

SOMERSET BAY CONDOMINIUM ASSOCIATION, INC.

c/o Elliott Merrill Community Management

835 20th Place, Vero Beach, FL 32960 ~ Phone (772) 569-9853 ~ Fax (772) 569-4300

NaomiL@elliottmerrill.com

Dear Prospective Buyer,

We are delighted that you have chosen to become part of our beautiful community!

Our office oversees the management of the **Somerset Bay Condominium Association**. Your dedicated management team will consist of:

Christopher Madsen – Community Association Manager

Naomi Loriston - Administrative Assistant to the Manager

Stacey Gugliemetti – Accounts Receivable

Please don't hesitate to reach out to us with any questions or concerns you may have.

Enclosed, you will find a New Buyer Packet for completion. Kindly return it to us so that we can prepare the necessary association documents for your closing. Following your closing, Board member **Denise Bozich, Somerset Bay BOD Secretary**, would be pleased to arrange a New Owner Orientation with you. If you are interested in participating, please contact Denise at denibo@live.com or (219) 808-5333 within 3 days of your closing.

We eagerly anticipate the opportunity to welcome you to our community!

Sincerely,

Christopher Madsen

Community Association Manager

Elliott Merrill Community Management

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Application for Purchase

NOTE: This application must be accompanied by a copy of the Real Estate Sales Contract and a processing fee of \$100 per person, inclusive of a background check. Please make payable to Somerset Bay Condominium Association, Inc. Please allow up to thirty (30) days for approval process. Prior to approval, the Association Board may require an interview of the applicant(s).

Building Address: _____ Unit Number: _____

Current Owner: _____

Name of Applicant: _____ DOB: _____

Phone: _____ Email: _____

Name of Co-Applicant: _____ DOB: _____

Phone: _____ Email: _____

Current Address: _____

Intent of Ownership: Full-time Resident Part-time Resident
(If part-time, please note the restrictions on Leasing in Rules and Regulations.)

Occupation: _____

Employer: _____

Address: _____

Names and Ages of all persons who will be residing in purchased unit: _____

Pets: Yes No #: _____ Type: _____
(Please note the restrictions regarding pets in the Rules and Regulations.)

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Applicant's Club Affiliations (past and present):

1. _____

2. _____

Co-Applicant's Club Affiliations (past and present):

1. _____

2. _____

Applicant's Personal References (local if possible):

Name: _____ Phone: _____

Email: _____

Name: _____ Phone: _____

Email: _____

Co-Applicant's Personal References (local if possible):

Name: _____ Phone: _____

Email: _____

Name: _____ Phone: _____

Email: _____

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Business References (include current banking references):

Name: _____ Phone: _____

Address: _____

Email: _____

Name: _____ Phone: _____

Address: _____

Email: _____

I authorize the Somerset Bay Condominium Association to contact any and all of the above provided references for the purpose of acting on this application.

Applicant's Signature

Date

Co-Applicant's Signature

Date

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Acknowledgement of Receipt and Compliance Agreement Somerset Bay Condominium Association, Inc.

I have read, understand and agree to abide by the terms and provisions of the governing documents of the Somerset Bay Condominium Association, Inc. including the Declaration of Condominium, the Articles of Incorporation, the Bylaws, and the Rules and Regulations as amended from time to time and adopted pursuant to these documents.

Applicant's Signature

Date

Co-Applicant's Signature

Date

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Homeowner Questionnaire

Owner Name(s): _____

Account/Unit #: _____

Address #: _____

Local Phone Numbers:

Res: (____) _____ Cell: (____) _____ Work: (____) _____

~ Alternate Mailing Address (if different than property address) ~

Address: _____

City: _____ State: _____ Zip: _____

Res: (____) _____ Cell: (____) _____ Work: (____) _____

Email: _____

~ (Contact Person In Case Of Emergency) ~

Name (s): _____

Address: _____

City: _____ State: _____ Zip: _____

Res: (____) _____ Cell: (____) _____ Work: (____) _____

Email: _____

Do you wish to be listed in a Resident Directory if published? Yes: _____ No: _____

Should your email address be included in a Directory if published? Yes: _____ No: _____

PLEASE RETURN THIS FORM TO OUR OFFICE.

Please be sure to inform our office anytime your mailing address changes.

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Consent to Receive Notices Via Electronic Transmission

In order for the Association to send via email, notices that would otherwise require regular postal mailing, the Association must receive and keep in the records this written consent form. Therefore, the board requests that you sign and date this document and send it via regular mail, certified mail, other commercial delivery service, fax message, email attachment, or hand delivery to:

Somerset Bay Condominium Association, Inc.
c/o Elliott Merrill Community Management
835 20th Place, Vero Beach, FL 32960
NaomiL@elliottmerrill.com

I/we, _____, owner(s) of _____ consent to receive via electronic transmission all and any documents, notices, or invoices that the board of association may elect to send to me, or is otherwise required to send to me as an owner.

The email address(es) to use for those notices is/are:

_____ @ _____
_____ @ _____

I/we agree to notify the Association if at any time there is a change in my/our email address, but such notification of a new address shall not constitute a revocation in the electronic consent.

I/we understand that I/we may revoke this consent at any time by delivering in the same manner as this consent my/our written and signed instruction to revoke consent. I/we also understand that should the board of the association experience two consecutive unsuccessful attempts to send any notice, that such experience constitutes an automatic revocation of my/our consent.

Signature

Date

Signature

Date

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.

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) _____ Children (under 18) _____

Names & ages of children who will occupy: _____

Description of Pets (Breed, Size, Color, Weight, Etc.) _____

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

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 _____