE: Please remit a copy of the recorded Deed as required by Florida Statute to the above referenced Association.

VOTING CERTIFICATE
Town Shores of Gulfport # 200

Owners of Record: _____

Unit Number: _____

Date: _____

KNOW ALL PERSONS BY THESE PRESENTS, that the undersigned is the record owner of that certain condominium unit in Town Shores of Gulfport, The Avalon Building, shown below, and hereby constitutes, appoints and designates

_____ as the voting representative for the condominium unit owned by said undersigned pursuant to the By-Laws of the Association.

The a forenamed voting representative is hereby authorized and empowered to act in the capacity herein set forth until such time as the undersigned otherwise modifies or revokes the authority set forth in this voting certificate.

Unit Owner Signature: _____