

# **Island Dunes Oceanside 1 Condominium Association, Inc.**

**c/o Coastal Property Management**

**10 SE Central Parkway, Suite 400**

**Stuart, FL 34994**

**Office: (772) 600-8900 Fax: (772) 266-9801**

## **A NOTE TO OUR PROSPECTIVE NEIGHBORS**

The attached application for approval of purchase of a unit at Island Dunes Oceanside 1 is intended to give us an understanding of people interested in becoming our neighbors.

We take the role of neighbor very seriously here at Oceanside 1. We hope that you will find living here a special experience with people who know each other, respect each other and genuinely cherish a relationship that we feel really sets this building apart from many others.

We want to make sure that folks, interest in coming here and ones interested in becoming part of a great community and hoping to do their part in making the community even better.

We thank you for your time in filling out the required forms and stand ready to be as helpful as we can be in answering all your questions about your home.

More than that, we look forward to greeting you as our newest friends.

Whether you plan to be here all year or just seasonally, we think you will find the wonderful facilities, the beach, the country club, the staff and your new neighborhood an incredibly special place.

Thank you!

The Board and all your neighbors at Oceanside 1

**Island Dunes Oceanside 1 Condominium Association, Inc.**  
**c/o Coastal Property Management**  
**10 SE Central Parkway, Suite 400**  
**Stuart, FL 34994**  
**Office: (772) 600-8900 Fax: (772) 266-9801**

**Sales or Transfer Application Check List**

**All items must be submitted, or your application will not be processed.**

**This form must be submitted with all other necessary paperwork.**

**General submission requirements**

- Fully executed application
- Fully executed sales contract
- \$100.00 Application fee (non-refundable) – Please make check payable to **Island Dunes Oceanside 1 Condominium Association, Inc.**
- \$50.00 for Background Check (required) non-refundable) for **each applicant/occupant over 18 years of age.** Please make the check **payable to Island Dunes Oceanside 1 Condominium Association, Inc.**
- Two (2) personal letters of reference written by persons not related to the applicant-

**\*Payments are only accepted in the form of checks or money orders**

- Title Company Info for Sale/Purchase

- Company Name: \_\_\_\_\_
- Company Address: \_\_\_\_\_
- Company Phone: \_\_\_\_\_
- Company Email: \_\_\_\_\_

- Buyer's Realtor Info for Sale/Purchase

- Company Name: \_\_\_\_\_
- Company Address: \_\_\_\_\_
- Company Phone: \_\_\_\_\_
- Company Email: \_\_\_\_\_

- Seller/Current Owner Realtor's Info for Sale/Purchase

- Company Name: \_\_\_\_\_
- Company Address: \_\_\_\_\_
- Company Phone: \_\_\_\_\_
- Company Email: \_\_\_\_\_

- Certificate of Approval delivery option (Mark "X" by delivery option)

- \_\_\_\_\_ Mail original to Title Company and email copy to \_\_\_\_\_
- \_\_\_\_\_ Mail original to Buyer's Realtor and email copy to \_\_\_\_\_
- \_\_\_\_\_ Mail original to Seller's Realtor and email copy to \_\_\_\_\_

# Island Dunes Oceanside 1 Condominium Association, Inc.

## SALES or Transfer APPLICATION

c/o Coastal Property Management  
10 SE Central Parkway, Suite 400  
Stuart, FL 34994

The Association shall review the proposed application within thirty (30) days of receipt of required information, documents, and fees. Rush applications are processed within three (3) business days. Please ensure all required items are submitted as a complete package – incomplete packages will not be processed. **The application packet MUST be received and completed at least 12 business days prior to the screening date. Application must be approved by the Board of Directors. All applicants must attend the virtual screening committee meeting. The screening committee generally meets the 2<sup>nd</sup> and 4<sup>th</sup> Wednesday of each month at 4:00 PM.**

### APPLICATION INSTRUCTIONS

#### APPLICANT must submit:

- Completed Application (Application will not be processed without all signatures)
- Signed copy of Sales Contract
- **\$100.00 Application Fee** (non-refundable) made payable to: *Island Dunes Oceanside 1 Condominium Association, Inc.*
- **\$50.00 for Background Check** (required) (non-refundable) **for each applicant/occupant over 18 years of age.** Please make check payable to **Island Dunes Oceanside 1 Condominium Association, Inc.**
- **Pet application** Must be accompanied by copy of official record from veterinarian on veterinarian's letterhead showing breed, current weight, expected mature weight and current vaccinations.
- Clear copy of each applicant's current photo ID

**NOTE: A COPY OF THE WARRANTY DEED MUST BE FURNISHED TO COASTAL PROPERTY MANAGEMENT WITHIN 10 DAYS AFTER CLOSING**

\*Payments are only accepted in the form of checks or money orders

#### All items must be submitted as an entire packet to:

Coastal Property Management  
10 SE Central Parkway, Suite 400 Stuart, FL 34994

Or Island Dunes Oceanside 1 Property Managers Office  
8880 South Ocean Blvd, Jensen Beach, Florida 34957

Thank you in advance for your cooperation in following this process. If you have any questions, please call:

**Coastal Property Management – (772) 600-8900**

## SALES or TRANSFER APPLICATION

Date of Application \_\_\_\_\_ Closing Date: \_\_\_\_\_

Property Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Will this be a year-round home? \_\_\_\_\_ Seasonal: \_\_\_\_\_ Rental Property: \_\_\_\_\_

**NAME(s) OF APPLICANT:** \_\_\_\_\_ Email: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address: \_\_\_\_\_ Do you own \_\_\_\_\_ Rent \_\_\_\_\_

If less than 3 years, previous address: \_\_\_\_\_

If currently renting, please not landlords name, address, and phone # \_\_\_\_\_

Cell phone: ( ) \_\_\_\_\_ Home phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

**CO-APPLICANT:** \_\_\_\_\_ Email: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone: ( ) \_\_\_\_\_ Home phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

**NUMBER PEOPLE WHO WILL BE RESIDING AT THE HOME** \_\_\_\_\_

### OCCUPANTS RESIDING AT RESIDENCE

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ AGE \_\_\_\_\_

### VEHICLE(S) RESIDING AT RESIDENCE

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ YEAR \_\_\_\_\_ TAG # \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ YEAR \_\_\_\_\_ TAG # \_\_\_\_\_

### EMPLOYMENT HISTORY

CURRENT EMPLOYER \_\_\_\_\_ JOB TITLE \_\_\_\_\_ HOW LONG \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

EMPLOYER PHONE \_\_\_\_\_

CO-APPLICANT'S CURRENT EMPLOYER \_\_\_\_\_ JOB TITLE \_\_\_\_\_ How long \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_ EMPLOYER PHONE \_\_\_\_\_

## PET APPROVAL REQUEST

Must be completed for all unit owners

No pets shall be permitted unless approved in writing by the condominium association. **Only one (1) pet shall be permitted to reside in any one (1) unit.** No pets are permitted in any part of the common elements or pool area, unless the pet is carried by the owner or in an enclosed pet carrier. Outside of the building pets must be leashed. The condominium association shall not approve any pet which when fully grown is reasonably anticipated to weigh more than thirty (30) pounds. If any pet becomes annoying to other unit owners by barking or otherwise, the unit owner in whose unit the pet is kept shall immediately cause the problem to be corrected. If the problem is not corrected after written notice from the condominium association, the unit owner shall no longer be able to keep the pet in his unit or shall be required to take such steps as the condominium association may direct.

**A veterinarian's certificate must be attached stating the breed, weight and current vaccination history.**

**A photo of the pet must be attached to this form.**

Please list pets below if applicable. **ONLY ONE (1) PET PER UNIT**      **UNIT#:** \_\_\_\_\_

Cat \_\_\_\_\_ Dog \_\_\_\_\_ Breed \_\_\_\_\_ Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Weight \_\_\_\_\_ Expected Adult Weight \_\_\_\_\_

INITIAL HERE IF YOU DO NOT OWN A PET, BUT HAVE READ THE RULES: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_

For unit #: \_\_\_\_\_ Date: \_\_\_\_\_

Initial: \_\_\_\_\_ Initial \_\_\_\_\_

Approved by: \_\_\_\_\_

# Island Dunes Oceanside 1 Condominium Association, Inc.

SALES APPLICATION  
c/o Coastal Property Management  
10 SE Central Parkway, #400  
Stuart, FL 34994

## CRIMINAL BACKGROUND CONSENT FORM

The undersigned being a new owner applicant(s) of the following address:

\_\_\_\_\_

I/We hereby authorize Island Dunes Oceanside 1 Condominium Association, Inc. and Coastal Property Management and its agents to conduct a background investigation of myself, as a prospective owner in the Association and therefore authorize criminal histories of myself to be searched for the purpose of determining my suitability for residence in the community. I understand that the results of such an investigation will be shared by the property manager with the Association's Board of Directors.

Dated: \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

(Signature)

\_\_\_\_\_ Social Security No. \_\_\_\_\_

(Print name)

Driver's License No. \_\_\_\_\_ State of Issuance \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

(Signature)

\_\_\_\_\_ Social Security No. \_\_\_\_\_

(Print name)

Driver's License No. \_\_\_\_\_ State of Issuance \_\_\_\_\_

**Must be signed by all applicants. Use an additional copy of this sheet if needed for additional applicants.**

**PLEASE ATTACH A CLEAR COPY OF ALL APPLICANTS CURRENT PHOTO ID**