

*Village Royale Greentree Association, Inc.*

2515 N.E. 2nd Court  
Boynton Beach, Florida 33435

**INTENT TO SELL, LEASE, GIFT, DEVISE, INHERIT or TRANSFER**

AS STATED, IN THE "AMENDED AND RESTATED DECLARATION OF CONDOMINIUM"

Section 12.2, The time allocated for you to proceed with the Sale, Lease, Gift, Devise, inherit or Transfer of your Unit is **AFTER** the VR Greentree Association Board of Directors receives this notice of your intent to sell, lease, gift, devise, inherit or transfer your unit **AND** responds with the written approval of the Association.

**Sale or Lease:** ( Circle one )

I hereby give notice that I am placing my Unit # \_\_\_\_\_ for Sale or Lease.

My asking price is \$\_\_\_\_\_.

Signature of person or persons on Deed:

Print: \_\_\_\_\_ Sign: \_\_\_\_\_

Print: \_\_\_\_\_ Sign: \_\_\_\_\_

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

Received By: \_\_\_\_\_

Approved      Denied

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

# Village Royale Greentree Association Inc.

## Checklist for Unit Sale

Date:

Screener #1

Screener #2

<b>Seller Documents</b>	<b>Purchaser Documents</b>
<p><b><u>Documents needed from the Seller</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Intent to Rent/ Sell</li> </ul> <p><b>Leave following items for the tenant(s):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> House keys</li> <li><input type="checkbox"/> Mailbox Key</li> <li><input type="checkbox"/> Gate Key</li> <li><input type="checkbox"/> Elevator fob</li> <li><input type="checkbox"/> Laundry Card</li> <li><input type="checkbox"/> The League "Rules and Regulations"</li> <li><input type="checkbox"/> Greentree(Bldg 14) Rules &amp; Regs</li> </ul>	<p><b><u>Documents needed from the Purchaser</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Application by Proposed Purchaser</li> <li><input type="checkbox"/> Background/Credit Check Document and Fee(\$100 application fee/\$50 per person background check)Get photo ID</li> <li><input type="checkbox"/> Residential Screening Request</li> <li><input type="checkbox"/> Disclosure Form</li> <li><input type="checkbox"/> Proof of Insurance</li> <li><input type="checkbox"/> Information Sheet</li> </ul> <p><b><u>Documents to give to the new owner</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ACH Request</li> <li><input type="checkbox"/> Certificate of Approval</li> <li><input type="checkbox"/> Welcome Letter</li> <li><input type="checkbox"/> VRG Rules and Regulations</li> <li><input type="checkbox"/> Rules and Regulations-Greentree</li> <li><input type="checkbox"/> Rules and Regulations-Legal Copy</li> <li><input type="checkbox"/> FAQ (required by law)</li> <li><input type="checkbox"/> Spare Key Policy</li> <li><input type="checkbox"/> Parking Lot Rules</li> <li><input type="checkbox"/> Parking Sticker</li> <li><input type="checkbox"/> Fob Instructions</li> <li><input type="checkbox"/> Laundry Instructions</li> </ul> <p><b>Only if needed</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Request for Reasonable Accommodation</li> <li><input type="checkbox"/> Service/Emotional Support Animal Paperwork</li> </ul>

VILLAGE ROYALE GREENTREE ASSOCIATION INC.  
2515 NE 2ND COURT  
BOYNTON BEACH, FL 33435

**Application By Proposed Purchaser:**

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

I/We intend to purchase Condominium Unit #: \_\_\_\_\_, Starting: \_\_\_\_\_

In order for you to facilitate consideration of my/our application for the purchase of the above designated unit in VILLAGE ROYALE GREENTREE ASSOCIATION INC., I/We represent that the following information is factual and true. I/We are aware that any falsification or misrepresentation of the facts in this application will result in automatic rejection of this application. I/We consent that you may make further inquiries concerning this application, including and not limited to a Credit/ Background check on each applicant and verification of references.

*A check in the amount of \$150.00 addressed to Village Royale Greentree Association Inc. is required for all credit and Background checks for processing. (This is non-refundable)*

I/We will be bound by the Declaration of Condominium, By - Laws, Articles of Incorporation and The Rules and Regulations of the condominium Association.

If, I/We are purchasing the Condominium Unit. I/We will not sublet the unit and I/we understand that I/We can not Lease/Rent the unit for a minimum of Two (2) years after the purchase date. Upon closing on the Condominium unit I/We understand that I/We must provide the condominium Association with a copy of the closing statement and a copy of the deed within 10 days after closing.

#1. Full Name of Purchaser: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation of Purchaser: \_\_\_\_\_ How Long: \_\_\_\_\_

Present Home Address: \_\_\_\_\_ How Long: \_\_\_\_\_

#1. Name and Address of Landlord (if Applicable) \_\_\_\_\_

\_\_\_\_\_ Telephone #: \_\_\_\_\_

#2. Full Name of Purchaser: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation of Purchaser: \_\_\_\_\_ How Long \_\_\_\_\_

Present Home Address: \_\_\_\_\_

How Long: \_\_\_\_\_

#2. Name and Address of Landlord (if Applicable) \_\_\_\_\_

\_\_\_\_\_ Telephone #: \_\_\_\_\_

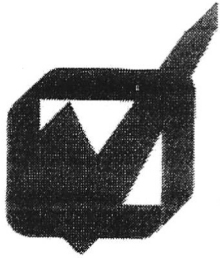
#1 Bank Reference: \_\_\_\_\_

#2 Bank Reference: \_\_\_\_\_

Make and Model of Vehicle: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate # \_\_\_\_\_ State: \_\_\_\_\_

Parking Space #: \_\_\_\_\_



\$50 per occupant (USA only)  
 \$100 per occupant (International)  
 INCLUDE: copy of driver's license front:  
 OR  
 copy of passport back

# WTC Backgrounds & Drug Testing, Inc.

"We're The Choice!"

## Authorization & Release

<input type="checkbox"/> Rental Package [Credit, Criminal & Evictions]	<input type="checkbox"/> Employment Verification
<input type="checkbox"/> Criminal History FL Out Of State [Include state address] Nationwide	<input type="checkbox"/> SSN Verification
<input type="checkbox"/> F.D.L.E. [Florida Department Of Law Enforcement]	<input type="checkbox"/> Sexual Offender Search FL Nationwide
<input type="checkbox"/> DL Records/History Include DL #: 3 Year - 7 Year	<input type="checkbox"/> Credit Report [Stand Alone]
<input type="checkbox"/> FACIS	<input type="checkbox"/> Education Verification

Last Name, First Name, MI. \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

DOB \_\_\_\_\_ Sex \_\_\_\_\_ Ethnicity \_\_\_\_\_

SSN \_\_\_\_\_ Driver's License Number & State \_\_\_\_\_

Name of Company/Property Applying To: \_\_\_\_\_ Company/Property Fax: \_\_\_\_\_

### Applicant Release

For employment and/or residency, I understand that investigative background inquiries are to be made on me including consumer credit, criminal conviction, motor vehicles, and other reports. I further understand that WTC Backgrounds & Drug Testing, Inc. will be requesting information from various state and other agencies which maintain records about my history. These records include, but are not limited to, driving, credit, criminal, and civil history. I authorize any party or agency contacted by WTC Backgrounds & Drug Testing, Inc. to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

1645 PALM BEACH LAKES BLVD. ♦ SUITE 1200. ♦ WEST PALM BEACH, FLORIDA ♦  
 33409 OFFICE: 561-207-2103 ♦ FAX: 561-370-6850 ♦ [WWW.WTCBACKGROUNDS.COM](http://WWW.WTCBACKGROUNDS.COM)  
 \*\*\*PLEASE SUBMIT EMAILED REQUESTS TO: [REPORTS@WTCBACKGROUNDS.COM](mailto:REPORTS@WTCBACKGROUNDS.COM)\*\*\*

\* separate form needed for each occupant

DISCLOSURE AND AUTHORIZATION AGREEMENT  
REGARDING CONSUMER REPORTS

**DISCLOSURE**

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for employment with the employer.

**AUTHORIZATION**

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheckUSA with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated during your time of employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

**READ, ACKNOWLEDGED AND AUTHORIZED**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check the box.