

Rosewood Condominium Association, Inc.

c/o Real One Property Management
www.RealOnePropertyManagement.com/contact

Real One Property Management
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APPLICATION FOR NEW RESIDENT

OFFICE USE ONLY

Unit Number: _____

Rent: _____ Purchase: _____ Application date: _____

Pending Document? _____ to be submitted: _____ days after "Application date" above.

Background report date: _____ BOD reception of Application: _____

Check List:

Receipt of Governing Documents

**ONLY FOR BUYERS
One Copy per Applicant**

MARK HERE

Governing Documents: Buyer acknowledges receiving a current copy of the

- 1- Declaration of condominium or Declaration of Covenants.
- 2- Articles of incorporation
- 3- Bylaws
- 4- Rules of the association
- 5- Copy of the Approved Budget for current year
- 6- Frequently asked questions and answers document
- 7- If applicable: Parking Restrictions and Management information.

Applicant Name

Applicant Signature

Date

COMMUNICATION STATEMENT

**ALL APPLICANTS - BUYERS AND TENANTS.
One Copy per Applicant**

I, _____ certify that the following email is correct and I have full access to such email and full authority to receive any communication from the Association or Management Company in regards to this application. I am aware any contact, such as but not limited to approval, denial, or request of the additional documents, will be sent to the email below.

Email: _____

Contact Phone: _____

Applicant Name

Applicant Signature

Date

CONSENT TO RECEIVE ELECTRONIC NOTICES

**PURCHASER ONLY
One Copy
Per Applicant**

NORTH HAMPTON COURT ASSOCIATION, INC.

We would like to take this opportunity to request your completion of the information below. The purpose of this is to confirm that we have the most accurate information on file.

We would also like to have your written consent to send you Notices and other information. Per Florida Statutes, we must obtain your approval. The Board and Management staffs thank you in advance for your cooperation.

Name: _____

Property Address: _____ S.E. _____ Unit # _____ Pompano Beach FL 33360

Mailing Address (If different from address above): _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Alternative Phone: _____

Cell Phone: _____

Emergency Contact Name: _____ **Phone:** _____

E-MAIL ADDRESS(S):

Primary Email: _____

Alternative Email: _____

I agree to accept electronic transmission of all Association information. (Please check one)

YES _____ **NO** _____

Signature: _____ **Date:** _____