



**Oceans West Condominium Association, Inc. One Oceans West Blvd.
Daytona Beach Shores, FL 32118 - Phone 386-767-9378 - Fax 386-767-8225**

Each Buyer to Provide:

- 1. Front and back copy of driver's license**
- 2. Locators Background Check Application**
- 3. \$75 payment**
- 4. Fully Executed Sales & Purchase Agreement**
- 5. "Unit Transfer Approval Application" - Notarized**
- 6. Agent Authorization Form.**

Mui Chong - CAM
Oceans West One Condominium Association
One Oceans West Blvd.
Daytona Beach Shores, FL 32118
Office: (386)-767-9378
Fax: (386)-767-8225
Web: www.oceanswestone.com

LOCATERS INTERNATIONAL, INC.



2435 S. Ridgewood Ave., South Daytona, FL 32119

Telephone: 386-768-6100
Toll Free: 1-877-595-6100

Fax: 386-760-8400
Toll Free: 1-800-410-5666

SALES/RENTAL/LEASE DISCLOSURE CONSENT APPLICATION

The below requested information is necessary in order to acquire public information records necessary to process your application. Please PRINT neatly to avoid any delays.

Name (full legal name): _____

Any other names you have used:
(Include maiden name, abbreviations, and aliases) _____

Current Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number:
(Include State) _____

Person or Company Requesting this Report: _____

I hereby give consent for Locaters International, Inc. and/or their agents to perform an investigative consumer report to be prepared to determine my eligibility for tenancy. I understand that this report may include information about me obtained from Law Enforcement Agencies, State Agencies, consumer credit reports, and social security information, as well as Public Records information such as criminal history information and civil records such as are allowed by law. I also attest that the above supplied information was given voluntarily and I understand that it is to be used for the purposes of verifying my identity in acquiring public information and for *no other purposes*.

Signature Date





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UNIT TRANSFER APPROVAL APPLICATION

OCEANS WEST ONE CONDOMINIUM ASSOCIATION-UNIT#

TO BE COMPLETED BY PROSPECTIVE NEW OWNER(S)

TRANSFER IS TO BE BY (CHECK ONE) SALE GIFT INHERITANCE

1. NAME(S) EXACTLY AS WILL APPEAR ON DEED

NAME _____ NAME _____

BIRTH DATE _____ BIRTH DATE _____

BIRTHPLACE _____ BIRTHPLACE _____

SOC. SEC. # _____ SOC. SEC. # _____

SPOUSE'S NAME AND SOC. SEC. # (IF NOT SHOWN ABOVE)

2. CURRENT ADDRESS:

PHONE # _____

PHONE # _____

EMAIL _____

3. CITIZEN OF WHICH COUNTRY?

4. OCCUPATION?

YEARS _____

EMPLOYERS NAME AND ADDRESS _____

EMPLOYERS PHONE _____



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4. -CONTINUED:

EMPLOYERS NAME AND ADDRESS _____

EMPLOYERS PHONE _____

5. CHILDREN UNDER THE AGE OF 21:

NAME _____ AGE _____ NAME _____ AGE _____

NAME _____ AGE _____ NAME _____ AGE _____

6. OTHER OCCUPANTS WHO WILL USUALLY OCCUPY THE UNIT WITH YOU:

NAME _____ PHONE _____

NAME _____ PHONE _____

7. REFERENCES:

NAME _____ PHONE _____

NAME _____ PHONE _____

8. FINANCIAL:

BANKS _____

CREDIT CARDS _____

9. OCCUPATION OF THE UNIT:

FULL/PART TIME BY OWNERS _____ FULL/PART TIME BY RENTERS _____ (3 MONTH MINIMUM)

BY OWNERS AND GUESTS AS A VACATION HOME _____

10. VEHICLES OWNED BY UNIT OWNERS:

NUMBER _____ MAKE(S) _____ MODEL(S) _____

*PARKING GARAGE PROVIDES ONE PARKING SPACE PER UNIT



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11. PETS:

WILL YOU BE BRINGING A PET TO THE UNIT Y/N _____ TYPE _____ WEIGHT _____
*THERE IS A 20 LB. MAXIMUM WEIGHT LIMIT PER PET

12. CONDO EXPERIENCE:

LIVED IN A CONDO Y/N _____ RENTED A CONDO Y/N _____

NAME _____ LOCATION _____

13. CONSENT:

- A. *I/WE UNDERSTAND THAT THE BOARD OF DIRECTORS OR THE ASSOCIATION MANAGER WILL COMMENCE AN INVESTIGATION OF MY (OUR) BACKGROUND, IN CONNECTION WITH THIS APPLICATION FOR APPROVAL AND MAY CONTACT ONE OF THE PERSONS OR COMPANIES LISTED HEREIN. I (WE) AUTHORIZE SUCH INQUIRY.*
- B. *I/WE FULLY UNDERSTAND THAT OCEANS WEST ONE CONDOMINIUM ASSOCIATION HAS RULES AND REGULATIONS, A CERTIFICATE OF INCORPORATION AND BY LAWS WHICH HAVE BEEN PROVIDED HAVE BEEN PROVIDED FOR ME. I/WE AGREE TO ABIDE BY ALL PROVISIONS OF THESE DOCUMENTS AND TO CAUSE ALL OUR GUESTS AND INVITEES LIKEWISE TO ABIDE BY ALL PROVISIONS OF THESE DOCUMENTS. I/WE HAVE REVIEWED THE ENTIRE COPY OF THE RULES AND REGULATIONS.*

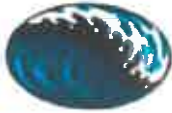
I/WE HERBY CERTIFY THAT ALL THE STATEMENTS MADE AND INFORMATION FURNISHED HERIN ARE ACCURATE AND COMPLETE

SIGNED _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____

NOTARY PUBLIC, STATE OF _____ MY COMMISSION EXPIRES _____

SIGNED _____ PRINT _____



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AGENT AUTHORIZATION FORM
UNIT TRANSFER
PROCEDURE # SA-1

UNIT# _____

DATE _____

UNIT OWNER (PLEASE PRINT) _____

UNIT OWNER (PLEASE SIGN) _____

The individual, individuals or organization below may act for me as my agent in the transfer of the above unit. All association correspondence concerning a prospective owner or a unit transfer shall be referred to this agent.

I understand that if this authorization is not on file with the Association I (we) will be the only individual(s) who may approve entrance into or transfer of a unit.

This authorization will remain in force until it is changed or canceled by written notification from the unit owner(s) to the Association.

AGENT _____

FORM SAF-2