

## Harbour Hill Condominium Apartments Association

**Application for Transfer to a Corporation or Partnership** for Unit # \_\_\_\_\_

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

Harbour Hill Condominium Association, Inc. must issue written approval for any transfer of a Unit by sale, lease, gift devise, inheritance or other method. The following information must be completed and submitted prior to issuance of approval. The Association has thirty (30) days to review this completed application. **Prospective owners and residents must complete this form and return it to the Unit Transfer Committee Chair and attach:**

- Transfer fee of \$100 per Applicant (Note: A married couple pays only one fee of \$100. Check payable to HHCA)
- Copy of photo ID showing birthdate (for each occupant)
- Copy of the sales contract/lease

Current Owner(s) \_\_\_\_\_ Phone \_\_\_\_\_ Parking Space # \_\_\_\_\_

**APPLICANTS: Include information for all persons who will appear on the deed/lease and/or occupy the unit.**

**At least one officer must be included among the applicants, as well as a primary contact.**

**Please note that Harbour Hill has the right to require approval of future occupants as well.**

**Background checks will be done for all listed below, and all must participate in the interview with Harbour Hill.**

Applicant Name:			
Will applicant occupy the unit?			
Email:			
Cell phone:			
Home phone:			
Address:			

Unit will be: \_\_\_\_\_ Full time, primary residence \_\_\_\_\_ Part time residence

If part time residence, please list primary residence \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Real Estate agent: \_\_\_\_\_ Phone \_\_\_\_\_

Plan to finance by: \_\_\_\_\_ Cash \_\_\_\_\_ Mortgage

Mortgage Holder: Bank /Life Ins. Co. /Fed. Sav. & Loan \_\_\_\_\_

Title Company \_\_\_\_\_ Phone \_\_\_\_\_

**Anticipated Closing Date \_\_\_\_\_ Should the Closing Date change, notify the Unit Transfer Chair. Note that after the Closing Date listed above, all Key FOBs not indicated as received by the buyer will be deactivated. To reactivate or purchase new FOBs contact the Building Committee Chair.**

## Harbour Hill Condominium Apartments Association

Application for Transfer **to a Corporation or Partnership** for Unit # \_\_\_\_\_

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

### Please provide three References per Applicant (please PRINT):

#### Reference 1:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

#### Reference 2:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

#### Reference 3:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

1. The applicant(s) should review the official **Harbour Hill Condominium Documents, Financial Information, insurance, wind mitigation documents, condo governance documents and Frequently Asked Questions** – available on the Harbour Hill website: [hhca.wildapricot.org](http://hhca.wildapricot.org) under the Information for Prospective Residents and Sellers tab.
2. Upon receipt of this application the Unit Transfer Chair will order the background check. Once the background check has been completed, a meeting will be scheduled with the applicant(s) to discuss the approval process.
3. The Unit Transfer Chair will then notify the applicant(s) of the Board's approval or denial within 30 days of receipt of their completed application packet.

## Harbour Hill Condominium Apartments Association

Application for Transfer **to a Corporation or Partnership** for Unit # \_\_\_\_\_

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

### Applicant's Acknowledgment of Review of HHCA Documents

I (We) have read and agree to abide by the Condominium Documents and Rules and Regulations of Harbour Hill as available on the Harbour Hill website. I (We) further certify that the information provided in this request for Association approval is complete and correct to the best of my (our) knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### HHCA Association Approval / Disapproval

\_\_\_\_\_ Harbour Hill Condominium Association has **APPROVED** this application.

*(Conditional upon payment of all fees, assessments and/or loans before or upon closing.)*

\_\_\_\_\_ Harbour Hill Condominium Association has **DISAPPROVED** this application.

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

After completion a copy of this application will be returned to both the current owner and applicant.

INSTRUCTIONS:

- 1 -All applicants are processed as separate investigations.
- 2 -Print legibly or type all information. Account and telephone numbers and complete addresses are required.
- 3 -If any question is not answered or left blank, this application may be returned, not processed or not approved.
- 4 -Missing information will cause delays in processing your application.
- 5 -Any misrepresentation, falsification or omission of information may result in your disqualification.
- 6 -Only the applicants are authorized to sign all forms on page 2.

**APPLICATION FOR OCCUPANCY/APPROVAL**

PRINT OR TYPE (Use Black Ink)

Purchase \_\_\_\_\_ or Lease \_\_\_\_\_ (How long)

Apt. No. \_\_\_\_\_ Bldg No. \_\_\_\_\_ Special Address or Unit \_\_\_\_\_

Date \_\_\_\_\_ 20 \_\_\_\_\_ Desired date of occupancy \_\_\_\_\_

Name (Mr./Mrs./Ms.) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec No. \_\_\_\_\_  
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

Spouse (Mr./Mrs./Ms.) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec No. \_\_\_\_\_  
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

[ ] Sngl. [ ] Married [ ] Widow(er) [ ] Sep. \_\_\_\_\_ [ ] Div. \_\_\_\_\_ Maiden Name \_\_\_\_\_  
(How long) (How long)

Number of people who will occupy. Adults (over age 18) \_\_\_\_\_ Children (over 18) \_\_\_\_\_

Names & ages of children who will occupy: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Name

Address

Telephone

PRINT OR TYPE (Use Black Ink)

**RESIDENCE HISTORY**

A. Present Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

B. Previous Address \_\_\_\_\_ Your Apt No. \_\_\_\_\_  
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

C. Prior Address \_\_\_\_\_ Your Apt No. \_\_\_\_\_  
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

PRINT OR TYPE (Use Black Ink)

**EMPLOYMENT & BANK REFERENCES**

A. Employed By (Business Name) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(or retired from)

How long \_\_\_\_\_ Dept. or Position \_\_\_\_\_ Mo. Income \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

B. Spouse's Employment (Business Name) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(or retired from)

How long \_\_\_\_\_ Dept. or Position \_\_\_\_\_ Mo. Income \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

C. Bank Reference \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How long \_\_\_\_\_ Ck. Acct. No. \_\_\_\_\_ Sav. Acct. No. \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

D. Bank Reference \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How long \_\_\_\_\_ Ck. Acct. No. \_\_\_\_\_ Sav. Acct. No. \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

**PRINT OR TYPE (Use Black Ink)****CHARACTER REFERENCES**

1. Name Address Phone (Residential & Office)

2. Name Address Phone (Residential & Office)

Driver's Lic. No. #1 Address #2 Phone (Residential & Office) State State

Make Model Year Plate No. Color State

Make Model Year Plate No. Color State

If this application is NOT legible or is not completely and accurately filled out, Applicant Information (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 or their agent, Applicant Information may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature \_\_\_\_\_ Signature \_\_\_\_\_  
Applicant Applicant's Spouse

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed.  
Make sure Authorization Form is completed as indicated.

**AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND CRIMINAL BACKGROUND**

**I have named you as a reference on my application for residency.**

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my /our application made for residency.

**DESIGNATED PARTY: APPLICANT INFORMATION**

**I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).**

**Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.**

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Applicant's Name Printed)

\_\_\_\_\_  
(Spouse's Signature)

\_\_\_\_\_  
(Spouse's Name Printed)

DATE \_\_\_\_\_

**INSTRUCTIONS:**

- 1 - Print legibly or type all information. Account and telephone numbers and complete addresses are required.
- 2 ñ If any question is not answered or left blank, this application may be returned and not processed/approved.
- 3 ñ Missing information will cause delays in processing your application.
- 4 ñ Only a corporate officer is authorized to sign the form.
- 5 ñ Any misrepresentation, falsification or omission of information may result in disqualification of this application.

## APPLICATION FOR APPROVAL

Unit No. \_\_\_\_\_ Bldg No. \_\_\_\_\_ Date \_\_\_\_\_

Corporate Name \_\_\_\_\_ FEIN \_\_\_\_\_

Trade Name (if applicant) \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Date Incorporated** \_\_\_\_\_ **State** \_\_\_\_\_

**Registered Agent** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_

**Address** \_\_\_\_\_

## RESIDENCE HISTORY

**Corporate Officers:**

(1) Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Position \_\_\_\_\_

Residence Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

(2) Name\_\_\_\_\_ Social Security Number\_\_\_\_\_ Position\_\_\_\_\_

Residence Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

(3) Name\_\_\_\_\_ Social Security Number\_\_\_\_\_ Position\_\_\_\_\_

Residence Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

(4) Name\_\_\_\_\_ Social Security Number\_\_\_\_\_ Position\_\_\_\_\_

Residence Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Financial Information:**

(1) Bank Reference \_\_\_\_\_ Telephone No. \_\_\_\_\_

[illegible]

Checking Account No. \_\_\_\_\_ Savings Account No. \_\_\_\_\_

(2) Bank Reference \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address	How Long
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Checking Account No. \_\_\_\_\_ Savings Account No. \_\_\_\_\_

## Business References

1. \_\_\_\_\_

<i>Company Name &amp; Contact</i>	<i>Address</i>	<i>Phone</i>
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2.	Company Name & Contact	Address	Phone

	<i>Company Name &amp; Contact</i>	<i>Address</i>	<i>Phone</i>
3.			

If this application is not legible or is not completely and accurately filled out, Applicant Information will not be liable or responsible for any inaccurate information in the investigation and related report caused by such omissions, illegibility or inaccuracies.

By signing, the applicant recognizes that the Association, or their agent, Applicant Information may investigate the information supplied and a full disclosure of pertinent facts may be made to the Landlord. The investigation may be made of the character, general reputation, personal characteristics, credit standing, etc. I may request in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Corporate Officer)

Name Printed	Position
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