

Harbour Hill Condominium Apartments Association

Application for Transfer 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. **The prospective residents must complete this form and return it to the Unit Transfer Committee Chair and attach:**

- Transfer fee of \$100 (check payable to HHCA, paid by the Seller)
- Background check fee of \$50/person occupying the unit (check payable to HHCA, paid by the Prospective Resident)
- Copy of photo ID showing birthdate (for each person occupying the unit)
- Copy of the sales contract/lease

Current Owner(s) _____ Phone _____ Parking Space # _____

Applicant(s) _____
(include names of all persons who will appear on the deed/lease)

Contact information:

Email address _____

Phone _____ Cell phone _____

Phone _____ Cell phone _____

Address _____

List any other occupants who will reside in the unit: _____

Are any occupants under 55 years of age? _____

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 Building Key FOBs will be deactivated. To reactivate or purchase new FOBs contact the Building Committee Chair.

Harbour Hill Condominium Apartments Association

Application for Transfer for Unit # _____ Date: _____

Please provide three References (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* 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 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 _____

Signature of any other occupant(s) _____ Date _____

_____ 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.
- 7 - Background check fee of \$50.00 per person, payable to HHCA, paid by applicant

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

Not Applicable

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)* _____

3. _____
Name _____ *Address* _____ *Phone (Residential & Office)* _____

Driver's Lic. No. #1 _____ #2 _____ 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 _____ Applicant Signature _____ 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 _____