

COUNTRYSIDE VILLAGE CONDOMINIUM ASSOCIATION, Inc

c/o: MORVALUE MANAGEMENT CORP.
6625 Miami Lakes Drive, Suite 429
Miami Lakes, FL 33014
PH (800) 880-1968 • FAX (305) 974-1488
Email: Betterservice@Morvalue.com

BUSINESS ENTITY PURCHASE APPLICATION

Date: _____

Name of Applicant(s) who will sign contract

Address of the Property to be Purchased/Rented at COUNTRYSIDE VILLAGE CONDOMINIUM ASSOCIATION, Inc

PLEASE READ CAREFULLY

MorValue is the Management Company for the "Association" where you are applying for residency. All information with regards to sales, transfers, and leases of a unit is processed once the completed application and all necessary documentation is received. The outcome of the screening is reported to the Board of Directors of the Association who may or may not conduct interviews and is solely responsible for the final approval or denial. THIS IS TO INFORM YOU OF THE PROCEDURE FOR PROCESSING APPLICATIONS FOR PURCHASE OR LEASE SO THAT YOU CAN PLAN ACCORDINGLY. We strive to provide accurate and timely screening information to your association, and your cooperation in submitting complete information is imperative to the timeliness of this process. **This application will be not process unless the following items are attached.** Applications cannot be "RUSHED" due to the necessary steps required to process each application

- **OWNER/ TENANT OCCUPANCY IS LIMITED TO THOSE NAMES THAT APPEAR ON THE APPLICATION** ◀
- **OCCUPANCY PRIOR TO FINAL APPROVAL IS PROHIBITED** ◀
- **INCOMPLETE APPLICATIONS ARE NOT ACCEPTABLE** ◀

- **Money Order payable to: MORVALUE MANAGEMENT in the amount of: \$175.00 (\$100 Application Fee & \$75.00 Screening fee), Additional \$75.00 per person screening fee for each member of the company. (NO Company checks are accepted. Bank checks and money order only. All fees are Non-refundable)**
- **** \$600.00 for the Security Deposit for Common Areas Payables to: COUNTRYSIDE VILLAGE CONDOMINIUM ASSOCIATION, Inc (By-Laws 17.8)**
- **Application Package (6 pgs.) with the followings requirements for all applicants over 18 years of aged.**
- **Copy of Registration with the FL Department of State and Employer Identification Number.**
- **Business Financial statements (P&L and Balance Sheet) and Tax Return for the last 3 year in business.**
- **Three (3) business references. Business must be located in United States.**
- **Copy of Purchase Agreement.**
- **Sign all Rules and Regulation & Addendum attached to this application.**
- **Copy of Driver's License or other valid photo ID/ Non -Resident (Passport w visa) – for anyone 18+ years of age that is to reside in the unit. (Please provide each photo ID on a different sheet of paper)**
- **Copy of Vehicle Registration for each vehicle, up to the limit allowed in the Community's Rules & Regulations.**

APPLICATION PROCESS WILL NOT BE COMPLETED UNTIL ALL ASSESSMENTS ARE CURRENT

I agree with the above _____

Applicant

Co-Applicant

▶ **PLEASE ALLOW 15 BUSINESS DAYS TO PROCESS YOUR APPLICATION.** _____ (Initials)

OFFICE USE ONLY

RECEIVED BY _____ Date _____ Due By: _____

BUSINESS ENTITY INFORMATION FORM

Applicant Name: _____ Tax ID/EIN No. _____
As it will appear on the contract

DBA/Fictitious Name(s) _____

Business Address: _____

(City) (State) (Zip Code) (Business Phone)

Names of Officers/owners/partners:

Title: _____

Title: _____

Title: _____

Title: _____

If more space is needed please include separately.

HAVE ANY OF THE PRINCIPALS OF THE COMPANY EVER BEEN CONVICTED OF A CRIME? _____ YES _____ NO

IF YES, PLEASE EXPLAIN:

ARE THERE ANY PENDING LAW SUITS AGAINST THE COMPANY? _____ YES _____ NO

IF YES, PLEASE EXPLAIN:

***If the unit is to be occupied by a member of the business entity, an "Individual" screening application must also be completed as well. Please request the application if necessary.

Primary source of Business: _____

How many years in business: _____

Purpose/intended use of unit to be purchased: _____

Estimated term (length of time) of intended ownership: _____

BUSINESS REFERENCES – 3 Reference Letters Required

- 1. _____
(Name) (Work Phone No)
- 2. _____
(Name) (Work Phone No)
- 3. _____
(Name) (Work Phone No)

BANK REFERENCE: _____
(Bank Name) (Location)

(Type of Acct, checking, savings, other) (Account No.) (Phone No.) (Date Opened)

BANK REFERENCE : _____
(Bank Name) (Location)

(Type of Acct, checking, savings, other) (Account No.) (Phone No.) (Date Opened)

Authorization is hereby granted to COUNTRYSIDE VILLAGE CONDOMINIUM ASSOCIATION, INC , Inc. the Association, and MorValue Management Corp., as Agent, to investigate all information supplied on this application. A full disclosure of pertinent facts and findings may be made to the Association or MorValue Management, Co, as Agent, who are also authorized to obtain a credit rating through a credit reporting agency.

Signature of Business Representative Print Name & Title Date

Signature of Business Representative Print Name & Title Date

