



INFORMATION REGARDING APPLICATION & ADDITIONAL ITEMS THAT MUST ACCOMPANY THIS APPLICATION PACKET FOR APPROVAL (IF APPLICABLE)

Purchase OR Lease

- Purchase & Sales Contract fully or
- Executed Lease Agreement (*No Domicile Residency in Leased units*) only those listed as Tenant or Lessee will be considered for approval.
- Government issued picture ID showing Date of Birth
Driver's License, Birth Certificate, Passport, Immigration Card, Military ID, or any government issued picture ID/document showing date of birth.

Domicile Residency

(Non-owner residing as their primary address with the owner on a full-time basis and is not financially responsible for the property.)

- Letter of Domicile
- Domicile Status Acknowledgement Form
- Government issued picture ID showing Date of Birth
Driver's License, Birth Certificate, Passport, Immigration Card, Military ID, or any government issued picture ID/document showing date of birth.

Change of Ownership (Inheritance/Quit Claim)

- Government issued picture ID showing Date of Birth
Driver's License, Birth Certificate, Passport, Immigration Card, Military ID, or any government issued picture ID/document showing date of birth.
- Recorded Document showing change of ownership.

APPROVAL CONTINGENCY

- **ALL ID CARDS ISSUED MUST BE RETURNED TO THE TO THE CLUBHOUSE OR LOST ID FEE OF \$150 PAID FOR EACH LOST ID.**
- **ALL MAINTENANCE FEES MUST BE CURRENT.**
- **NO PERSON UNDER THE AGE OF 18 MAY RESIDE IN ANY UNIT IN KINGS POINT.**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED



RESIDENT APPROVAL FORM

PURCHASE LEASE LEASE RENEWAL DOMICILE INHERITANCE

COMMUNITY: _____
PROPERTY ADDRESS: _____
BUILDING: _____ UNIT # _____

OWNER & APPLICANT INFORMATION

Name of Current Owner(s): _____
Owner (s) Phone Number: _____
Name of Applicant: _____ Phone: _____
Name of Applicant: _____ Phone: _____
*** ARE ANY APPLICANTS UNDER THE AGE OF 55? YES** **NO**
Sale Price \$ _____ (or) Monthly Lease: \$ _____
Closing: _____ (or) Term of Lease: _____

PROPERTY MANAGEMENT

Management Company: _____
Contact Name: _____ Phone: _____

TO BE COMPLETED BY JUDA, ESKEW & ASSOCIATES

Recreation Maintenance Fees: PAID TO DATE: YES NO
Outstanding Amount DUE: \$ _____ In Collections: _____
Clubhouse Agreement for Deed: _____ (or) No Agreement for Deed _____
Date Paid in Full _____ (or) Date of Last Payment: _____

Signature - Juda, Eskew Representative Date Checked

KINGS POINT IN TAMARAC, INC. (ONLY)

Number of ID's Issued: _____ Returned: _____ Paid Lost ID Fee \$ _____
 APPROVED **DENIED** **REASON FOR DENIAL - #** _____ *(See next page)*

Kings Point Associate Kings Point Authorized Representative

REASON FOR DENIAL

1. **CLUBHOUSE ID NOT RETURNED** – (All outstanding Clubhouse ID cards issued to a unit must be surrendered to KPIT prior to approval, A lost ID fee of \$150.00 per outstanding card can be paid for each outstanding card)
2. **OUTSTANDING MAINTENANCE BALANCE** - (KPIT will not sign the approval form until maintenance fees are current)
3. **UNIT CLOSED WITHOUT KPIT APPROVAL.**
4. **UNIT CLOSED -NO ESTOPPLE ORDERED.** - (Maintenance outstanding will be charged to new owner)
5. **AGE RESTRICTIONS** - One occupant over the age of 55 must occupy/reside in unit at all times.)
6. **ONLY 2 PERSONS PER BEDROOM ARE ALLOWED TO RESIDE**
(According to City of Tamarac and Neighborhood Documents)
7. **NON-RESIDENT STATUS** – (**For Owners ID**) (The Recreation Facilities are for the members who are in residence, If no one in residence owner must live more than 25 miles from unit to receive ID)
8. **DOMICILE RESIDENTS ARE NOT ALLOWED IN LEASED UNITS** (Only persons listed on lease will be eligible for approval)
9. **REMAINDERMAN** – (A remainderman stands to inherit property upon the termination of the Life Estate)
10. **REQUIRED DOCUMENTATION NOT RECEIVED**
11. **AGREEMENT FOR DEED NOT PURCHASED**
12. **DOMICILE REQUIREMENTS NOT MET** - (Non-permanent resident status)



CONDOMINIUM/HOMEOWNERS ASSOCIATION APPROVAL FORM

This is to certify that *(name of applicant(s))* _____ has/have been approved by the _____ Homeowners Association or Condominium Association Bldg. ___ Association, an Incorporated Association, as () Purchaser () Lessee () Renewal () Domicile () Inheritance. A background and credit check (if required) was conducted with satisfactory with results.

Such approval is given pursuant to the provisions of the Declaration of Condominium of such Condominium this ____ day of _____, 20__.

By: _____
President or Director

Print Name

Attested by: _____
Secretary

Print Name

**STATE OF FLORIDA:
COUNTY OF BROWARD:**

Before me, the undersigned authority, personally appeared _____ and _____ who is well known to be the persons described in and who executed the foregoing instruments as Director of _____, an incorporated association, and they severally acknowledge before me that they executed such instrument as such officers of said Association and that was executed for the purpose therein expressed.

Witnessed my hand and official seat at said County and State this _____ day of _____, 20__.

My commission expires:

Notary Public,
State of Florida at Large



AGE VERIFICATION FORM

The following information must be furnished by each Kings Point in Tamarac home so that we can monitor the percentage of residences occupied by at least one person 55 years of age or older. This is in order to preserve the status of Kings Point in Tamarac as a community of housing for older persons in accordance with Kings Point in Tamarac documents and the Federal Housing Act.

Neighborhood: _____ Building/Unit: _____

Address: _____

NEW OWNER(s)-or-LESSEE(s) as it will appear on the **WARRANTY DEED or LEASE:**

Name: _____ Date of Birth: _____ Age: _____

Name: _____ Date of Birth: _____ Age: _____

Name: _____ Date of Birth: _____ Age: _____

OTHER OCCUPANT (s), if any other than those enumerated above:

Name: _____ Date of Birth: _____ Age: _____

Name: _____ Date of Birth: _____ Age: _____

Name: _____ Date of Birth: _____ Age: _____

The undersigned certify that the above information is true and correct and that within fifteen (15) days after any changes, the undersigned will notify the Kings Point in Tamarac Clubhouse Office of such changes in writing.

COPY OF AGE VERIFICATION NEEDED:

A copy of one of the following documents for **everyone listed above** is required to accompany this form to verify that at least one occupant is 55 years of age or older: Driver's License, Birth Certificate, Passport, Immigration Card, Military ID, or any government issued ID/document showing date of birth.

Occupant confirming to the truthfulness and veracity of the above information:

Printed Name

Signature

Date



INSERT GOVERNMENT ISSUED PICTURE

ID SHOWING DATE OF BIRTH

Driver's License, Birth Certificate, Passport, Immigration Card, Military ID, or any

Government Issued Picture ID/Document Showing Date of Birth.



INSERT FULLY EXECUTED PURCHASE & SALES AGREEMENT

OR

EXECUTED LEASE OR LEASE RENEWAL



DOMICILE STATUS ACKNOWLEDGEMENT FORM

ID CARD REQUIREMENTS FOR KPIT DOMICILE RESIDENT (NON-OWNER)

Kings Point in Tamarac is an Age Restricted Community and at least one (1) person 55 years of age or older must be a permanent occupant of a home whenever any person occupies such home. Persons under the age of 55 years but more than 18 years may occupy and reside in a home as long as one of the permanent occupants is 55 or older. (KPIT Amended and Restated Agreement for Deed Provisions 11/26/04)

A Domicile resident is neither a lease holder or owner but is defined as a person residing in the unit full time as their primary address together with the owner(s) and is not financially responsible for the property.

- 1) All applications for Domicile (non-owner) resident must include the following executed copies for KPIT to process the approval:
 - a) **Resident Approval Form**
 - b) **Condominium Association Approval Form**
 - c) **Letter of Domicile Form**
 - d) **Domicile (non-owner) Status Acknowledgement Form**
 - e) **Verification Form”(together with Government photo ID showing birthdate)**

- 2) Proof of residency is required in the form of a valid Florida driver’s license, State identification card or voter’s registration card, showing the address of the Kings Point home where you will be residing.

Applicants who have completed the approval process but not yet changed their address on their ID documents, will be issued one temporary 30-day pass (free of charge), providing access to the recreation facilities while allowing time to make changes accordingly.

ACKNOWLEDGED & AGREED:

Signature-Applicant for Domicile Residency

Date: _____

Print Name

Signature-Applicant for Domicile Residency

Date: _____

Print Name



LETTER OF DOMICILE

Date: _____

This letter will confirm that (name) _____ will be a Domicile Resident in the neighborhood of _____, Building _____, Unit # _____ at the following address, _____ Tamarac, FL, 33321, as a Domicile Resident with the UNIT OWNER, _____.

Unit Owner

Signature

STATE OF _____

COUNTY OF _____

The foregoing Statement was sworn to and subscribed before me this _____ day of _____, (year) _____ by _____ for purposes therein expressed, and who did take an oath.

Notary Public

My commission expires on:
