

River Dance Condominium Association, Inc.

808 Third Avenue West, Suite #100

Bradenton, Florida 34205

941-747-8702

River Dance Condominium Association is a residential family condominium. To make living at River Dance a mutually satisfying experience, the Board of Directors based on the Declaration of Condominium and the Association By-Laws, has established Rules and Regulations. These rules are enforceable since they form a part of the Owner's original condominium contract.

Each proposed adult occupant, other than a husband and wife or parent and dependent child (which is considered one applicant) must complete the attached application and authorization forms in their entirety. If any question is not answered or left blank, the application will be returned, not processed and not approved.

1. Attach a copy of the sales contract or lease to this application.
2. Attach a non-refundable processing fee of \$100.00 payable to **River Dance Condominium Association**. The Association is allowed up to thirty (30) days to process this application
3. The seller/landlord must provide the prospective purchaser/tenant with a copy of the association Documents and Rules and Regulations. If you need to purchase them from the Association, the cost is \$25.00.
4. Use of this Unit is for single-family residence only.
5. No commercial vehicles, ¾ ton trucks or larger, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, etc. are permitted on property for more than four hours.
6. Moving of furniture is not permitted on Sundays or evenings. Hours for moving are from 8:00a.m. to 4:30 p.m. Monday through Saturday. The service elevator must be reserved through the office.
7. Residents must wear shoes and a cover-up when walking through the building.
8. I agree to apply for any Unit renovations via the Management office and abide by the Contractor Guidelines.
9. **Lessees are permitted only one pet and they must be under 30 pounds. Guests are not permitted to bring pets on property.** Owners are permitted two common household pets per Unit. Aggressive breeds are not allowed. Exotic pets are not permitted.
10. Purchaser understands that assessments to the Association are due Quarterly. The Association charges late fees on all delinquent payments. The current Owner is responsible to provide the Purchaser with the payment coupon book.
11. Current Owner is to provide Purchaser/Tenant with all door, gate and access fobs assigned to his/her Unit. New Owner/Tenant may purchase additional fobs or access remotes from Management.
12. There will be a \$100 Non-Refundable and \$200 Refundable **Move in AND Move-Out** fee for all moves. These fees are payable no less than 3 days before a scheduled move. The refundable fee will be returned within 12 days of the move, after it has been determined that no damage has been done to the common elements.

13.

I agree to abide by all of the restrictions contained in the association Documents, Rules and Regulations and any restrictions that are or may in the future be imposed by River Dance Condominium Association. I agree to be governed by the River Dance governing Documents.

APPLICANT _____

APPLICANT _____

DATE _____

DATE _____

808 3rd Avenue West, Suite 100 • Bradenton, Florida 34205 • (941)7 47-8702 • fax (941) 747-8072

Riverdancemgr@apmanagement.net

March 13, 2018

Application for RIVER DANCE CONDOMINIUM ASSOCIATION, INC.
 Unmarried Co-Applicants Fill Out A Separate Application. Do not leave any blank spaces. Please use black ink

Name _____ SS# _____ - - - - - DOB _____ / _____ / _____
Last First MI Jr. Sr., Prior

Spouse _____ SS# _____ - - - - - DOB _____ / _____ / _____
Last First MI Maiden

Drivers License # _____ ST _____ Spouse's Drivers License # _____ ST _____

Other _____
Name Relationship Age SS# Name Relationship Age SS#

Occupants _____
Name Relationship Age SS# Name Relationship Age SS#

Home Phone (_____) _____ Why Moving? _____

Present Address _____
Street Apt. # City State Zip Code

Present Landlord/ Mortgage Holder _____ Phone (_____) _____

Length of Residence: _____ / _____ To _____ / _____ Monthly Rent/Mortgage \$ _____ Mortgage Acct. # _____
Mo. Yr. Mo. Yr.

Previous Address _____
Street Apt. # City State Zip Code

Previous Landlord/ Mortgage Holder _____ Phone (_____) _____

Length of Residence: _____ / _____ To _____ / _____ Monthly Rent/Mortgage \$ _____ Mortgage Acct. # _____
Mo. Yr. Mo. Yr.

Present Employer _____ City & St. _____ Phone (_____) _____

Position _____ Dates Employed _____ / _____ To _____ / _____ Income _____ Per _____ Mgr. _____
Mo. Yr. Mo. Yr.

Previous Employer _____ City & St. _____ Phone (_____) _____

Position _____ Dates Employed _____ / _____ To _____ / _____ Income _____ Per _____ Mgr. _____
Mo. Yr. Mo. Yr.

Spouse Present Employer _____ City & St. _____ Phone (_____) _____

Position _____ Dates Employed _____ / _____ To _____ / _____ Income _____ Per _____ Mgr. _____
Mo. Yr. Mo. Yr.

In Case of Emergency Notify _____
Name Relationship Address Phone Number

Have you ever had an eviction filed or left owing money to an owner or landlord? Applicant: Yes ___ No ___ Spouse: Yes ___ No ___

Have you ever applied for residency in the past 2 years, but did not move in? Applicant: Yes ___ No ___ Spouse: Yes ___ No ___

Have you ever had an adjudication withheld or been convicted of a crime? Applicant: Yes ___ No ___ Spouse: Yes ___ No ___

If you have answered yes to any of the above questions please explain the circumstances regarding the situation on back of this sheet.

AUTHORIZATION OF RELEASE OF INFORMATION Applicant(s) represents that all of the above information and statements on the application for rental are true and complete, and hereby authorizes an investigative consumer report including, but not limited to, residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. This application must be signed before it can be processed by management. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State.

NON-REFUNDABLE APPLICATION FEE - Applicant(s) agree to pay \$ 100.00 for a non-refundable application processing fee.

RESERVATION FEE AGREEMENT - Applicant has paid a "reservation fee" of \$ _____ in consideration of taking the dwelling unit off the market while considering the approval of this application. If applicant(s) is approved and the contemplated lease is entered into, then on the day of move in the fee will be credited towards payment of the security deposit amount of \$ _____. If the applicant(s) is approved but fails to promptly enter into the contemplated lease or fails to move in on the agreed upon date, the reservation fee will be retained by owner as liquidated damages. The reservation fee will only be refunded if the applicants cancel this application with written notice within _____ hours, or if application is not approved; refunds will be sent via mail within 30 days of cancellation. This application is preliminary only and does not obligate owner or owner's agent to execute a lease or deliver possession of the proposed premises. No oral agreements have been made.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____

BROWN'S BACKGROUND CHECKS
CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER
River Dance Condominium Inc.

I understand that you may obtain consumer reports that relate to my credit and/or criminal history. This information will, in whole or in part, be obtained from AISS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal, state and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my credit and/or criminal history. This information will be reviewed by the Association and may be reviewed by a unit owner if it's a rental.

I authorize, without reservation, any party, institution, or agency contacted by AISS to furnish the above mentioned information:

Applicant Name Date of Birth* Social Security Number
*Date of Birth is requested in order to obtain accurate retrieval of records. If International please provide
Passport Number

Co-Applicants Name Date of Birth Social Security Number
If International please provide
Passport Number

Alias/Previous Name(s)

Current Physical Address City & State Zip code

California, Minnesota & Oklahoma Applicants Only: Please check here to have a copy of your consumer report sent directly to you.

Notice to CALIFORNIA Applicants
Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

SIGNATURE _____ DATE _____

Co-Applicant
SIGNATURE _____ DATE _____

RIVER DANCE CONDOMINIUM ASSOCIATION, INC.

**REQUEST FOR ASSOCIATION APPROVAL OF
UNIT SALE OR TRANSFER**

RIVER DANCE CONDOMINIUM ASSOCIATION, INC. must issue written approval for any sale, transfer, rental or lease of a unit. The following information must be submitted to the Association prior to issuance of approval. The Association has thirty (30) days to review all completed approval requests. Requests for Association approval must be complete with all required information and attachments.

INCOMPLETE REQUESTS WILL NOT BE SUBMITTED FOR REVIEW.

Unit #: _____ Current Owners: _____

Mailing Address: _____

City/State/Zip Code: _____ Telephone: _____

Name(s) of Purchasers: _____

(include names of all persons who will appear on the deed)

Other Occupants of unit: _____

(include names of other persons who will reside in the unit)

Unit is to be used as: Full-time residence Part-time residence Rental unit Undecided

Pet information: How many? _____ Type/description _____

(important... limitations are in effect for breed of pets. See pet restrictions in Declaration for details)

Purchaser's Current Address: _____

City/State/Zip Code: _____ Telephone: _____

Sales Agent (if applicable) _____ Company: _____

Address: _____ Telephone: _____

Anticipated Date of Closing: _____

PERSONAL REFERENCES - INCLUDE ONE IN LOCAL AREA IF POSSIBLE

Name _____ Address _____ Telephone _____

Name _____ Address _____ Telephone _____

(over)

River Dance Condominium Association.

River Dance Owner Information

Please complete this information packet and return it to the Building Manager without delay. This information will be used by the River Dance Condominium Association to communicate with you, to administer your account, and to maintain control of vehicles on Association property. It will only be used for Association business and will not be given to unauthorized individuals without your approval.

Owner acknowledges receipt of a copy of the Owner Information Packet, including Association Documents and copy of the Rules & Regulations.

Owner's Signature _____ Date _____

General Ownership Information

Unit Number _____ Owner First Name(s) _____
How you want your mail to be addressed: John, J., John & Mary, J & M, etc.

Owner Last Name _____
Primary owner, or designated "Voting Owner" in co-owned apartments

Title _____
How you would like to be addressed in mailings: Examples: Mr., Mrs., Mr. & Mrs., Ms., Dr., Drs, Dr & Mrs., etc. If you prefer your mail to be addressed in the form of 'John & Mary Jones' please leave the Title block blank.

Who is the Designated Voting Owner (for condominium proxies, voting and elections)?

Only one owner-voter may be named for each apartment: _____

Permanent Mail Address _____
Correspondence will be sent to this address. If you are a seasonal resident, be sure to file a change-of-address with the USPS so your mail will follow you. If you want invoices sent to a separate address, see Third Party Billing option.

City _____ State _____ Zip/Postal Code _____

Home Phone _____ Alternate Location Phone _____
Your main phone, where you can usually be reached Vacation home, work, etc. - specify

Fax, Pager _____ Email Address _____

Emergency Contact

Include phone number (with area code), name, relationship, city
Owner Status (check one): Full-time _____ Part-time _____ Leases Apartment _____

Co-Owner _____
Complete this if the Primary Owner shares ownership with an individual having a different family name, or who does not also reside in the unit. Married couples that own a unit together in joint tenancy need not list the name of their non-voting spouse.

Relatives may stay unaccompanied in your apartment, and because of their relationship, are not required to pay a Renter Application Fee. "Relatives" are defined as parents, grandparents, children, grandchildren, brothers, sisters, in-laws, nephews, nieces, aunts and uncles. You must provide the apartment keys and key card to them, and you are responsible for their actions, including any damages to Association property attributed to them. They may not bring pets into the building or on the Common Elements, and must register with the Management Office immediately upon arrival. List your qualifying relative names and relationship:

River Dance Condominium Association.

Optional Third Party Billing - Billing and Invoicing To Be Sent to a Third Party - If you want invoices and bills sent to a third party (property manager, bill pay service, etc.) please indicate the address here. All other correspondence will continue to be sent to your Permanent Mail Address. Using a "bill-to" intermediary does not relieve you of the responsibility for on-time payment of bills and assessments. Invoices will bear no special handling instructions other than your name and unit number. You are responsible for making arrangements with the bill payer to accept the invoices, and to remit the full amount of all invoices received in your name.

Name of "Bill To" Organization

Bills, invoices, assessments will be sent here.

Address _____ **City** _____

State _____ **Zip/Postal Code** _____

Unit Information

Unit Number _____

Purchase Date _____ **Initial Sale, or Resale?** _____

Apartment Square Feet _____ **Quarterly Assessment** _____
Office can complete if not known

Mail Box number - Is the same as your unit number

Storage Unit Number - Check your closing documents

Appliance Service Company _____

Include phone number, service plan account number. Implies you approve the release of key you provide to the Office.

Cleaning Service

Show the cleaning service that is authorized to enter your apartment in your absence. Keys may only be released to cleaning and service organizations.

Apartment Inspection Service

Outside entity or individual that checks your apartment in your absence. Keys may only be released to cleaning and service organizations.

Pets

Species, names and ages of all domestic pets. Owners may have two pets per Unit. Renters may have only one pet.

River Dance Condominium Association.

Vehicle and Parking Space Information

Please complete a separate Vehicle Information form for each vehicle you own. Parking spaces do not need to precisely match a specific vehicle, but it's important that each vehicle and each parking space be registered to your Unit. If you only have one parking space, it's OK to enter it for each vehicle you have.

Apartment Number _____ Vehicle Make _____
Ford, Volvo, etc.

Vehicle Model _____ Vehicle Color _____
SUV, convertible, sedan, etc

License Tag* _____ State* where tag was issued _____

Parking Space Numbers: _____

Use this for a **second** vehicle and/or second parking space:

Please complete a separate Vehicle Information form for each Parking Space and Vehicle you own. Parking spaces do not need to precisely match a specific vehicle, but it's important that each vehicle, and each parking space be registered to your apartment. If you only have one parking space, it's OK to enter it for each vehicle you have.

Apartment Number _____ Vehicle Make _____
Ford, Volvo, etc.

Vehicle Model _____ Vehicle Color _____
SUV, convertible, sedan, etc

License Tag* _____ State* where tag was issued _____

Parking Space Number – Is the same as your Unit Number

Use this for a **third** vehicle and/or parking space

Apartment Number _____ Vehicle Make _____
Ford, Volvo, etc.

Vehicle Model _____ Vehicle Color _____
SUV, convertible, sedan, etc

License Tag* _____ State* where tag was issued _____

***It is very important to include the current License Tag and State for each of your vehicles and to keep this information current, since unidentified vehicles found in the parking garage are subject to being towed at the owner's expense.**

ACKNOWLEDGMENT OF RECEIPT OF DOCUMENTS

I (We) have received, and agree to abide by, the Condominium Documents of **River Dance, A Condominium** which consist of the Declaration of Condominium, Articles of Incorporation, By-Laws, Rules & Regulations, all amendments thereof, as well as the conditions set forth herein. I (We) further certify the information provided in this request for Association approval is complete and correct to the best of my (our) knowledge.

Purchaser's
Signature _____ Date: _____

Purchaser's
Signature _____ Date: _____

This request for approval of sale or transfer has been submitted to **River Dance Condominium Association, Inc.** by the Unit Owner. After processing, a copy of the executed approval form will be returned to the current owner.

Current Owner's Signature _____ Date: _____

Return this completed form to:
River Dance Condominium Association, Inc.
808 Third Avenue West
Bradenton, FL 34205

RIVER DANCE CONDOMINIUM ASSOCIATION, INC.	
Approved: _____	Disapproved: _____
By: _____	
Title: _____	
Date: _____	

River Dance Condominium Association
Resident Directory Authorization Form

The following information about you will appear in our resident directory which is only distributed to River Dance residents.

Owner Name(s): _____

Unit: _____

Address: _____

(River Dance Address **ONLY**)

By supplying the following information, I am authorizing River Dance Condominium Association to publish the following personal information in the Resident Directory which is only distributed to River Dance residents upon their request:

Telephone: _____

Cellular: _____

Mailing Address: _____

E-Mail: _____

Signature _____

Signature _____

Date _____

ATLANTIC PACIFIC

MANAGEMENT PET REGISTRATION FORM

Resident Name: _____ Unit #: _____

Phone: _____ Work Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Address of Contact: _____

Phone: _____ Work Phone: _____ Email: _____

Description of Pet:

Name: _____ Color: _____ Age: _____

Breed(s): _____ Height: _____ Weight: _____
(If considered a mix breed, please specify all applicable)

Additional Markings/Information: _____

Required Documentation:

Photo of Pet Veterinarian Records

I/we the undersigned do hereby certify that I/we know and understand the Pet Policy and hereby agree to abide by the rules and regulations stated in the lease.

Applicant Signature Date

Applicant Signature Date

FOR OFFICE STAFF ONLY

FOR OFFICE STAFF ONLY

Forms must be completed in full with all required documentation attached.

Accepted by: _____ Date: _____

ATLANTIC PACIFIC

MANAGEMENT PET REGISTRATION FORM

TO BE COMPLETED BY VETERINARIAN

TO BE COMPLETED BY VETERINARIAN

Pet Owner: _____ Last Date of Visit: _____

Address: _____

Description of Pet:

Name: _____ Color: _____ Age: _____

Breed(s): _____ Height: _____ Weight: _____
(If considered a mix breed, please specify all applicable)

Date of Last Rabies Shot: _____ Projected Weight at Full Growth: _____

Additional Markings/Information: _____

Vaccination History (Type/Expiration Date)

Veterinarian Contact Information:

Printed Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Veterinarian's Signature

Date