WILSON
Landscaping &
Management Corp.
1300 NW 17th Ave. Suite 270
Delray Beach, FL 33445
(561)637-3402 Office (561)637-3407 Fax

Instructions for Resale Application – NORMANDY G ASSOCIATION, INC.

1) APPLICATION MUST BE SUBMITTED AT LEAST THIRTY (30) DAYS PRIOR TO CLOSING DATE.

2) **TWO (2) COMPLETE, SEPARATE SETS OF EVERYTHING LISTED BELOW MUST BE SUBMITTED.** (APPLICATION AND PURCHASE CONTRACT CONSTITUTES ONE SET.) **ONE SET OF THESE MUST BE THE ORIGINAL PAPERWORK.**

3) EACH PAGE MUST BE *PROPERLY* COMPLETED.

4) EACH APPLICATION MUST INCLUDE A PHOTO ID (ON 8 ½ X 11 PAPER) SHOWING DATE OF BIRTH OF **EACH** OCCUPANT OR OWNER.

5) A $100.00 NON-REFUNDABLE APPLICATION FEE IS REQUIRED ON ALL RESALES. THE $100.00 APPLICATION FEE MUST BE MADE PAYABLE TO THE: **NORMANDY G ASSOCIATION, INC.**

6) THE VESTA PROPERTY SERVICES INFORMATION PAGE AT THE END OF THIS APPLICATION MUST BE SIGNED.

7) ALL THREE PERSONAL REFERENCE SHEETS **MUST BE COMPLETE, SIGNED** AND PART OF THIS APPLICATION.

8) IF YOU ARE PURCHASING THIS PROPERTY FOR INVESTMENT PURPOSES ONLY, OR ARE UNDER THE AGE OF 55; **YOU MUST** FILL OUT PAGE 11 COMPLETELY BEFORE SENDING THIS APPLICATION PACKET IN. **YOU MUST OWN UNIT FOR TWO (2) YEARS PRIOR TO RENTING THE PROPERTY OUT – NO EXCEPTIONS WILL BE MADE TO THIS RULE.**

9) NORMANDY G IS A NO PET ASSOCIATION.

10) COPIES OF 2 YEARS OF TAX RETURNS AND 2 MONTHS OF BANK STATEMENTS MUST BE SUBMITTED WITH THE APPLICATION.

ALL MATERIALS MUST BE PROPERLY COMPLETED AND SUBMITTED TOGETHER OR THIS APPLICATION PACKET MAY NOT BE PROCESSED. OUR OFFICE WILL DO ITS BEST TO EXPEDITE ALL PAPERWORK IN A TIMELY FASHION. WE WOULD LIKE TO CONVEY TO YOU THAT MOST DELAYS ARE CAUSED BY INCOMPLETE PAPERWORK. PLEASE LO OK OVER THESE INSTRUCTIONS CAREFULLY. PLEASE CALL OUR OFFICE (561) 637-3402 WITH ANY QUESTIONS BEFORE SENDING COMPLETED PACKETS IN.

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270
Delray Beach, FL. 33445
Telephone (561)637-3402 Fax (561)637-3407

Resale Information Sheet

ASSOCIATION: _____ ***UNIT #:*** _____

Name of current Owner's: _____

Current Owner's Address: _____

City/ State/ Zip: _____

Current Owner's Phone Number: _____ Current Owner's Cell Number: _____

Name of Applicant: _____ SS#: _____ Age: _____

Co-Applicant: _____ SS#: _____ Age: _____

Applicant's Address: _____

City/ State / Zip: _____

Applicant's Phone: _____ Applicant's cell phone: _____

E-Mail Address: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____ Plate # _____

Make: _____ Model: _____ Year: _____ Plate # _____

PLEASE LIST ALL OCCUPANT(S) WHO WILL RESIDE AT UNIT IF APPROVED

Name	*Relationship to Purchaser*	*Date of Birth*
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE PROVIDE NAME AND ADDRESS OF WHERE TO SEND APPROVED CERTIFICATE OF APPROVAL:

_____

Wilson Landscaping & Management Corp.

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Purchaser(s) Agreement

In making this application to purchase unit noted on page one of this application, I/ we understand that acceptance of the application is conditioned on the approval of the Board of Directors.

- Agree that if the application is approved, to abide by all the Rules and Regulations, By-Laws and any and all restrictions of the association and any changes that may be imposed in future.
- Agree that the unit may not be occupied in my absence without the prior knowledge of the Board.
- PURCHASER(S), acknowledge receipt of a copy of the Condominium Documents and understand that the unit may not be sold or leased with out the approval of the Board. It is the buyer's responsibility to obtain Condominium Documents from current owner. They may be purchased from Wilson Management for $100.00 if necessary.
- Have enclosed a check in the amount of $100.00 payable to **NORMANDY G Association** as provided for by Florida Statutes and by the Condominium Documents.
- Understand that if any check paid by the Owner(s), and/or Purchaser(s), is returned unpaid, any approval granted will be voided.
- The Normandy G Board has the right to decline approval, at their discretion, of any negative reporting on background check.
- **NORMANDY G IS A NO PET ASSOCIATION,**
- **ALL NEW OWNER(S) MUST OWN THEIR UNIT FOR A MINIMUM OF TWO (2) YEARS BEFORE THEY WILL BE ALLOWED TO RENT THEIR UNITS. THERE WILL BE NO EXCEPTIONS MADE TO THIS RULE.**

_____ _____

Applicant's Signature Date

_____ _____

Applicant's Signature Date

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270
Delray Beach, FL 33445
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Age Verification Questionnaire

Association: _____ **Unit:** _____

Please list every person who will be residing at this address. Please supply independent photographic evidence indicating date of birth (such as Driver's License or Passport) of each occupant.

OWNER(S) NAME	AGE	TYPE OF ID	DOB	RELATIONSHIP

Signature(s) of Owner(s) Date: _____

_____ _____
Signature Signature

_____ _____
Printed Name Printed Name

_____ _____
Signature Signature

_____ _____
Printed Name Printed Name

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Request for Personal Reference

Association: _____ **Unit:** _____

Dear Sir/Madam:

_____ has listed you as a character reference in an application to purchase an apartment in the above referenced Condominium Association.

As part of the application process, we respectfully request any information you can give use regarding their character and integrity. Please respond by providing brief comments in the space provided below, as quickly as possible.

Failure to return immediately could result in unnecessary delays to the Applicant's closing and/or move in date. The Association requires a minimum of thirty (30) days to properly review, approve and submit approval prior to the actual move in and/or closing date.

Thank you in advance for your valuable assistance, and we assure you that your reply will be kept confidential.

CHARACTER:

_____

_____

INTEGRITY:

_____

_____

0THER COMMENTS:

_____

_____

_____

_____ _____
Signature Date

_____ _____
Printed Name Phone/Cell Number

_____ _____
Address City, State, Zip Code

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_____

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_____

_____

_____

_____ _____
Signature Date

_____ _____
Printed Name Phone/Cell Number

_____ _____
Address City, State, Zip Code

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CHARACTER:

_____

_____

INTEGRITY:

_____

_____

0THER COMMENTS:

_____

_____

_____

_____ _____
Signature Date

_____ _____
Printed Name Phone/Cell Number

_____ _____
Address City, State, Zip Code

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Telephone (561)637-3402 Fax (561)637-3407

Applicant(s) Information Sheet

Applicant's Name: _____

Association: _____ Unit #_____

If you are a seasonal applicant, please provide our office with your seasonal address and phone number:

Seasonal Address: _____

_____

Local Phone: _____ Seasonal Phone: _____

PLEASE SPECIFY YOUR MAILING PREFERENCE:

_____ Please send all my mail to my local address at all times.

_____ Please send all my mail to my seasonal address at all times.

Please Note: It is the Unit Owners responsibility to let Wilson Management know of any changes as they occur in regards to the mailing address.

EMERGENCY CONTACT INFORMATION:

Name	Relationship	Phone	Keys: Yes or No

Please use the last column to indicate which of your emergency contact has your key to your home.

VOTING CERTIFICATE

(Designation of Voting Member)

We, the undersigned, being the owners of the property located at:

_____ _____
(Association Name) *(Unit #)*

Do hereby designate that _____
(insert name of designated voter)

is entitled to cast one (1) vote at the membership meetings of Condominium Association. Unless this certificate is terminated or suspended by written notice to the Board of Directors of the Association.

Dated this _____ day of _____, 20 _____

_____ _____
Applicant's Signature Please Print Name

_____ _____
Applicant's Signature Please Print Name

_____ _____
Applicant's Signature Please Print Name

_____ _____
Applicant's Signature Please Print Name

Note: This voting certificate is for the purpose of establishing who is authorized to cast the vote for any property owned by more than one person or owned by a corporation. It is not needed if only one (1) person owns a property. Please complete the voting certificate and return it as instructed in the cover page.

Lift Questionnaire

Association Name: **NORMANDY G ASSOCIATION, INC.**

1. Is there a Lift in the building? Yes **XXX** No _____

2. Is the Lift a Common Element or Limited Common Element?

   COMMON ELEMENT – ALL 48 UNIT OWNERS ARE LIFT PARTICIPANTS.

3. Please check with the Association Board to see if the unit you are interested in is a paid participant of the Lift Group. (whether Common or Limited) and whether or not you will have use of the Lift. You may provide the information needed in paragraph below:

_____

_____

_____

I / We, as the purchaser(s), _____ have read the above
printed name(s)

questionnaire and understand all information contained within.

_____ _____
Applicant's Signature Date

_____ _____
Applicant's Signature Date

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270
Delray Beach, FL. 33445
Phone (561)637-3402 Fax (561)637-3407

If you are purchasing this Unit for investment purposes only or are under 55 years of age, please fill out the information below and have notarized.

Date: _____

To Whom It May Concern:

Regarding the purchase of _____

Address: _____

We, the undersigned, do hereby waive all social rights to this apartment and will not reside in it.

We wish to waive our social rights to:

_____

_____

Who will reside in the unit and is at least fifty five (55) years old. Proof of age will accompany this form.

_____ _____
Signature Signature

Witnessed my hand and official seal at said County and State this _____ day of _____, 20_____.

_____
Certificate #:

_____
My Commission expires:

_____
Printed Name of Notary Public:

_____
Signature of Notary:

Normandy G Association, Inc.
Emergency Contact and Mailing Information Form

In an effort to update our records, it is important that you complete and return this Emergency Contact and Mailing Information form. Occasionally, there is maintenance, security, or other problems that occur and it is imperative to contact an out of town owner or a local representative. Repair work can be hampered when unit owners/renters are away on vacation or living in another state. All information contained in this form will remain confidential and for use in Association emergencies only.

Unit Number: _____
Name of Owner(s): _____
Local Telephone Number: _____
Alternate Mailing Address: _____
City, State, ad Zip: _____
E-mail Address: _____

Alternate Telephone Number: _____
Business Telephone Number: _____
Cell Telephone Number: _____

Vehicle Information: _____ _____ ____ _____
Color Make/Model Year License Plate Number

Do you rent your unit? _____ YES _____ NO
Real Estate Agency Name, if applicable? _____

Does a Board Member have a key to your unit? Yes _____ No _____
If so, which Board Member: _____

In case of emergency, please notify:
Name: _____
Address: _____
City, State, Zip: _____

E-Mail Address: _____

Telephone Number: _____
Cell Phone Number: _____

Date: _____ Submitted By: _____

Please return this form with application to:

Wilson Landscaping and Management Corp.
1300 NW 17th Ave. Suite 270
Delray Beach, FL 33445

Wilson Landscaping & Management Corp.
1300 NW 17th Ave. Suite 270
Delray Beach, FL. 33445
(561)637-3402 Office
(561)637-3407 Fax
www.wilsonmanagement.net

(Association Name)

Applicant(s) hereby authorize(s) **Wilson Landscaping & Management Corp**. to obtain a consumer report and any other information it deems necessary for the purpose of evaluating my rental and/or resale application.

I understand that such information may include, but is not limited to: credit history, civil information, criminal information, records of arrest, rental history, evictions, liens, judgments, employment verification, salary verification, vehicle records, driver's license records, and/or any other necessary information.

I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which this application was made. I hereby expressly release **Wilson Landscaping & Management Corp**., and any procurer or furnisher of information from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies without limitation to various law enforcement agencies.

The Normandy G Board has the right to decline approval, at their discretion, of any negative reporting on background check.

_____ _____
(APPLICANT SIGNATURE) (DATE)

_____ _____
(APPLICANT SIGNATURE) (DATE)

_____ _____
(APPLICANT SIGNATURE) (DATE)

Exhibit 8 **Basic Building Rules of Normandy G Condo Assoc**

Our building follows the rules appearing in our Declaration of Condominium and our By-Laws, as well as the Florida Condominium Act. Up to date copies of these documents can be found through our website.
VISIT OUR OWNERS WEBSITE: http://normandygassoc.weebly.com/ Here are some of the more common issues:

1. All requests for unit sales/leases must be presented to our current management company in writing. The request will be presented to the Board of Normandy G for review and approval. The approval will follow the guidelines set out in our Declaration of Condominium. A resident is somebody inhabiting a unit for more than 1 month and, if no owner is present, is considered a tenant (NEEDING BOARD AUTHORIZATION). Inhabited units must have at least one resident 55 years or older.

2. Our policy is strictly "NO PETS". All requests for Service Animals/Emotional Support Animals must be presented to our current management company in writing. The request will be presented to the Board of Normandy G for review and approval. All Condo rules regarding Service Animals/Emotional Support Animals must be followed. Special care should be made as to where the animal is walked, cleaned up after, and the animal must be leashed. We have a specific area designated for animal use, at the end of Piedmont Way by the hedges. All nuisances must be avoided.

3. Any approvals of visitors/family members staying in owners units for more than one week and up to one month are automatic, provided the owner signs this rule page and notifies the board in writing. It's the owner's responsibility to make sure these rules are followed. The notification should include the unit #, the names of the people staying, and the dates. The notification can be emailed to our website. For visits any longer than one month, application must be presented in writing to our current management company, and may require a background check. The request will be presented to the Board of Normandy G for review and approval. Family and friends are welcome, but please remember that all article and by –law requirements must be followed during their stay.

4. All garbage must be placed in the large dumpsters that are at each end of the building. We also have recyclable containers in each area for paper and glass or plastic bottles. Please remember to break down your boxes so that other residents have room to place their garbage in the containers.

5. LARGE DEBRIS must be placed out on MONDAY NIGHTS ONLY and placed on the roadside area of the dumpster. This is so the truck that comes on Tuesday ONLY can see the debris and get workable access to pick it up.

> **PLEASE REMEMBER: Unit owners have the right to modify the inside of their apartments (from paint to paint). All else is probably a material alteration to the common element, and requires approvals. All renovations must conform to State and Local building codes. The board must be notified prior to any renovation. Contractors must remove their debris and not leave it in or at our container area. The owner may be charged for any extra pick up charges given to the building. All contractors and delivery men are strictly forbidden to use the lift/elevator.**

6. Owners are required to provide working keys to Normandy G for routine and emergency maintenance (where access is needed to avoid damage to other units). Additionally, the access may be used for emergency unit access by the Police, Fire Dept. or Ambulance. We strongly recommend you leave an extra key with a neighbor or install a lockbox at your door for any other purposes.

7. No items may be placed on the walkways or staircases. This includes door mats, holiday decorations, bikes, walkers, etc. This could cause a trip/fall situation for our neighbors.

8." Backed in Parking" and motorcycles/scooters are allowed in our parking lot, along with passenger cars (including mini-vans). No commercial vehicles, RV's or vans should be left overnight on our property

9. The lift/elevator is designed for the use of no more than 2 persons, with a total weight of no more than 650 lbs. Excessive weight can result in costly repairs, which may be passed along to the unit owner along with a fine.

10. No personal property can be left on the common elements overnight without prior approval of the Board of Directors.

11. All inquiries regarding the above rules should be mailed or emailed to our current management company:

WILSON MANAGEMENT
1300 NW 17TH AVE. SUITE 270 DELRAY BEACH, FL 33445
www.wilsonmanagement.net tammy@wilsonmanagement.net

Signature _____ Unit _____ Date _____

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270

Delray Beach, FL. 33445

Telephone (561)637-3402 Fax (561)637-3407

Resale Information Sheet

ASSOCIATION: _____ ***UNIT #:*** _____

Name of current Owner's: _____

Current Owner's Address: _____

City/ State/ Zip: _____

Current Owner's Phone Number: _____ Current Owner's Cell Number: _____

Name of Applicant: _____ SS#: _____ Age: _____

Co-Applicant: _____ SS#: _____ Age: _____

Applicant's Address: _____

City/ State / Zip: _____

Applicant's Phone: _____ Applicant's cell phone: _____

E-Mail Address: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____ Plate # _____

Make: _____ Model: _____ Year: _____ Plate # _____

PLEASE LIST ALL OCCUPANT(S) WHO WILL RESIDE AT UNIT IF APPROVED

Name	*Relationship to Purchaser*	*Date of Birth*
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE PROVIDE NAME AND ADDRESS OF WHERE TO SEND APPROVED CERTIFICATE OF APPROVAL:

_____

READ FIRST: Complete all questions and fill in all blanks. All information supplied is subject to verification. If any question is not answered/left blank, or answered falsely, this application may be returned, not processed, and/or not approved. Missing information will cause delays. Once submitted, order can be cancelled but your fee will not be refunded. Rev. 06/2014

** THIS APPLICATION IS FOR A SINGLE PERSON OR A MARRIED COUPLE ONLY! **

APPLICATION FOR OCCUPANCY

Association Name: Normandy G

Circle one: Purchase - Lease - Occupant - Unit.# _____ Bldg.# ____ Address applied for:_____

Full Name _____ Date of Birth _____ Social Security # _____

Circle One: Single - Married - Separated - Divorced - How Long? _____ Other legal or maiden name _____

Have you ever been convicted of a crime? _____ Date (s) _____ County/State Convicted in _____

Charge (s) _____

Applicant's Cell Number(s) _____ Applicant's Email Address _____

Spouse _____ Date of Birth _____ Social Security # _____

Other legal or maiden name _____ Have you ever been convicted of a crime? _____ Date (s) _____

County/State Convicted in _____Charge (s) _____

Spouse's Cell Number(s) _____ Spouse's Email Address _____

No. of people who will occupy unit – Adults (over age 18) _____ Description of Pets _____

Names and ages of others who will occupy unit _____

In case of emergency notify _____ Address _____ Phone _____

PART I – RESIDENCE HISTORY

A. Present address _____ Phone _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Are you on the Lease? _____ If not, who is the leaseholder? _____ Are you on the Deed? ____If yes, under what name? _____

Name of Landlord_____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

B. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? ____If yes, under what name? _____

Name of Landlord_____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

C. Previous address _____
(Include unit/apt number, city, state and zip code)

Apt. or Condo Name _____ Phone _____ Dates of Residency: From _____ to _____

Circle one: Own Home - Parent/Family Member - Rented Home - Rented Apt - Other _____ Rent/Mtg Amount _____

Were you on the Lease? _____ If not, who is the leaseholder? _____ Were you on the Deed? ____If yes, under what name? _____

Name of Landlord_____ Phone _____ Email address _____

Circle one: Is your Landlord the: Owner of the property - Realtor - Family Member - Roommate - Property Manager - Other _____

PART II – EMPLOYMENT REFERENCES

Include a recent copy of an earnings statement to expedite processing

A. Employed by _____ Phone _____

Dates of Employment: From: _____ To: _____ Position _____ Fax_____

Monthly Gross Income_____Address _____

B. Spouse Employed by__ _____ Phone _____

Dates of Employment: From: _____ To: _____ Position _____ Fax_____

Monthly Gross Income_____Address _____

PART III – BANK REFERENCES

Include a recent copy of a bank statement to expedite processing

A. Bank Name _____ Checking Acct. #_____ Phone _____

Address _____ Fax _____

B. Bank Name _____Savings Acct. #_____ Phone _____

Address _____ Fax _____

PART IV – CHARACTER REFERENCES (No Family Members)

1. Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address_____ Cellular Phone _____

2. Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address_____ Cellular Phone _____

3. Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address_____ Cellular Phone _____

4. Name _____ Home Phone _____

Address _____ Business Phone _____

Email Address_____ Cellular Phone _____

Are you using a realtor? Yes_____ No _____ If yes: Realtor's name_____

Email Address_____ Cellular Phone _____

Driver's License Number (Primary Applicant). _____ State Issued _____

Driver's License Number (Secondary Applicant) _____State Issued _____

Make _____ Type _____ Year _____ License Plate No. _____

Make _____ Type _____ Year _____ License Plate No. _____

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

By signing the applicant recognizes that the Association and Associated Credit will investigate the information supplied by the applicant, and a full disclosure of pertinent facts will 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. This form is for the exclusive use of Associated Credit Reporting, Inc.

Applicant's Signature _____ Date _____ Spouse's Signature _____ Date _____

ASSOCIATED CREDIT REPORTING, INC. *Established* 1985

4690 NW 103rd Avenue, Sunrise, Florida 33351
www.associatedcreditreporting.com

AUTHORIZATION FORM

I/We hereby authorize **Associated Credit Reporting, Inc.** to obtain data to verify any and all information they request with regards to my/our Application for Occupancy, specifically the verification of my bank account(s), credit history, residential history, criminal record history, employment verification and character references.

I/We hereby waive any privileges I/we may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the authorized party designated on the Application for Occupancy, for their exclusive use only. PLEASE INCLUDE COPY OF DRIVER'S LICENSE TO CONFIRM IDENTITY. If you do not have a driver's license, please include a copy of your Passport or current government issued identification card.

I/We acknowledge our rights as stated in the Fair Credit Report Act that I/we are entitled to a copy of the report upon proper written request and can dispute any inaccurate information for re-verification. I/We understand that Associated Credit Reporting, Inc. is not directly involved in the approval or denial of any applicant. The information received by Associated Credit Reporting, Inc. shall be held in strict confidence, protected as governed under the Fair Credit Reporting Act, and will never be released to any third party other than the designated recipient. I/We further understand that this is a non-refundable process.

By signing below, I/We further state the Application for Occupancy and Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person and that the signature(s) below are my/our own proper legal signature. I/We certify (or declare) under penalty of perjury that I/We agree to the foregoing and; that all answers and information contained on the Application for Occupancy are true and correct and will hold Associated Credit Reporting, Inc. harmless from the result of the investigation.

_____	_____
(Applicant's Signature)	(Spouse's Signature)
_____	_____
(Applicant's Name Printed)	(Spouse's Name Printed)
_____	_____
(Date Signed)	(Date Signed)

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270

Delray Beach, FL 33445

Telephone (561)637-3402 Fax (561)637-3407

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- Agree that if the application is approved, to abide by all the Rules and Regulations, By-Laws and any and all restrictions of the association and any changes that may be imposed in future.
- Agree that the unit may not be occupied in my absence without the prior knowledge of the Board.
- PURCHASER(S), acknowledge receipt of a copy of the Condominium Documents and understand that the unit may not be sold or leased with out the approval of the Board. It is the buyer's responsibility to obtain Condominium Documents from current owner. They may be purchased from Wilson Management for $100.00 if necessary.
- Have enclosed a check in the amount of $100.00 payable to **NORMANDY G Association** as provided for by Florida Statutes and by the Condominium Documents.
- Understand that if any check paid by the Owner(s), and/or Purchaser(s), is returned unpaid, any approval granted will be voided.
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_____ _____

Applicant's Signature Date

_____ _____

Applicant's Signature Date

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270

Delray Beach, FL 33445

Telephone (561)637-3402 Fax (561)637-3407

Age Verification Questionnaire

Association: _____ **Unit:** _____

Please list every person who will be residing at this address. Please supply independent photographic evidence indicating date of birth (such as Driver's License or Passport) of each occupant.

OWNER(S) NAME	AGE	TYPE OF ID	DOB	RELATIONSHIP

Signature(s) of Owner(s) Date: _____

_____ _____

Signature Signature

_____ _____

Printed Name Printed Name

_____ _____

Signature Signature

_____ _____

Printed Name Printed Name

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270
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Telephone (561)637-3402 Fax (561)637-3407

Request for Personal Reference

Association: _____ **Unit:** _____

Dear Sir/Madam:

_____ has listed you as a character reference in an application to purchase an apartment in the above referenced Condominium Association.

As part of the application process, we respectfully request any information you can give use regarding their character and integrity. Please respond by providing brief comments in the space provided below, as quickly as possible.

Failure to return immediately could result in unnecessary delays to the Applicant's closing and/or move in date. The Association requires a minimum of thirty (30) days to properly review, approve and submit approval prior to the actual move in and/or closing date.

Thank you in advance for your valuable assistance, and we assure you that your reply will be kept confidential.

CHARACTER:

_____

_____

INTEGRITY:

_____

_____

OTHER COMMENTS:

_____

_____

_____

_____ _____
Signature Date

_____ _____
Printed Name Phone/Cell Number

_____ _____
Address City, State, Zip Code

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270
Delray Beach, FL. 33445
Telephone (561)637-3402 Fax (561)637-3407

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_____ _____

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Printed Name Phone/Cell Number

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Address City, State, Zip Code

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270
Delray Beach, FL. 33445
Telephone (561)637-3402 Fax (561)637-3407

Applicant(s) Information Sheet

Applicant's Name: _____

Association: _____ Unit #_____

If you are a seasonal applicant, please provide our office with your seasonal address and phone number:

Seasonal Address: _____

_____

Local Phone: _____ Seasonal Phone: _____

PLEASE SPECIFY YOUR MAILING PREFERENCE:

_____ Please send all my mail to my local address at all times.

_____ Please send all my mail to my seasonal address at all times.

Please Note: It is the Unit Owners responsibility to let Wilson Management know of any changes as they occur in regards to the mailing address.

EMERGENCY CONTACT INFORMATION:

Name	Relationship	Phone	Keys: Yes or No

Please use the last column to indicate which of your emergency contact has your key to your home.

VOTING CERTIFICATE

(Designation of Voting Member)

We, the undersigned, being the owners of the property located at:

_____ _____

(Association Name) *(Unit #)*

Do hereby designate that _____

(insert name of designated voter)

is entitled to cast one (1) vote at the membership meetings of Condominium Association. Unless this certificate is terminated or suspended by written notice to the Board of Directors of the Association.

Dated this _____ day of _____, 20 _____

_____ _____

Applicant's Signature Please Print Name

_____ _____

Applicant's Signature Please Print Name

_____ _____

Applicant's Signature Please Print Name

_____ _____

Applicant's Signature Please Print Name

Note: This voting certificate is for the purpose of establishing who is authorized to cast the vote for any property owned by more than one person or owned by a corporation. It is not needed if only one (1) person owns a property. Please complete the voting certificate and return it as instructed in the cover page.

Lift Questionnaire

Association Name: **NORMANDY G ASSOCIATION, INC.**

1. Is there a Lift in the building? Yes **__XXX__** No _____

2. Is the Lift a Common Element or Limited Common Element?

   COMMON ELEMENT – ALL 48 UNIT OWNERS ARE LIFT PARTICIPANTS.

3. Please check with the Association Board to see if the unit you are interested in is a paid participant of the Lift Group. (whether Common or Limited) and whether or not you will have use of the Lift. You may provide the information needed in paragraph below:

_____

_____

_____

I / We, as the purchaser(s), _____ have read the above
printed name(s)

questionnaire and understand all information contained within.

_____ _____
Applicant's Signature Date

_____ _____
Applicant's Signature Date

Wilson Landscaping & Management Corp.

1300 NW 17th Ave. Suite 270
Delray Beach, FL. 33445
Phone (561)637-3402 Fax (561)637-3407

If you are purchasing this Unit for investment purposes only or are under 55 years of age, please fill out the information below and have notarized.

Date: _____

To Whom It May Concern:

Regarding the purchase of _____

Address: _____

We, the undersigned, do hereby waive all social rights to this apartment and will not reside in it.

We wish to waive our social rights to:

_____

_____

Who will reside in the unit and is at least fifty five (55) years old. Proof of age will accompany this form.

_____ _____
Signature Signature

Witnessed my hand and official seal at said County and State this _____ day of _____, 20_____.

_____
Certificate #:

_____
My Commission expires:

_____
Printed Name of Notary Public:

_____
Signature of Notary:

Normandy G Association, Inc.
Emergency Contact and Mailing Information Form

In an effort to update our records, it is important that you complete and return this Emergency Contact and Mailing Information form. Occasionally, there is maintenance, security, or other problems that occur and it is imperative to contact an out of town owner or a local representative. Repair work can be hampered when unit owners/renters are away on vacation or living in another state. All information contained in this form will remain confidential and for use in Association emergencies only.

Unit Number: _____
Name of Owner(s): _____
Local Telephone Number: _____
Alternate Mailing Address: _____
City, State, ad Zip: _____
E-mail Address: _____

Alternate Telephone Number: _____
Business Telephone Number: _____
Cell Telephone Number: _____

Vehicle Information: _____ _____ ____ _____
Color Make/Model Year License Plate Number

Do you rent your unit? _____ YES _____ NO
Real Estate Agency Name, if applicable? _____

Does a Board Member have a key to your unit? Yes _____ No _____
If so, which Board Member: _____

In case of emergency, please notify:
Name: _____
Address: _____
City, State, Zip: _____

E-Mail Address: _____

Telephone Number: _____
Cell Phone Number: _____

Date: _____ Submitted By: _____

Please return this form with application to:

Wilson Landscaping and Management Corp.
1300 NW 17th Ave. Suite 270
Delray Beach, FL 33445

Wilson Landscaping & Management Corp.
1300 NW 17th Ave. Suite 270
Delray Beach, FL. 33445
(561)637-3402 Office
(561)637-3407 Fax
www.wilsonmanagement.net

(Association Name)

Applicant(s) hereby authorize(s) **Wilson Landscaping & Management Corp**. to obtain a consumer report and any other information it deems necessary for the purpose of evaluating my rental and/or resale application.

I understand that such information may include, but is not limited to: credit history, civil information, criminal information, records of arrest, rental history, evictions, liens, judgments, employment verification, salary verification, vehicle records, driver's license records, and/or any other necessary information.

I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which this application was made. I hereby expressly release **Wilson Landscaping & Management Corp**., and any procurer or furnisher of information from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies without limitation to various law enforcement agencies.

The Normandy G Board has the right to decline approval, at their discretion, of any negative reporting on background check.

_____ _____
(APPLICANT SIGNATURE) (DATE)

_____ _____
(APPLICANT SIGNATURE) (DATE)

_____ _____
(APPLICANT SIGNATURE) (DATE)

Exhibit 8 — Basic Building Rules of Normandy G Condo Assoc

Our building follows the rules appearing in our Declaration of Condominium and our By-Laws, as well as the Florida Condominium Act. Up to date copies of these documents can be found through our website.
VISIT OUR OWNERS WEBSITE: http://normandygassoc.weebly.com/ Here are some of the more common issues:

1. All requests for unit sales/leases must be presented to our current management company in writing. The request will be presented to the Board of Normandy G for review and approval. The approval will follow the guidelines set out in our Declaration of Condominium. A resident is somebody inhabiting a unit for more than 1 month and, if no owner is present, is considered a tenant (NEEDING BOARD AUTHORIZATION). Inhabited units must have at least one resident 55 years or older.

2. Our policy is strictly "NO PETS". All requests for Service Animals/Emotional Support Animals must be presented to our current management company in writing. The request will be presented to the Board of Normandy G for review and approval. All Condo rules regarding Service Animals/Emotional Support Animals must be followed. Special care should be made as to where the animal is walked, cleaned up after, and the animal must be leashed. We have a specific area designated for animal use, at the end of Piedmont Way by the hedges. All nuisances must be avoided.

3. Any approvals of visitors/family members staying in owners units for more than one week and up to one month are automatic, provided the owner signs this rule page and notifies the board in writing. It's the owner's responsibility to make sure these rules are followed. The notification should include the unit #, the names of the people staying, and the dates. The notification can be emailed to our website. For visits any longer than one month, application must be presented in writing to our current management company, and may require a background check. The request will be presented to the Board of Normandy G for review and approval. Family and friends are welcome, but please remember that all article and by –law requirements must be followed during their stay.

4. All garbage must be placed in the large dumpsters that are at each end of the building. We also have recyclable containers in each area for paper and glass or plastic bottles. Please remember to break down your boxes so that other residents have room to place their garbage in the containers.

5. LARGE DEBRIS must be placed out on MONDAY NIGHTS ONLY and placed on the roadside area of the dumpster. This is so the truck that comes on Tuesday ONLY can see the debris and get workable access to pick it up.

> **PLEASE REMEMBER: Unit owners have the right to modify the inside of their apartments (from paint to paint). All else is probably a material alteration to the common element, and requires approvals. All renovations must conform to State and Local building codes. The board must be notified prior to any renovation. Contractors must remove their debris and not leave it in or at our container area. The owner may be charged for any extra pick up charges given to the building. All contractors and delivery men are strictly forbidden to use the lift/elevator.**

6. Owners are required to provide working keys to Normandy G for routine and emergency maintenance (where access is needed to avoid damage to other units). Additionally, the access may be used for emergency unit access by the Police, Fire Dept. or Ambulance. We strongly recommend you leave an extra key with a neighbor or install a lockbox at your door for any other purposes.

7. No items may be placed on the walkways or staircases. This includes door mats, holiday decorations, bikes, walkers, etc. This could cause a trip/fall situation for our neighbors.

8." Backed in Parking" and motorcycles/scooters are allowed in our parking lot, along with passenger cars (including mini-vans). No commercial vehicles, RV's or vans should be left overnight on our property

9. The lift/elevator is designed for the use of no more than 2 persons, with a total weight of no more than 650 lbs. Excessive weight can result in costly repairs, which may be passed along to the unit owner along with a fine.

10. No personal property can be left on the common elements overnight without prior approval of the Board of Directors.

11. All inquiries regarding the above rules should be mailed or emailed to our current management company:

WILSON MANAGEMENT
1300 NW 17TH AVE. SUITE 270 DELRAY BEACH, FL 33445
www.wilsonmanagement.net tammy@wilsonmanagement.net

Signature _____ **Unit** _____ **Date** _____

KINGS POINT USER ACCOUNT REGISTRATION

SIGN IN or CREATE AN ACCOUNT at the kingspointdelray.com website

The enhanced access control system is ready to launch and will be linked to the Kings Point ID system so that you can start developing your list of friends and family for your Permanent/ Temporary/ Vendor gate access.

1. Every resident that has a Community ID are already in the ID system. Those of you that have purchased theater tickets using the internet have already activated their accounts.

2. For each resident, there will only be ONE account. It will allow you to maintain a Permanent/ Temporary/Vendor Guest list, purchase tickets to our theater and register for "T Times" at the golf course. It will also link purchased theater tickets into the data base so that security will know who is on our property. Remember – persons who do not have ID cards will not be able to activate an account.

3. Activate your account by going to the kingspointdelray.com website.
   a. On the "**Home Page**" *click on the* "**Gate Access/Visitor Management**" link in order to sign in or create an account.
   b. *Click on* "**Create Account**" and a new screen will appear. The badge number and name you fill in must match the name as it appears on your ID. When creating your account you select a user name and the password. Note the password restrictions listed at the bottom of the page. Make sure that you keep your user name and password in a safe place, as you will need it every time you access your account. When completed, *click on* "**Create User**" at the bottom of the page. You have now completed your part of the activation process.
   c. You will be notified when your account has been activated (within 72 hours).

4. If two persons living in a unit have different last names, it is advisable for each to activate his/her own account. The two accounts will be linked by unit address so that when purchasing tickets during the restricted period, a unit can still only purchase two tickets.

5. Populate your account by going to the kingspointdelray.com website and *click on the* "**Gate Access/Visitor Management**" link.
   a. *Click on* "**Sign In**" and enter your user name and password.
   b. *Click on* "**Sign Me In**" and fill in the data requested. Permanent Visitors do not need a visit date. Temporary Visitors will need to fill in the dates for each visitor. Names on the "Temporary" list are automatically deleted at the end of their authorized access time.
   c. The "Permanent" list will be updated on an annual basis.
   d. Vendors that issue their employees identification cards, i.e. the Post Office and FedEx do not need to be added to your list.

6. **Do not have a computer?** Call the Staff Office at 561-499-3335/ 561-499-7751 Ext. 225 for an appointment. The Staff will help you activate your account and enter the data.

7. Target date to activate the system at the Normandy Gate is on Monday, May 4th. Once the system is running smoothly at the Normandy Gate, the other manned gates at Kings Point will be implemented.

Like any new major change, this will require your patience as it is a massive programming effort with links to several existing systems. However, you can help in the implementation if you are a resident by obtaining your Kings Point ID. All Residents and Lessees with a vehicle should purchase a barcode for easy access thru the gates.