

TRUMP PLAZA
of the Palm Beaches
Condominium Association Inc.
Sales Package

NOTICE OF INTENT TO SELL

Please complete fully and accurately

To: Board of Directors

In accordance with the provisions of Article 18 of the Declaration of Condominium, I/we hereby serve notice that I/we desire to accept a bona fide offer made to me/us by _____ to purchase unit # _____.

I/we agree to provide the purchaser a copy of the Trump Plaza of the Palm Beaches Condominium Association, Inc., Declaration, By-Laws, Article of Incorporation, and Rules and Regulations prior to the first occupancy of the unit by the purchaser.

I/we will be bound by the Declaration of Condominium, By-Laws, Articles of Incorporation, and the Rules and Regulations of the Condominium Association.

In order for you to facilitate consideration of my/our application for sale of the above, designated unit, I/we have caused the proposed purchaser to complete the attached application for purchase. I/we are aware that any falsification or misrepresentation of facts in the attached application will result in the automatic rejection of this application to sell. Also attached is a check made payable to Trump Plaza of the Palm Beaches in the amount necessary to provide for the services required by this application based on the current Trump Plaza Cost Schedule.

The following documents are required to complete the application.

- Three (3) letters of Reference
- A Current Financial Statement
- Application for purchase
- Application of Residency
- A copy of the Sales Contract
- Agreement of Occupancy (for Corporation or Trust)
- A fully executed Subordination Agreement (if applicable)

I/we, the sellers, agree to defray all present and future maintenance payments until proof of change in ownership (closing statement and warranty deed) has been delivered to the Managements Office of Trump Plaza of the Palm Beaches Condominium Association, Inc., 525 South Flagler Drive, West Palm Beach, Florida 33401.

Dated this _____ day of _____, 20_____.

Sign Name: (Seller)

Sign Name: (Seller)

Print Name: (Seller)

Print Name: (Seller)

APPLICATION FOR PURCHASE, GIFT, DEVISE OR INHERITANCE APPROVAL

The Credit/Background Application fee is \$50.00. This application form must be completed, in detail, by the proposed Purchaser. **Please do not leave any questions unanswered.** The association's relationship is with the unit owner.

1. If any question is not answered or left blank, this application will be returned, not processed and not approved.
2. Please attach a copy of the Sales Contract to this package.
3. Please attach a check for the non-refundable fees for service specifically required by this application.
4. You must attach a current Financial Statement to this package.
5. A package is not considered a "COMPLETE PACKAGE" until the credit and background check is received by the Management Office of Trump Plaza of the Palm Beaches. After the credit and background checks have been received, within twenty-one (21) days the Board of Directors will consider approval of the package.
6. All applicants must make themselves available for a personal interview prior to final board approval. A personal interview is defined as a face-to-face, or in person, meeting between the prospective purchaser and a member of the Board of Directors. No other forms of communication will be acceptable, including, but not limited to telephone calls.
7. Occupancy prior to Board approval is prohibited.
8. Unit owners any have one pet, not exceeding 20 pounds in weight, provided that such pet receives authorization in writing by the Board of Directors prior to begin brought into Trump Plaza of the Palm Beaches.
9. Use of this unit is for single-family residence only. "Families" or words of similar import used herein shall be deemed to include spouses, parents, parent-in-laws, children, and grandchildren.

**APPLICATION FOR PURCHASE, GIFT, DEVISE OR
INHERITANCE APPROVAL, Continued...**

10. A corporation, company, partnership, or trust must submit an application for the entity and one for the principal occupant. A corporation, company, partnership, or trust must sign the "Agreement of Occupancy", stating who the sole occupants will be.
11. The seller (current owner) shall provide the purchaser with a copy of all Association documents and Rules and Regulations.
12. The seller (current owner) must notify the Management Office with the exact date of their closing.
13. Occupancy regulations: No more than two (2) occupants per bedroom.
14. Moving and deliveries are to be scheduled in advance with the Management Office. Hours for moving or deliveries are from 8:00am to 4:00pm, Monday through Friday. No moving or deliveries are allowed on Saturday and Sunday or on holidays.

Agent for Unit Owner

Name: _____ Telephone: _____ Fax: _____

Company: _____ Email: _____

Agent for Purchaser

Name: _____ Telephone: _____ Fax: _____

Company: _____ Email: _____

**APPLICATION FOR PURCHASE, GIFT, DEVISE OR
INHERITANCE APPROVAL, Continued...**

➤ Please print or type all information on the following lines:

Today's Date: _____

Unit Number: _____

Closing Date: _____

Owner's Telephone Number: _____

Owner's Current Address: _____

Name of Realtor handling sale: _____

Realtor's Telephone Number: _____

Name of prospective purchaser (as Title will appear): _____

Mortgage Information (if applicable):

Name of Lender: _____

Lender's Telephone Number: _____

Lender's Address: _____

➤ Please note: Non-Financial Institutional Mortgages are subject to approval of the Association and subject to the execution of a Subordination Agreement.

Total number of children in your family: _____

Age: _____

Sex: _____

**APPLICATION FOR PURCHASE, GIFT, DEVISE OR
INHERITANCE APPROVAL, Continued...**

Number of children who will be living with you: _____

Age: _____

Sex: _____

Club affiliations: _____

Have you ever seasonally resided in Florida before: _____. If yes please state the name, address, and dates of residency: _____

If retired, please state the company's name and address you retired from and the date you retired: _____

Have you ever been convicted or pled guilty to a crime: _____. If yes, please state the date(s), charge(s), and disposition(s): _____

Voluntary information: Do you have any physical impairment that the Association should be aware of in case of an emergency; i.e. fire, flood, etc: _____

**APPLICATION FOR PURCHASE, GIFT, DEVISE OR
INHERITANCE APPROVAL, Continued...**

1. I hereby agree for myself and on behalf of all persons who may use the residential apartment unit:
 - A. I will abide by all of the restrictions contained in the by-laws, rules and regulations, and restrictions, which are or may in the future be imposed by Trump Plaza of the Palm Beaches Condominium Association, Inc.
 - B. I understand that there is a restriction on pets and that I may not bring a pet, nor my guests or visitors bring pets into Trump Plaza of the Palm Beaches Condominium, nor acquire one, either temporarily or permanently after occupancy.
 - C. I understand that I must be present when any guests, visitors, or children who are not permanent residents occupy the unit or use the recreational facilities. When I am not in residence, only my immediate family members (mother, father, brother, sister, children or grandchildren over eighteen years of age, and in-law-relatives) may occupy the unit.
 - D. Unit owners shall register guests intending to stay for more than 24 hours with the Management Office in writing, or by telephone in advance of the intended arrival. The guest name, relationship to the owner, address and auto license tag number, if any, shall be included, so that the information can be given to Security. All guests, upon arrival, must check in with the Gatehouse. Anyone using a unit, other than an owner, who has not registered with the Management Office, will be considered to be trespassing. Owners must provide guests with keys to the unit, if owner will be absent when guests arrive.
 - E. I understand that sub-leasing of this unit is prohibited. Unit owners may lease their unit once a year for a minimum term of ninety (90) days. For further information regarding leasing, see Rules and Regulations.
 - F. I understand that any violation of the terms, provisions, conditions, and covenants or the Trump Plaza of the Palm Beaches Condominium Association, Inc., documents provides cause for immediate action as therein provided or termination of the leasehold under appropriate circumstances.

2. I have received a copy of the Rules and Regulations: Yes _____ No _____
I have received a copy of the Condominium Documents: Yes _____ No _____

**APPLICATION FOR PURCHASE, GIFT, DEVISE OR
INHERITANCE APPROVAL, Continued...**

3. I understand that I will be advised by the Board of Directors or the Management Office of either acceptance or denial of this application.

4. I understand that the acceptance for purchase at Trump Plaza of the Palm Beaches Condominium is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of information on these forms will result in the automatic rejection of this application. Occupancy prior to Board approval is prohibited.

5. I understand that the Board of Directors of Trump Plaza of the Palm Beaches Condominium Association, Inc., may cause to be institute an investigation of my credit and background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors and/or **CORE LOGIC SAFE RENT** to make such investigation and agree that the investigation, and that the Board of Directors and Officers of Trump Plaza of the Palm Beaches Condominium Association, Inc., itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors. In making the foregoing application. I am aware that the decision of the Trump Plaza of the Palm Beaches Condominium Association will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

Dated this _____ day of _____, 20_____.

Sign Name:

Sign Name:

Print Name:

Print Name:

SUBORDINATION AGREEMENT

This Subordination Agreement (this "Agreement") is made and entered into this _____ day of _____, 20_____, by and between _____, (hereinafter referred to as Mortgagee) and _____, (hereinafter referred to as Mortgagor). For and in consideration of the sum of Ten (\$10.00) Dollars and other good and valuable consideration, receipt and sufficiency of which is hereby acknowledged, this Agreement is made upon the following terms and conditions:

1. Mortgagor and Mortgagee desire to enter into a mortgage agreement (the "Mortgage") with the following described property to serve as security for the repayment of the Mortgage obligations:

Condominium Unit #of Trump Plaza of the Palm Beaches, a Condominium, according to the Declaration thereof, as recorded in Official Records Book 4800, Page 457 of the public Records of Palm Beach County, Florida, together with any Limited Common elements appurtenant thereto and an undivided share in the Common Elements (the "Unit").

2. Mortgagor and Mortgagee acknowledge that no mortgage may be placed on a unit without the prior consent of Trump Plaza of the Palm Beaches Condominium Association, Inc. (the "Association"), except by an institutional mortgagee as set forth in the following provision regarding mortgages contained in the Declaration of Condominium of Trump Plaza of the Palm Beaches (the "Declaration").

Article 18. **Conveyances, Sales, Rentals, Leases and Transfers**

- e. Mortgage - No parcel owner may mortgage his parcel or any interest therein without the approval of the Association, except to an institutional mortgagee. The approval of any other mortgagee may be upon conditions determined by the Association or may be arbitrarily withheld.
3. Mortgagee agrees by this instrument that the lien of the Mortgage and any and all amendments to or modifications of said Mortgage and any right to institute proceedings against the owner and/or the Unit encumbered by said Mortgage, are hereby subordinated to any and all claims or liens of the Association for the payment of maintenance assessments, special assessments and any other indebtedness to the Association, as provided by the Declaration and the Bylaws of the Association, until payment in full of the indebtedness.

SUBORDINATION AGREEMENT, Continued...

4. Evidenced by any lien filed by the Association, including, without limitation, any attorneys' fees and costs. Mortgagee recognizes and agrees that in the event of foreclosure of said Mortgage, or proposal of deed in lieu thereof, Mortgagee will submit proper application to the Association allowing the Association the right of first refusal to purchase the Unit pursuant to the provisions of the aforementioned Declaration

4. Further, Mortgagee agrees in the event Mortgagee or any assignee or designee of Mortgagee acquires title to the Unit through foreclosure or deed in lieu of foreclosure, Mortgagee shall immediately pay to the Association any and all delinquent assessments or other indebtedness of Mortgagor to the Association and all costs and expenses related thereto, including, without limitation, any attorneys' fees and costs.

5. Further, Mortgagee agrees that if Mortgagee or any assignee or designee of Mortgages acquires title to the Unit, in the event of any subsequent transfer of title by the Mortgagee, proper application will first be made to the Association allowing Association the right of first refusal to purchase the Unit, as set forth in the above referenced Declaration of Condominium.

6. Mortgagee warrants and represents that Mortgagee has full power and authority to enter into this subordination and to execute this instrument.

7. This Agreement shall be binding upon and inure to the benefit of the successors, assigns, heirs and personal representatives of the parties hereto.

Signed, sealed, and delivered this _____ day of _____, 20 ____ .

Witnesses:

Mortgagor:

Sign Name:

Sign Name:

Print Name:

Print Name:

Sign Name:

Print Name:

SUBORDINATION AGREEMENT, Continued...

Witnesses:

Mortgagor:

Sign Name:

Sign Name:

Print Name:

Print Name:

Sign Name:

Print Name:

Sign Name:

Sign Name:

Print Name:

Print Name:

Sign Name:

Print Name:

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or has produced _____ (type of identification) as identification.

Sign Name of Notary Public:

Print Name of Notary Public:

Commission Number:

My Commission Expires:

NOTARY SEAL

JOINDER AND CONSENT

Trump Plaza of the Palm Beaches Condominium Association, Inc., hereby joins in this Subordination Agreement for the sole purpose of consenting to the Mortgage.

Trump Plaza of the Palm Beaches Condominium Association, Inc.

Sign Name:

Sign Name:

Print Name:

Print Name:

Sign Name:

Print Name:

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____, by _____, who is personally known to me or has produced _____ (type of identification) as identification.

Sign Name of Notary Public:

Print Name of Notary Public:

Commission Number:

My Commission Expires:

(NOTARY SEAL)

AGREEMENT OF OCCUPANCY

Pursuant to 18C of the Condominium Declaration the Association's approval of Unit # _____ by _____, Corporation or Trust/Trustee Name(s) is conditioned upon the _____, Corporation or Trust/Trustee Name(s) representation to the Association that the unit will be solely occupied by: _____

Name of all Occupant(s) for this Unit
Acknowledged and agreed by:

Dated this _____ day of _____, 20_____.

Witness:

Sign Name:

Print Name:

Sign Name:

Print Name:

Sign Name:

Print Name:

Sign Name:

Print Name:

Sign Name:

Print Name:

Sign Name:

Print Name:

Sign Name:

Print Name:

Sign Name:

Print Name:

Sign Name:

Print Name:

APPLICATION FOR OCCUPANCY/APPROVAL

Instructions:

- If applicants are not married, an application on each person must be completed.
- Print legibly or type all information.
- Account and telephone numbers and complete addresses are required.
- If any question is not answered or left blank, this application may be returned, not processed and not approved.
- Missing information will cause delays in processing your application.
- Only the applicants are authorized to sign all forms.
- Any misrepresentation or falsification of information may result in your disqualification.

Unit Number: _____ Building Number: _____

Address of unit: _____

Name: _____

Date of Birth: _____ Social Security Number: _____

Spouse Name: _____

Date of Birth: _____ Social Security Number: _____

Single Married Widow(er) Separated Divorced

Maiden Name: _____

Number of people who will occupy the unit: Adults (over age 18): _____

NO ONE under the age of 18 can occupy the unit.

Residence History

1. **Present Address:** _____

Telephone Number: _____

Name of Apartment/ Condominium: _____

Dates of residency: _____

Name of Landlord/Mortgage Company: _____

Address: _____

Telephone Number: _____

2. **Previous Address:** (If less than five years) _____

Telephone Number: _____

Name of Apartment/ Condominium: _____

Dates of residency: _____

Name of Landlord/Mortgage Company: _____

Address: _____

Telephone Number: _____

APPLICATION FOR OCCUPANCY/APPROVAL, Continued...

3. **Prior Address:** (If less than five years) _____
Telephone Number: _____
Name of Apartment/ Condominium: _____
Dates of residency: _____
Name of Landlord/Mortgage Company: _____
Address: _____
Telephone Number: _____

Employment References

1. Employed by or Retired from: _____
How long: _____ Department/Position: _____
Monthly Income: _____
Address: _____
Telephone Number: _____
2. Spouse's Employed by or Retired from: _____
How long: _____ Department/Position: _____
Monthly Income: _____
Address: _____
Telephone Number: _____

Bank References

1. Banking Institution (Branch): _____
Address: _____
Telephone Number: _____ How long: _____
2. Banking Institution (Branch): _____
Address: _____
Telephone Number: _____ How long: _____

Drivers and Vehicles

Number of Cars (to be parked here): _____
Driver License Numbers: _____ State: _____
Driver License Numbers: _____ State: _____
Vehicle Make: _____ Model: _____ Year: _____
Plate Number: _____ Color: _____ State: _____
Vehicle Make: _____ Model: _____ Year: _____
Plate Number: _____ Color: _____ State: _____

APPLICATION FOR OCCUPANCY/APPROVAL, Continued...

Pets

Will an animal reside in unit? _____ If so, weight _____ Please attach photo.

If this application is not legible or is not completely and accurately filled in, the Association will not be liable or responsible for any inaccurate information in the investigation and related (to the Association) caused by such omissions or illegibility.

By signing, the applicant recognizes that the Association or their agent 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, police arrest record, and mode of living as applicable.

Dated this _____ day of _____, 20_____.

Print Name:

Sign Name:

Applicant(s): Most banks, financial institutions, mortgage companies, and employers require your signature and printed name(s). Make sure all three authorization forms are completed as indicated. (Attached)

IMPORTANT MATTERS FOR ALL NEW RESIDENTS

Entrance to the Property

- We are advised of your phone number so we know whom to call when guests or workers arrive to see you.
- You notify the Guardhouse if you are expecting guests and the Receiving Department for service people. The Guardhouse phone is (561) 832-5595 and our Receiving Department is (561) 650-8055.

Pets

- Tenants are not permitted to have pets in Trump Plaza – No Exceptions.

Construction and Moving Hours

- Construction within the building is strictly controlled as to time of the year along with the hours and days that work may be performed. Please coordinate any work to be done in your apartment with the Management Office. Work may only be done “off” season, on Monday through Friday, between the hours of 8:30 A.M. and 4:00 P.M.
- Persons moving into or out of Trump Plaza must schedule their movers with the office.
- Packing and Moving in or out requires that special provisions be made for use of an elevator, and may only be done Monday through Friday, between the hours of 8:00 A.M. and 4:00 P.M. Contact the office at (561) 655-2555 Monday - Friday 9:00 A.M. - 5:00 P.M.

Parking

- A portion of Section 8.c. of the Declaration of Condominium states:
No unit owner and/or his tenant or lessee and/or his guests, employees, invitees, servants or agents shall ever self-park an automobile in the parking areas of the condominium unless said parking space has been assigned to the unit owner by the developer”. There are no records showing parking assigned to your unit.
- The Office has a list of temporary parking assignments, or you may valet park your vehicles. Call Valet (561) 655-4892.

IMPORTANT MATTERS FOR ALL NEW RESIDENTS, Continued...

Hurricane Preparations

- By a vote of the unit owners, all owners are required to install and maintain hurricane shutters on their units.
- Owners who leave town for more than three weeks during the hurricane season are required to:
 1. Close their Hurricane Shutters.
 2. Remove all plants and furniture from their balconies.

Sprinklers

- Fire sprinkler heads and the round covers for the sprinkler heads may not be painted at any time. If you paint any fire sprinkler heads or fire sprinkler covers the owner will be required to replace them at the owners' expense.

**AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE,
EMPLOYMENT, AND POLICE RECORD INFORMATION**

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) of 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: **CORE LOGIC SAFE RENT**

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.

Dated this _____ day of _____, 20_____.

Sign Name:

Sign Name:

Print Name:

Print Name:

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Dated this _____ day of _____, 20_____.

Sign Name:

Sign Name:

Print Name:

Print Name:

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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.

Dated this _____ day of _____, 20_____.

Sign Name:

Sign Name:

Print Name:

Print Name:

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