EMBASSY CONDOMINIUM HOMES ASSOC. INC.
OVER 55 COMMUNITY (HOPA)
125 N University Drive West Bend, WI 53095 262-335-2114
embassycondo55@gmail.com

APPLICATION FOR OWNERSHIP

The following information must be filed with the Embassy 30 days prior to closing on property.

Unit #_____ Closing Date_____ Move In Date_____

Buyer Name_____ Birth Date_____

Current Address_____

Phone #_____ Cell #_____

E-Mail Address _____

Place of Employment: _____

Address and phone #_____

_____

Other Occupant(s) Name Relationship Phone # Birth Date

_____

_____

_____

Emergency Contact_____ Phone #_____

Emergency Contact_____ Phone # _____

How many vehicles will be kept on the property?_____

Year Make/Model Color License Plate #

_____

_____

_____

References Name Address Phone #

_____

_____

I declare that the above statements are true and correct and I hereby authorize the Embassy to verify references given.

_____

Signature of Applicant Date

_____

Signature of Applicant Date

Proof of age required **Revised 2/5/2014**

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APPLICATION FOR CONSENT TO PURCHASE AND WAIVER OF RIGHT OF FIRST REFUSAL

_____, Purchaser(s), intends to purchase Unit # _____ from _____, Seller(s) and hereby requests that the Board of Directors of the Embassy Condominium Homes Association, Inc., consent to this transfer and waive its right of first refusal. **The Purchaser(s) attaches to this application a copy of the Offer to Purchase, Application for Ownership and the required move-in fee of $75 and damage security deposit of $200.** The Purchaser(s) acknowledges receipt of and agrees to abide by the terms and conditions of the By-Laws/Declaration of the Embassy Condominium Homes Association, Inc., and the Rules and Regulations established by its Board of Directors.

The following individuals intend to occupy the unit:

_____ _____

_____ _____

Dated this _____ day of _____, 20_____

_____ _____

Purchaser Purchaser

TREASURER' CERTIFICATE

This is to certify that all the regular dues and special assessments for the subject unit have been paid through _____, 20_____ and that there are not any outstanding fees due at this time.

OR

This is to certify that there are delinquent dues or special assessments for the subject unit in the amount of $_____ at this time which must be paid prior to, or at, the time of closing

Dated this _____ day of _____, 20_____

_____

Treasurer, Embassy Condominium Homes Association, Inc.

RESOLUTION OF THE BOARD OF DIRECTORS

Whereas, the Purchaser(s) has applied for consent and waiver and the Treasurer has certified the status of assessments for the unit, now therefore be it resolved by the Board of Directors of the Embassy Condominium Homes Association, meeting informally, that the transfer of:

Unit #_____ from _____, Seller(s) to _____, Purchaser(s) and waives its right of first refusal as to this transaction.

Dated this _____ day of _____, 20_____

_____ _____

_____ _____

_____ _____

SECRETARY'S CERTIFICATE

This is to certify that the foregoing is a true copy of the informal resolution of the Board of Directors as it appears in the records of the corporation.

Dated this _____ day of _____, 20_____

BUYER SHOULD GET AT CLOSING: Declaration/By-laws, keys to building, unit, mailbox key(s), garage door opener(s) and swim tags.

KEY #s _____ _____ _____ _____ MUST GO WITH THIS UNIT

Parking Stall #_____ Storage Unit # _____

_____

Secretary, Embassy Condominium Homes Association, Inc.

10/2019

EMBASSY CONDOMINIUM HOMES ASSOC. INC.
OVER 55 COMUNITY (HOPA)
OWNER DATA BASE

Unit #_____ Owner:_____ Rent: Y___ N___

Phone #_____ Cell #_____ E-Mail_____

If rental: Unit Owner Address_____

Renter E-Mail_____

OCCUPANT INFORMATION:

Name_____ Phone #_____ Birthdate_____
Name_____ Phone #_____ Birthdate_____
Name_____ Phone #_____ Birthdate_____
Name_____ Phone #_____ Birthdate_____

Emergency Contact #1 Name _____

Phone #_____ Cell #_____

Emergency Contact #2 Name _____

Phone #_____ Cell #_____

Garage Parking Stall # _____ Basement Storage Locker # _____

Security Key # _____ _____ _____ _____

Vehicles: Year Make and Model Color License Plate #

_____
_____
_____
_____

Special instructions:_____
_____
_____

_____
Owner Signature Date

If you expect to be absent from your unit for extended periods of time please supply an alternate address along with approximate effective dates on the back of this form. Thank you.

4/2015

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BUYER CLOSING ITEM LIST

Buyer: _____ **Unit #** _____

At the time of closing, you should receive the following:

1.* **Declaration/By-Laws book (1)**
2.* **Garage doors remote**
3. Mailbox keys (1-3)
4.* **Swim tags: (6 Total) 2 White owner and 4 Yellow guest**
5.* **Keys to the security doors: (1-4)**

#_____ #_____ #_____ #_____

Parking stall # _____ Storage locker # _____

***FOR BUYERS: If you do not receive all the above the seller should reimburse you the following fees for missing items:**

Declaration/By-Laws book	**$30.00**
Garage door remote	**$30.00**
Swim tags	**$ 5.00 ea**
Missing security keys	**$50.00 ea**