

Westwinds Village, INC.

APPLICATION FOR SALE AND/OR TRANSFER

Welcome to Westwinds Village! Thank you for choosing to make your home with us.

Please remember that the purchase of a share in a Resident Owned Cooperative involves transfer of both real property and personal property and must be handled by an attorney or a title insurance company. Three items must be prepared and completed to make your sale/transfer complete. They are: (1) the assignment of the Proprietary Lease; (2) the transfer of the Membership Share Certificate; and (3) obtaining new Title Certificates (Manatee County Tax Collector). Please note: Under no circumstances can a Cooperative Share be transferred simply by transferring the mobile home title certificate only.

The choice of a closing agent is ultimately yours, however the park has effectively and most often worked with the attorney listed below. If you choose another attorney or title agent, your closing agent will still need to contact Attorney Mary Hawk for transfer of the Westwinds Village Membership Share Certificate. Please remember that all sales and transfers should include a Title Insurance Policy for your protection.

Mary R. Hawk
Becker & Poliakoff
12140 Carissa Commerce Ct. Suite 200
Fort Myers, FL 33966
Phone number: 941-957-2994
Fax: 941-907-0080
Email: MHawk@beckerlawyers.com

To begin the purchase of your share and obtain a Westwinds Village Proprietary Lease, please find, attached, the documents necessary to buy or transfer your share and property.

- **A Westwinds Village, INC. Application for Sale/or Transfer of Share**
- **A background Check Application is required without exception. This form must be completed, signed, and returned with a nonrefundable fee of \$50 per person (married couples pay \$50, singles pay \$50 each).**

Please return the original Application for Sale and/or Transfer of Share, the Background Check Application to Westwinds Village along with the \$50 fee, and a copy of a valid Driver's License, Identification Card, Or Passport, etc... We will be happy to make a copy for you.

All applications must be turned in a minimum of 14 days prior to closing, for adequate time for approval. Should you have any questions, Please do not hesitate to call our office at 941-756-7411. We are here to help!

5316 53rd Avenue East, Bradenton, Florida 34203 Phone: (941)756-7411 and Fax: (941)756-1333

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)

Apt. No. _____ Bldg No _____ Special Address or Unit _____ Purchase _____ or Lease _____ (How long)

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: _____

PRINT OR TYPE (Use Black Ink)

RESIDENCE HISTORY

Name Address Telephone

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 _____

(Continued on Back)

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 _____